

INTRODUCTION

This resource manual is intended for use by school counselors and administrators when dealing with an unexpected crisis on their campus. It is meant to facilitate the process of professional staff roles during a time of crisis.

During a crisis on a campus there may be some confusion and staff roles are unclear. Included are specific staff roles for principal, counselor and faculty. This resource provides invaluable information when dealing with an individual's reaction to a crisis.

We expect this manual to be very helpful during a time of need. It is also recommended that counselors, nurses and administrators work closely with a buddy system during a crisis. This will ease the stress on the individual in charge and will offer a great deal of support.

The following buddy system is suggested:

- 1. Buddy Counselor: a) A working partner who can accompany the counselor in charge of the case through the duration of the crisis. b) After the initial crisis is over a home visit may be helpful; however, it is not advisable that the counselor goes alone during this difficult time.***
- 2. Buddy Schools: a) Schools that are in close proximity and will allow their professional staff to offer support. b) Buddy schools are also a good option since counselors from the feeder schools may already be familiar with the student and his/her family.***

I wish to acknowledge the excellent work done by Jesse R. Trevino, Dawne Hill-Varlack, Emma Leal Avendano, Claudia Alonzo, Debra Navarro, Jessica De La Garza, Valerie Uresti-Rojas, Cynthia Mendez, Jeanette Gonzalez- Ballesteros, Maricela Ponce, Mark Garza, Christopher Cantu and Ana Parra all of whom were instrumental in updating this resource manual to be used throughout the Mission CISD. These individuals worked in a cooperative effort to prepare this manual. They are greatly appreciated.

Jesse R. Trevino

Student Services/Guidance and Counseling Table of Contents

I. Introduction.....	1
II. Table of Contents.....	2 - 3
III. Mission CISD Emergency Response List.....	4 - 7
IV. Staff Roles During a Suicide Crisis.....	8
• Key Points to Remember.....	9
• Goals and Procedures for Notifying Parents of Suicidal Ideation/Behavior.....	10
• Staff Roles in a Suicide Intervention and Suicide Threat at School....	11
• Suicide Attempt in Progress.....	12-13
• Suicide Intervention Plan.....	14
• Managing the Aftermath of a Death by Suicide.....	15
• Action Plan Following a Student Death.....	16
V. Grief Processing and Stages of Grief.....	17
• Understanding Grief and Its Process	
• Five Stages of Grief	
VI. Suicidology and Columbia Suicide Severity Rating Scale (C-SSR)	19
• Suicidology and Its Terms	20 - 21
• Warning Signs or Signs of Vulnerability to Suicide	22
• Suicide Ideation and Behavior	23
• Columbia Suicide Severity Rating Scale	24
• Suicide Risk C-SSRS Screener Question Guide	25 - 26
• Suicide Risk C-SSRS Screener Assessment	
• Risk Assessment Log	
• Physician or Mental Health Professional’s Assessment & Recommendation Form	
VII. Forms for Suicide Crisis Management	29 - 66
• Limits of Confidentiality	
• Student Services/Guidance Counseling Flow Chart	

• Security Alert Flow Chart	
• Therapeutic Services from Licensed Professional Counselor	
• LPC Counseling Referral	
• No Harm Agreement Form	31
• Safety Plan English/Spanish Form	32 - 33
• Suicide Precaution Parent Checklist English/Spanish Form	34 - 35
• Notification of Emergency Conference English/Spanish	36 - 37
• Suicide Incident Report/Semester Report	38 - 39
• Forms/Protocol for Death of a Student	41 - 51
• Section 26 & Section 28 Forms	52 - 53
• Warrant for Emergency Mental Illness Commitment Form	54
• Warrant of Apprehension and Detention Forms	55 - 57
VII. Child Protective Services	58 - 65
• Responsibilities and Procedures	66 - 72
VII. Child Protective Services Forms	72 - 77
• Form A – Alleged Child Abuse or Neglect Reporting	73
• Form B – Questioning of Student	74
• Form C – Making Information Available in a Child Abuse Investigation	75
• Form D – Transporting and/or Taking Student into Emergency Custody	76
• Form E – Taking Possession of a Student While at School in an Emergency Without a Written Court Order	77
VIII. Sexual Harassment	78 - 89
• District Policy Codes	79 - 85
• Harassment Warning /Reports	86 - 87
• Incident Report	88
• Verification of Sexual Harassment Training	89
IX. Additional Mental Health Resources	90 - 100
• Mental Health Webpages	91 - 92
• Mental Health Hotlines	93
• COVID 19 Mental Health Tools	94 - 100

MISSION CISD EMERGENCY RESPONSE LIST

Mission CISD Emergency Response List for Counselors

Veterans Memorial High School Counseling Department Staff

(956) 323-3047 or 3049

Cristina Gutierrez (Head Counselor) - 3006/ (956)571-8455
 Emma Avendano (At Risk Counselor) - 3027/ (956)605-3303
 Sylvia Sanchez (CTE) - 3073/ (956)212-6441
 Dina Gallardo (College Readiness Counselor) - 3160/ (956)458-8454
 Jesus Garza (Academic Counselor) - 3032 / (956)580-4644
 Selene Villarreal (Academic Counselor) - 3002/ (956)638-2341
 Dawne M. Hill-Varlack (Academic Counselor) – 3022/ (956)358-2104

Rafael Cantu Jr. High

(956)323-7800

Jessica Luna- De La Garza - 7809/624-7805
 Ruben Magallan -7808/821-4010
 Melva Perez -7807/458-5469

Mission Jr. High

(956)323-3310

Araceli Muniz - 3311/458-9320
 Cindy Mendez - 3308/878-7227
 Armando Martinez - 3307/607-7210

Alton Elementary

(956)323-7600

Beatriz Garza - 7601/458-9419

Bryan Elementary

(956)323-4800

Cynthia Luna - 4806/867-1308
 Evelyn Bermea - 4822/537-6478

Midkiff Elementary

(956)323-7000

Anabel Margo Uribe - 7008/500-2310
 Kimberly Langley - 7007/373-8657

Castro Elementary

(956)323-6800

Antonio Mendez - 6814/424-2884

Salinas Elementary

(956)323-6200

Edith Gutierrez - 6213/519-8202/330-5844

Mims Elementary

(956)323-4400

Paola Rubio - 4402/457-1186

Licensed Professional Counselors

Maricela Ponce – Stationed at VMHS – 434-6709
 Christopher Cantu – VMHS and VMHS Feeder Pattern – 3081/434-6610

Mission CISD Emergency Response List for Counselors

Mission High School Counseling Department Staff

(956)323-5700

Cynthia I Gonzalez (Head Counselor) - 5782/(956)340-2157
 Claudia Alonzo (At Risk Counselor) - 6106/ (956)313-3181
 Katherine Deanda (Academic Counselor) - 6139/ (956)844-3756
 Aida Zavala (Academic Counselor) - 6142/ (956)458-6993
 Priscilla Salinas (Academic Counselor) - 6136/ (956)445-4287
 Thelma Reyes (Academic Counselor) - 6141/ (956)655-9096
 Elizabeth Carranza (Academic Counselor) – 6140/ (956)460-6751

Mission Collegiate High School

(956)323-8600

Zina Acevedo - 8627/624-6722
 Krystania Sanchez - 8630/500-3711

K. White Jr. High

(956)323-3600

Debra Navarro - 3609/533-3280
 Liza M. Garcia - 3610/432-5930
 Anita Trevino - 3608/292-3526

Alton Memorial Jr. High

(956)323-5500

Elizabeth Garza - 655-2173
 Mary Alaniz - 285-1821
 Maria D. Reyna- 342-5328

Leal Elementary

(956)323-4600

Diana Gaona - 4651/802-4216

Cantu Elementary

(956)323-7400

Ana Garcia - 7404/451-4330

Marcell Elementary

(956)323-6400

Sylvia Gonzalez - 6406/212-2744

Cavazos Elementary

(956)323-7200

Melissa Anzaldua - 7214/490-9903

O'Grady Elementary

(956)323-4200

Monica Gomez - 4204/369-2609

Escobar-Rios Elementary

(956)323-8400

Valerie Uresti Rojas - 8410/
 (512)644-7337

Pearson Elementary

(956)323-4000

Lina Soza-Candelaria - 4017/432-
 6237

Waitz Elementary

(956)323-6600

Cristina Garcia - 6609/212-5684

Licensed Professional Counselors

Ana Parra – Stationed at Mission High School – 6103/434-6477
 Mark Garza – MHS and MHS Feeder Schools – 434-6711
 Jeanette Gonzalez-Ballesteros – MCHS – 249-8911

Mission CISD Emergency Response List for Counselors

Roosevelt Alternative School (DAEP)/Options Academy

Eduardo Alaniz, Principal

(956)323-3900

(956)323-3960

Counselor

Norma L. Sanchez - 3972/342-7017

Licensed Professional Counselor

Jeanette Gonzalez-Ballesteros – Stationed at Mission Collegiate High School,
Alton Memorial Jr. High, Cavazos Elementary,
Roosevelt Alternative School and Options.

Special Education Department

Director Frances Cruz

(956)323-5570

Licensed Specialist in School Psychology (LSSP)

(956)323-5592

Cassandra Trevino - 735-2990

Debora Trainor - (618)944-9817

Sonia Chapa - 793-3116

Karla Alvarez - 451-6186

Juan Cantu - 802-0579

Selena Perez - 222-0336

STAFF ROLES DURING A SUICIDE CRISIS

Mission Consolidated Independent School District

Key Points to Remember During Crisis Situation

TAKE THE THREAT SERIOUSLY

**INITIATE CRISIS INTERVENTION TEAM
(Counselor, LPC, Administrator, Nurse, SRO)**

**DOCUMENT THE TIME CRISIS INTERVENTION WAS INITIATED
AND WHICH CRISIS TEAM MEMBER WAS CONTACTED**

DO NOT LEAVE THE STUDENT ALONE

**SPEAK CALMLY TO THE STUDENT UNTIL THE SCREENER
ARRIVES**

SCREENER WILL ASSESS CRISIS

**WHEN POSSIBLE, STUDENT WILL BE ESCORTED TO A SAFE
AND SECURE PLACE**

STUDENT WILL SIGN "NO HARM AGREEMENT"/ SAFETY PLAN

**CRISIS TEAM MEMBER WILL CONTACT
PARENT(S) OR THE LEGAL GUARDIAN**

Mission Consolidated Independent School District Goals and Procedures for Notifying Parents of Suicidal Ideation/Behavior

Parents **must be notified**; a conference at school is preferable to a telephone notification.

Two school staff members should be involved and if possible both parents, in collaborating on managing and minimizing student's suicidal ideation/behavior.

Parents should be informed of the severity of the situation and provided with suggestions to increase supervision, reduce the availability of lethal weapons, and ways to assist their child.

The student should be included in all or part of the conference.

Parents will be encouraged to sign a release of information form to facilitate communication.

School Counselor or LPC will provide parent information over MCIDS mental health counseling services available for all MCISD students.

Parents will be given information on community agencies that may provide support for mental health services or counseling if student and/or parent opt out of MCISD LPC services.

School Counselor and/or LPC will follow up with student/parent once he/she returns to school.

Parents are encouraged to keep the school informed about further professional treatment for their child outside of MCISD.

Parents who refuse to follow the school's recommendations will be informed that the child welfare agency will be notified. School personnel should not hesitate to call. A follow-up letter should be mailed to parents (Notification of Emergency Conference form page 30).

While on campus assistance should be provided to the student, no matter what the reaction of the parent(s), in accordance with local and state guidelines.

Mission Consolidated Independent School District

Staff Roles in a Suicide Intervention and Suicide Threat at School

Teacher:

- Initiate Crisis Intervention Team, Send for a Counselor, LPC, School Nurse or Administrator
- If possible escort student to the Counseling Department
- Take all threats seriously and do not leave the student alone
- Continue to express interest in the student after the crisis is over

Counselor:

- If Counselor was initiated by a teacher then the counselor will attempt to escort student to the counseling department to manage/minimize any potential injuries to self or others.
- Isolate the student from peers if possible or have students escorted to a secure place away from the student with suicidal ideation/behavior
- If student is already with their counselor and/or LPC **Crisis Screening will be initiated.**
- Follow Suicide Risk Columbia Suicide Severity Rating Scale Screener Question Guide
- Have the student sign a "**No Harm Agreement**" & **Safety Plan**
- Notify the principal's office or connect with a crisis intervention team member so parent(s) or guardian(s) can be informed of intervention.
- Complete Parent's Checklist, provide information on MCISD LPC services
- Provide the parents with community resources for counseling if parent opts out of MCISD LPC services.
- Encourage Parents/student to get professional help

Administrator:

- Notify the parents/guardians of the situation and have them come to school
- If possible escort student to the Counseling Department
- Counselor and/or LPC will initiate **Crisis Screening**
- Follow Suicide Risk C-SSRS Screener Question Guide
- Have the student sign a "**No Harm Agreement**" & **Safety Plan**
- Notify Central Office

Mission Consolidated Independent School District

Suicide Attempt in Progress

Call 9-1-1 DO NOT LEAVE A SUICIDAL INDIVIDUAL ALONE!

Teacher:

- Send for the Campus Crisis Intervention Team (principal, counselor, LPC, Nurse)
- Work on calming the student and others down while Crisis Intervention Team arrives
- In a calm voice, ask the student in crisis for permission to evacuate the rest of the class
- Remain with the student until the administrator, counselor, LPC and Nurse arrives
- Return evacuated students to classroom when advised, refer students to LPC services that may need counseling
- Complete incident report as soon as possible

Counselor:

- Go to the scene and take control, assess the situation
- Counselor Secretary will connect and inform Campus Crisis Intervention Team (principal, counselor, LPC, Nurse)
- If the student has a weapon, do not try to take the weapon away and remain at a safe distance, speak calmly and try to defuse the situation
- Try to isolate the situation by removing others from the immediate area
- Remain with the student at all times until Police arrive and incident has been diffused
- If suicide was prevented, LPC will connect with parents and student to determine hospitalization, mental health counseling and/or other services.
- Have the student sign a "**No Harm Agreement**"/**Safety Plan**, if he/she refuses, document the refusal
- Work with the parents, administrators and teachers to monitor the student
- If suicide was not prevented, coordinate and document increased counseling services provided to other students
- Complete the suicide attempt report as soon as possible and fax to student services

Administrator:

- Call the Police and Ambulance if needed
- Call the superintendent's office. The superintendent's office is responsible for notification of administrators including: Operations, Safety, and Media Relations
- Notify nurse to obtain the student's emergency health information and take it to the scene
- Request the school nurse to evaluate the student's medical status
- Notify the parents or guardians
- Appoint a staff member to meet with the arriving parents or guardians
- Keep witnesses in a supervised area to get information
- Escort police to the scene, and remain out of the view of the student
- If suicide was prevented, parents will be encouraged to obtain professional consultation

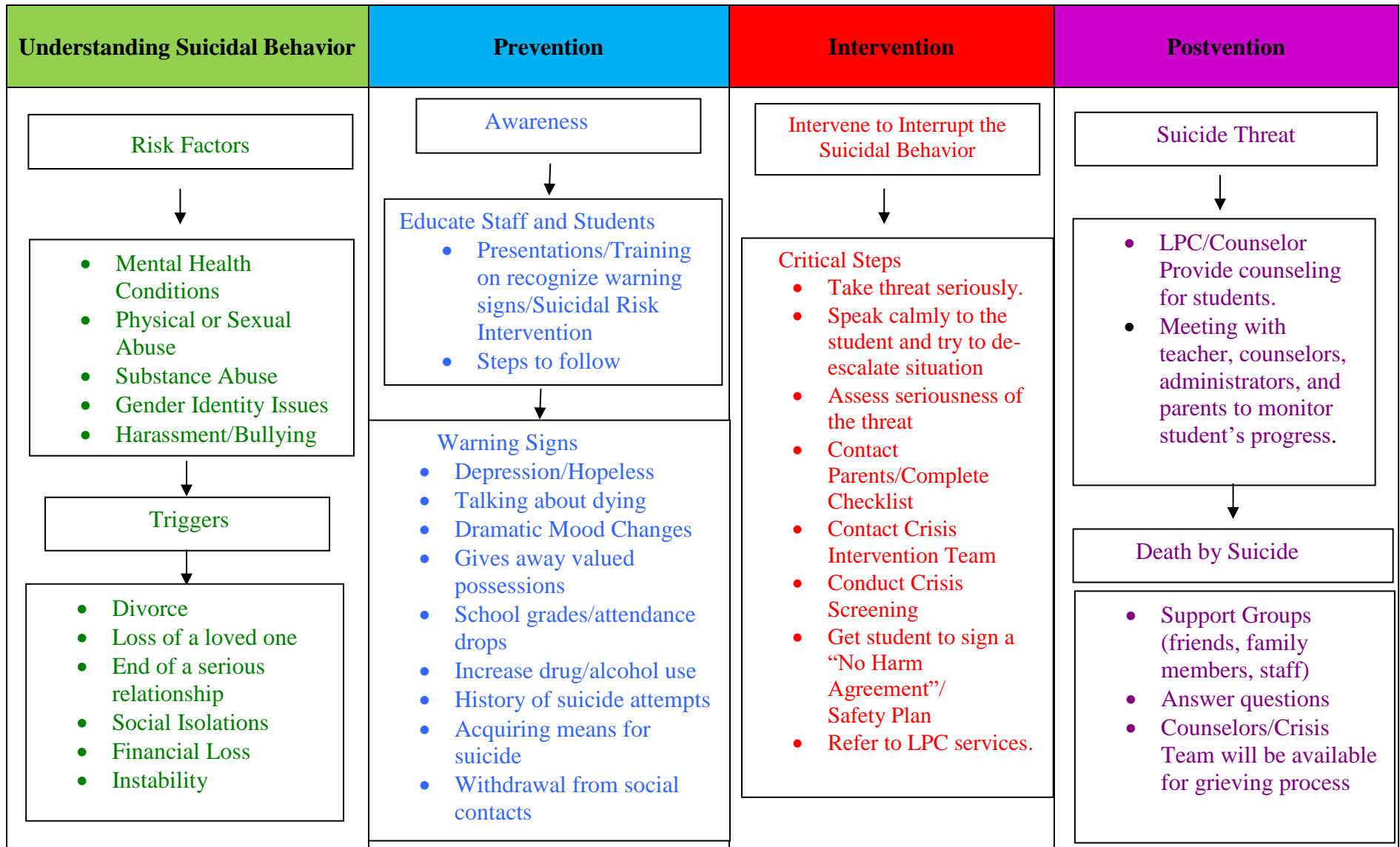
for their child before the child returns to school; however, students will not be prevented from returning to school when the parents determine it is inappropriate

- Formulate a re-entry plan with parents, student, relevant outside agencies and appropriate staff to address the needs of the student when returning to school
- If suicide was not prevented, inform staff
- Provide written and personal condolences to family
- Authorize increased counseling services for other students at that campus
- Log all activities and decisions

Suicide Postvention

Postvention Plan:

- Develop support group meetings for friends, employees, peers and family members of student who has died by suicide
- Goals
 - Answer questions posed by the survivors
 - Help clear confusion that usually accompanies a suicide
 - Go over the grief experience so survivors will know what to expect
- Follow-up
 - LPCs will follow up with student body and provide grief counseling
 - LPCs will follow up with staff/faculty to provide grief counseling and/or emotional support



SUICIDE INTERVENTION PLAN

Mission Consolidated Independent School District

Managing the Aftermath of a Death by Suicide

Managing the aftermath of a suicide in a school is similar to suicide intervention or prevention. There is danger of contagion with an adolescent suicide. The suicide of one teenager appears to remove some of the barriers for others. The suicide of a classmate may trigger emotions previously in check for another student. Students throughout the district may be affected. There are two specific factors to consider; grief and contagion.

Suicide of a classmate may be the first experience that a student has with death. Depending on the circumstances, students may feel varying degrees of sadness, guilt, anger, apathy, and bitterness. The guilt may be based on "*things I could have said to stop him or things I should not have said.*" Another form of guilt is survivor guilt over just being alive. The anger may be directed toward the deceased for not reaching out, others who might have been able to help, or those who appear to be reacting insensitively. Expressions of emotions may be exhibited as somatic, loss of sleep and appetite, crying, listlessness, fatigue, laughing inappropriately, or apathy.

Not all students will react or experience loss in the same manner. The important fact to impart to students is that all reactions are normal. People cope in different ways. Helping students to explore their feelings in small groups will be beneficial. Explanation of the stages of grief is beneficial because it tells students what to expect. Students may have a more severe reaction if they have not resolved a previous loss.

Contagion is more likely with those individuals suffering a loss if there is also evidence of excessive guilt or depression. Identification of these students can be difficult. The students most at risk could have fewer interactions with others who would notice their response to the situation. Students and teachers could be asked to help identify (confidentially) students who do not appear to be managing the crisis well. Higher risk students could be seen in groups to help resolve their feelings. Students who appear to be at greater risk should be scheduled for individual counseling.

Mission Consolidated Independent School District **Action Plan Following a Student Death**

The school principal meets with all faculty and staff to inform them of the death and the planned response. (If a meeting is not possible, a detailed memorandum is given to all faculty and staff). Each teacher is given an announcement about the death to be read in class. (*This announcement should not be made over the public address system*).

At the faculty meeting, school counselor, Licensed Professional Counselor (or other mental health professional) will provide a list of suggestions for assisting distraught students and answer questions. The rooms where students can be sent for counseling are included in the list.

A counselor follows the deceased student's class schedule throughout the day to help students clarify feelings and concerns they may have about their classmate's death.

A designated individual removes personal effects of the deceased from classrooms and lockers and arranges these items to be given to the parents or guardian.

Near the end of the school day, the principal, using the public address system, calls for a moment of silence in memory of the deceased. The principal also gives information about the funeral arrangements. Students who need further assistance are encouraged to meet with the counselor.

Several days after the event, the crisis management task force meets to "debrief" and consider the effectiveness of the planned response.

Grief Processing and Stages of Grief

Mission Consolidated Independent School District

Understanding Grief and Its Process

Everyone deals with grief differently. Some cry for days, hardly taking a moment to care for themselves. Others laugh, whether nervously, or because they manage pain with humor. Others feel numb, and wonder why they aren't crying or laughing like the others.

Each of these reactions is normal—**there's no right way to grieve.**

What is Grief?

Grief refers to the thoughts, feelings, and behaviors connected to the loss of something important. It could be the loss of a relationship, a loved one, a job, an object, or anything else a person values; However, when we talk about grief, it's usually in the context of bereavement.

Bereavement refers specifically to the period of mourning after the death of a loved one. In this guide we will be focusing on bereavement, but the information can pertain to other forms of grief, as well.

The Two Styles of Grief

The ways that people grieve can usually be categorized into two basic styles: instrumental and intuitive grief. In reality, these styles exist on a continuum. A person might lean toward one or the other, but no one experiences exclusively one style.

Instrumental Grief:

- Focus on the "thinking" part of grief
- Often involves problem-solving, such as making funeral arrangements
- Recurring thoughts about the circumstances of death: the how and why
- Less emotionally expressive about loss.

Intuitive Grief:

- Focus on the "feeling" part of grief
- Strong emotional responses to loss, and more outward display of emotion
- More likely to seek emotional support

Mission Consolidated Independent School District

Understanding Grief and Its Process

Five Stages of Grief (The Kübler-Ross Model)

Kübler-Ross model Denial, anger, bargaining, depression, and acceptance. These stages make up what is perhaps the most well-known model of grief.

- **Denial:** During the first stage, the reality of the loss is questioned. A person might believe there was some sort of mistake, such as a mixup, or an incorrect diagnosis.
- **Anger:** Those who are grieving may begin to cast blame, ask questions like "Why me?", or become angry with the deceased (e.g. "They were so selfish to take their own life!").
- **Bargaining:** The individual may attempt to bargain as a way to avoid the cause of grief. For example, after receiving a terminal diagnosis, they might plead: "I will eat healthier, I'll quit smoking, and I'll do everything right if I can just get better."
- **Depression:** During the fourth stage, the grieving enter a period of depression. They may lose motivation for living, isolate themselves, and enter mourning.
- **Acceptance:** The individual comes to accept the loss, although there may still be pain. During this stage there is a sense of calm, and a resumption of normal life activities.

Not everyone experiences every stage of the Kübler-Ross model, and the stages don't necessarily occur in order. Often times people will jump between stages, stay longer at one stage and/or may never reach the Acceptance stage.

Psychosocial information was taken from therapistaid.com

**SUICIDOLOGY
AND
COLUMBIA SUICIDE
SEVERITY RATING
SCALE
(C-SSR-S)**

Mission Consolidated Independent School District

Suicidology and Its Terms

Suicidology is the study of suicide behavior, ideation and prevention. The National Institute of Mental Health defines Suicide as *death caused by self-directed injurious behavior with intent to die as a result of the behavior*. According to the Centers for Disease Control and Prevention, suicide is the tenth leading cause of death across the United States in 2017.

Suicide is the 11th leading cause of death in Texas and 2nd leading cause of death between the ages of 15 to 34 years old. Suicide is the third leading cause of death among adolescents, and gay teens are 4 times more likely than straight teens to attempt suicide. In Texas every two hours someone dies by suicide.

The effects of suicide go beyond the person who acts to take his or her life: it can have a lasting effect on family, friends, and communities. Suicide does not occur suddenly, impulsively, unpredictably or inevitably; it's the final step of a progressive failure of adaptation.

Research suggests that people who attempt suicide may react to events, think, and make decisions differently than those who do not attempt suicide. These differences happen more often if a person also has a disorder such as depression, substance abuse, anxiety, borderline personality disorder, and psychosis.

When adolescents struggle with mental illness and have high risk factors (struggle coping with daily teen stressors such as dealing with rejection, failure, breakups and family turmoil) may feel suicide is an answer. Additionally, might also be unable to see that they can turn their lives around — and that suicide is a permanent response, not a solution, to a temporary problem. (mayoclinic.org/healthy-lifestyle/tween-and-teen-health/in-depth/teen-suicide/art-20044308).

What is Suicide Communicating?

Suicide is a form of communication. It is saying something to someone. The task of intervention is to clearly identify the message and the target.

Suicide could be an expression of hopelessness, helplessness, anger, revenge, final cry for help, getting rid of a bad part, seeking punishment, avoiding punishment, manipulation, or psychotic process. How could the message be communicated in a less fatal manner?

Suicidology Terminology

Suicide Attempt involves a serious act such as:

- Taking fatal dose of medication, shooting self
- Someone intervening accidentally, without the accidental discovery, the individual would be dead.

Revised 6/14/2021

Suicide Gesture

- self-directed activity that can be unusual, but not fatal,
- behavior as a cry for help or to get attention.

Suicide Gamble

- Person gambles their life that they will be found in time, will be saved by the discover.

Suicide Equivalent

- involves a situation in which the person does not attempt suicide. Instead, he or she uses behavior to get some of the reactions that suicide would have caused

Suicidality

- All suicide-related behaviors and thoughts

Nonsuicidal self-injurious behavior (NSIB)-

- Any self-inflicted destructive act
- Performed without intent to die
- Full intent of inflicting physical harm to oneself (viewed as distinct from suicidal behavior)

Parasuicidal Behavior

- Suicidal gestures or self-harming behaviors in the context of suicidal ideation
- For the purpose of alerting others to their emotional pain
- Not typically behaviors which could have led to death by suicide



IMPORTANT TO REMEMBER:



It is **extremely important that you consider your own affect** toward the person and the fact that you may yourself be uncomfortable with the concept of suicide or with the process of asking someone if they are suicidal.

You should **work to be neutral** on the subject and not imply the person is “wrong” or “bad” or “stupid” for thinking about suicide.










In fact, it is important for you to work to understand what it is that has brought someone to thinking this way and that their psychic pain must be quite profound.

You **don't want to legitimize their thinking of suicide** as in “after hearing your story, I think I can see how you might be thinking of suicide.”

Therefore, **providing a neutral, non-emotive, but an empathetic and caring manner** in asking about suicide is important.

If you **are uncomfortable asking**, but you suspect that someone is at risk, find a way to connect the person at risk with someone who is able to probe about risk and ask about suicide.

Mission Consolidated Independent School District Warning Signs or Signs of Vulnerability to Suicide

-  History of Impulsive Aggression
-  Prior Suicide Attempt
-  Hopelessness/Helplessness
-  No Future Orientation (can't picture themselves doing an activity in the future, e.g.; graduating from high school, getting a job...)
-  Exposure to Recent Suicide
-  Psychiatric Disorders
-  Comorbid psychiatric disorders (e.g., disruptive disorders, substance abuse disorders combined)
-  Availability of lethal agents (e.g., firearms), exposure to negative events (e.g., physical or sexual abuse, violence)
-  Family history of suicidal behavior

IMPORTANT TO REMEMBER

Don't:

- Ignore **RED FLAGS!!!**
- **Argue** or **debate** about the ethics or morality of committing suicide
- **Make promises** that are not in your power to keep
- **Accuse the person** of bluffing or say that you are calling their bluff
- **Promise** to keep a person's suicidal intentions confidential
- **Tell others** about the situation that are not involved
- **Try to handle it alone**
- **Be afraid to talk about it**

Mission Consolidated Independent School District

Suicide Ideation and Behavior

Direct Verbal Clues

- *"I'm going to kill myself"*
- *"I'm going to commit suicide"*
- *"I'm going to end it all"*
- *"I want to die"*

Indirect Verbal Clues

- *"I'm tired of life"*
- *"What is the point of going on"*
- *"My family would be better off without me"*
- *"Who cares if I'm dead anyway"*
- *"I can't go on anymore"*
- *"I'm so tired of it all"*
- *"I just want out"*
- *"You would be better off without me"*

Camouflaged Indirect Clues

- *"Soon you won't have to worry about me anymore"*
- *"Good-bye, I won't be here when you return"*
- *"Soon I won't be around"*

Indirect Behavior Clues

- Buying a gun or stockpiling pills
- Putting personal and business affairs in order
- Making or changing a will
- Taking out insurance or changing beneficiaries
- Making funeral plans
- Giving away money and/or prized possessions
- Dramatic changes in behavior, especially those that isolate from family
- Sudden interest or disinterest in church

Intervention begins upon initial contact with the suicidal individual. The fact that you are willing to be with that person through his/her pain is important.

As he/she sees that you are willing to stay with him/her, his/her sense of aloneness, helplessness, and hopelessness may begin to abate.

Mission Consolidated Independent School District **COLUMBIA SUICIDE SEVERITY RATING SCALE** (C-SSRS)

- ❑ The Columbia Suicide Severity Rating Scale (C-SSRS) is a measure used to identify and assess individuals at risk for suicide and need for intervention.
- ❑ The C-SSRS measures ideation (severity, intensity), behavior and lethality.
- ❑ The C-SSRS strong evidence-base supporting use, allows for common language.
- ❑ Available in 100+ languages, multiple formats
- ❑ Versions to assess lifetime/recent/since last visit
- ❑ Used for research, and clinically
- ❑ Flexible format, don't need to ask all the questions if not necessary



- The questions contained in the CSSRS are suggested probes.
- Ultimately, the determination of the presence of suicidal ideation or behavior depends on the judgment of the individual administering the scale.
- Asking about suicide does not put the thought of killing themselves in someone's head, but gives them a sense of relief that someone is finally hearing them and will **LISTEN** and offer hope.



FREE TRAINING:

30 MINUTE FREE training on the COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) <http://cssrs.wpengine.com/training/training-research-setting/>
 Certification is valid for TWO YEARS

Mission Consolidated Independent School District

Suicide Risk C-SSRS Screener Question Guide

The Columbia Suicide Severity Rating Scale (C-SSRS) is a measure used to identify and assess individuals at risk for suicide. Questions are phrased for use in an interview format, but can be completed as a self-report measure if necessary. The questions contained in the CSSRS are suggested probes. Ultimately, the determination of the presence of suicidal ideation or behavior depends on the judgment of the individual administering the scale.

Initiating Screening: *First and Foremost, PRAISE CLIENT*

- *“Thank you for feeling comfortable with me...”*
- *“Thank you for trusting me in this moment, I appreciate that...”*
- *“Thank you for taking a chance on me today in sharing your thoughts...”*
- *“Thank you for giving me a chance, this must be challenging for you to discuss your feelings...”*
- *“Thank you for allowing me to be present...”*

Assess the Student: *Possible Scenarios* (Parent/Guardian) is needing to be contacted)

- If parent is present during the screening asks the parent/guardian to briefly “step out” while the screening is conducted.
- **SCREENER** *“These are hard things... challenging things... difficult things to talk about...”*
- School counselor may have initiated the probing at risk suicide questions, and may ask LPC for assistance.
 - If School Counselor collaborates with LPC, ask the student
 - *“Do you mind if I bring in Mr./Ms. LPC ... I think she/he can help us today or I think she/he can help me help you ...is that okay?”*

SCREENER with Socratic questions explore/investigate SYMPTOMS.

- **Depression:** *“In the past few weeks, have you felt so sad or depressed that it makes it hard to do the things you would like to do?”*
- **Anxiety:** *“In the past few weeks, have you felt so worried that it makes it hard to do the things you would like to do or that you feel constantly agitated/on-edge?”*
- **Impulsivity/Recklessness:** *“Do you often act without thinking?”*
- **Hopelessness:** *“In the past few weeks, have you felt hopeless, like things would never get better?”*
- **Anhedonia:** *“In the past few weeks, have you felt like you couldn’t enjoy the things that usually make you happy?”*
- **Isolation:** *“Have you been keeping to yourself more than usual?”*
- **Irritability:** *“In the past few weeks, have you been feeling more irritable or grouchier than usual?”*
- **Substance and alcohol use:** *“In the past few weeks, have you used drugs or alcohol?” If yes, ask: “What? How much?”*
- **Sleep pattern:** *“In the past few weeks, have you had trouble falling asleep or found yourself waking up in the middle of the night or earlier than usual in the morning?”*

- **Appetite:** *“In the past few weeks, have you noticed changes in your appetite? Have you been less hungry or more hungry than usual?”*
- **Other concerns:** *“Recently, have there been any concerning changes in how you are thinking or feeling?”*

SCREENER with Socratic questions explore/investigate **PAST BEHAVIOR.**

Evaluate past self-injury and history of suicide attempts (method, estimated date, intent).

SCREENER:

- *“Have you ever tried to hurt yourself?”*
- *“When was the last time you cut yourself?”*
- *“Have you ever hit yourself, like hit your head, slapped yourself when you have gotten angry, frustrated, annoyed or sad?”*
- *“Have you ever burned yourself, placed an ice cube on your skin, scratched yourself until you bleed?”*
- **“Have you ever tried to kill yourself?”**
 - If yes, ask: **“How? When? Why?”**
 - *“Did you think [method] would kill you?”*
 - *“Did you receive medical/psychiatric treatment?”*

SCREENER Assess intent:

- ****“Did you want to die?” (for youth, intent is as important as lethality of method) ****
- **YES RESPONSE → follow through with Q3, Q4, Q5, Q6**
- **NO RESPONSE → identify stressors continue to de-escalate event**

****Note: Past suicidal behavior is the strongest risk factor for future attempts. ****

SCREENER with Socratic questions explore/investigate **STRESSORS**

Family situation:

“Are there any conflicts at home that are hard to handle?”

School functioning:

“Do you ever feel so much pressure at school (academic or social) that you can’t take it anymore?”

Bullying:

“Are you being bullied or picked on?”

Suicide contagion:

“Do you know anyone who has killed themselves or tried to kill themselves?”

Reasons for living:

“What are some of the reasons you would NOT kill yourself?”

Mission Consolidated Independent School District

Suicide Risk C-SSRS Assessment Guide

1) Wish to be Dead: **YES** **NO**
 Person 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?
- “Fall asleep for a long time like never wake up...go into a coma...”
- “Have you ever had a thought of walking into traffic ...like dying in an accident and that would be okay?”
- **ANSWERS YES → Question 2**

2) Suicidal Thoughts: **YES** **NO**

General non-specific thoughts of wanting to end one’s life/commit suicide, “I’ve thought about killing myself” without general thoughts of ways to kill oneself/associated methods, intent, or plan.

- Have you actually had any thoughts of killing yourself?
- “When was the last time you had this/these thought(s) of killing yourself...dying...not waking up...”
- “...was it like last week, this past weekend a month ago...”
- “...or are you feeling this way right now...”
- “...how often do you have this/these thoughts about killing yourself”
- “...once a week, twice a day, every day...all the time...”

If **YES to 2**, ask questions 3, 4, 5, and 6. If **NO to 2**, go directly to question 6.

3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): **YES** **NO**
 Person endorses thoughts of suicide 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 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 kill yourself?
- “Do you have a plan to kill yourself?” If yes, ask: “What is your plan?”
- **IF YES → QUESTION 5**
- **If no plan, ask:** “If you were going to kill yourself, how would you do it?” **OR →QUESTION 4**

4) Suicidal Intent (without Specific Plan): **YES** **NO**

Active suicidal thoughts of killing oneself 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?

5) Suicide Intent with Specific Plan: **YES** **NO**
 Thoughts of killing oneself 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 yourself?
- Do you intend to carry out this plan?

6) Suicide Behavior Question: **YES** **NO**

- Have you ever done anything, started to do anything, or prepared to do anything to end your life?
- 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: 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?



RISK ASSESSMENT LOG

RISK: _____

Student Name: _____ ID: _____ Grade: _____ Campus: _____

Initiated by: _____ Assessed by: _____

Start Time of Risk: _____ End Time of Risk: _____

Recommendations: _____

Items Completed During Assessment:

Principal Notified

School Counselor Notified

School Nurse Notified

Time: _____

Time: _____

Time: _____

Welfare Check: _____ Called Crisis Screener: _____

Safety Plan: _____ No Harm Agreement: _____ Sectioned by Officer: _____ Sectioned by LPC: _____

Parent Suicide Check List: _____ Conference Acknowledgement: _____

Other: _____

Physician/Mental Health Professional's Assessment & Recommendation School Re-entry Form:

(Parent(s) Initial) _____

Presenting Problem:

Resolution:

LPC will follow up on: _____ Time: _____

- Risk Assessment Log is used when as student is flagged for security alerts, verbalizes suicide ideation/behavior or other forms of crisis.
- Once the Risk Assessment Log has been filled out completely, email the log to the school principal, school nurse, and the school counselor designated to the student.
- If student is hospitalized please provide the **Physician or Mental Health Professional's Assessment & Recommendation Form** to the parent.
- Upon discharge parent and student will return the PMHP Assessment & Recommendation form to the school nurse.
- School Nurse will clear student once PMHP Assessment & Recommendation form has been reviewed.



Physician or Mental Health Professional's Assessment & Recommendation Regarding Student's

Student's Name: _____ ID# _____ Date: _____
DOB: _____ Grade: _____ School: _____

Physician or Mental Health Professional Providing this report:

Name & Degree: _____
MD (Primary care provider) MD (Psychiatrist) Psychologist
Business Address: _____ Phone: _____ Fax#: _____

Treatment Information

Your diagnosis of student (DSM V): _____

Other known diagnosis: _____

Date of Student's last appointment with you: _____

Date of Student's follow-up appointment: _____

Was student admitted to the Hospital? Yes No If Yes, how many days was student hospitalized? _____

Treatment modalities used: Psychotherapy Pharmacotherapy Both

Specific prescribed medications and dosages: _____

Will Student be continuing with medication treatment after re-entry to school? Yes No If Yes, list all medications: _____

Will Student need counseling while in school? Yes No If Yes, how often? _____

Agency Providing Counseling / Case Manager name: _____

Issues addressed in treatment with you: _____

Remaining functional difficulties which need to be addressed in continued treatment or which may pose difficulties in relation to student's re-entry to school. Check any that may apply:

- Attention / Concentration Impairment Post-Traumatic Stress Symptoms
Bipolar Mood Instability Psychotic Symptoms
Eating Disorder Self-Destructive Behavior - Non-Suicidal (i.e. cutting)
Homicidal Ideation/Intent Sleep Disturbance
Interpersonal Difficulties (Axis II related problems) Social Phobia Symptoms
Motivational Difficulties Substance Abuse/Dependence
Neuro-vegetative Depressive Symptoms Suicidal Ideation/Intent
Obsessions/Compulsions Other:
Panic Symptoms

If any were selected above, please elaborate, particularly with regard to whether or not student's remaining functional difficulties may need accommodations so the student can return to the academic environment. _____

Your recommendation regarding student's readiness to return to academic environment:

Student is ready to resume full-time academic re-entry: with or without accommodations
Student is not ready to resume full-time enrollment, but it is recommended that he/she enroll part-time:

with or without accommodations.
 _____ Student is not yet ready to resume academic re-entry and will be reevaluated on _____

Comments: _____

List ALL Recommended Accommodations for the student in the school setting: _____

Signature of Provider / Date

I give permission for school staff to implement the above orders/medical plan and to contact the physician for consultation and exchange of information as needed.

Signature of Parent/Guardian _____ Work/Cell#: _____

For District use only
 - - - - -

Reviewed by School Nurse (signature)

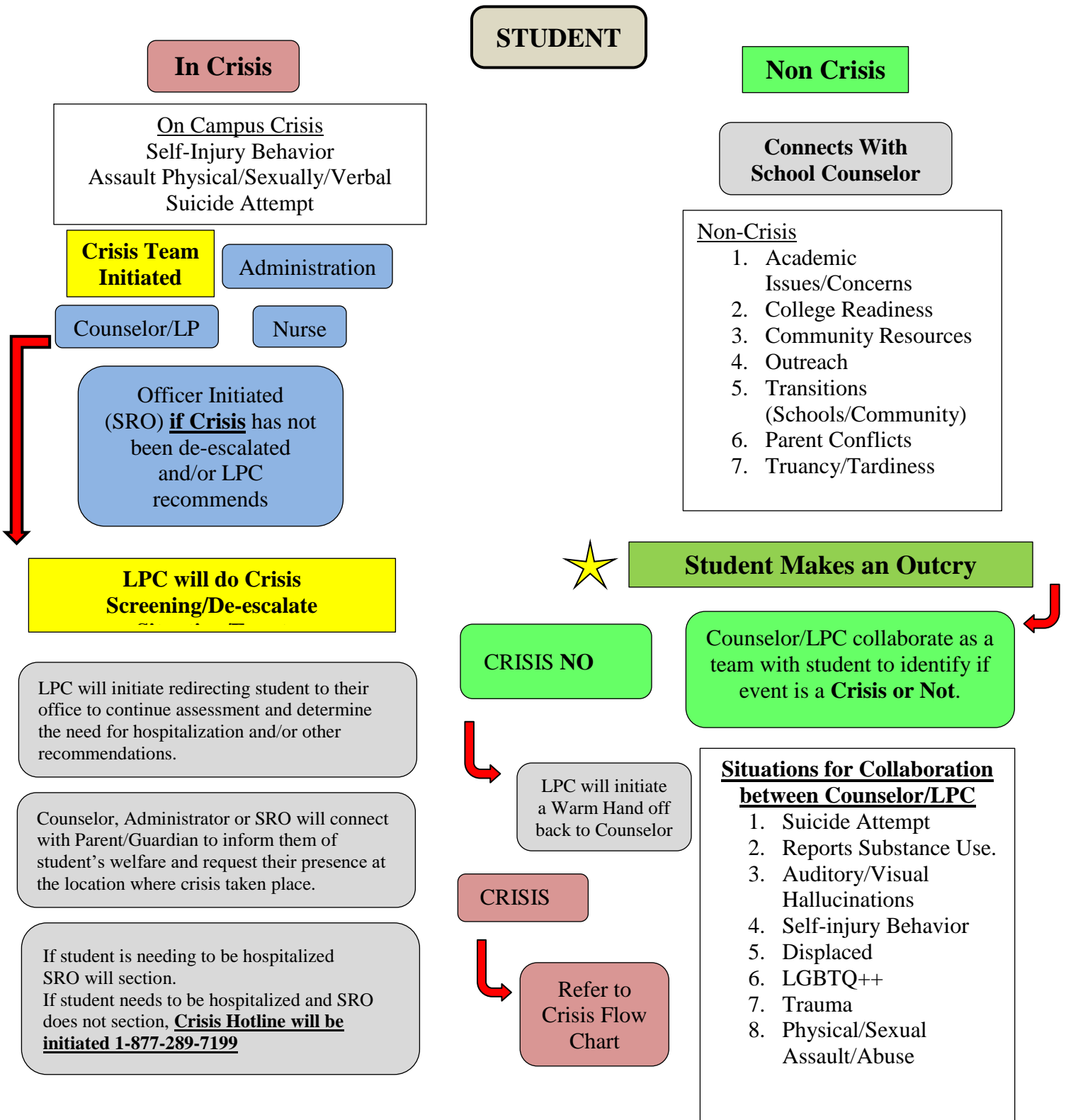
Date

FORMS FOR SUICIDE CRISIS MANAGEMENT

Limits of Confidentiality

One of the basic premises of suicide prevention is that we must not keep secrets about suicidal behavior. This premise applies to all who come in contact with a suicidal student, whether they are friends, classmates, teachers, counselors or school staff.

Student Services/Guidance & Counseling

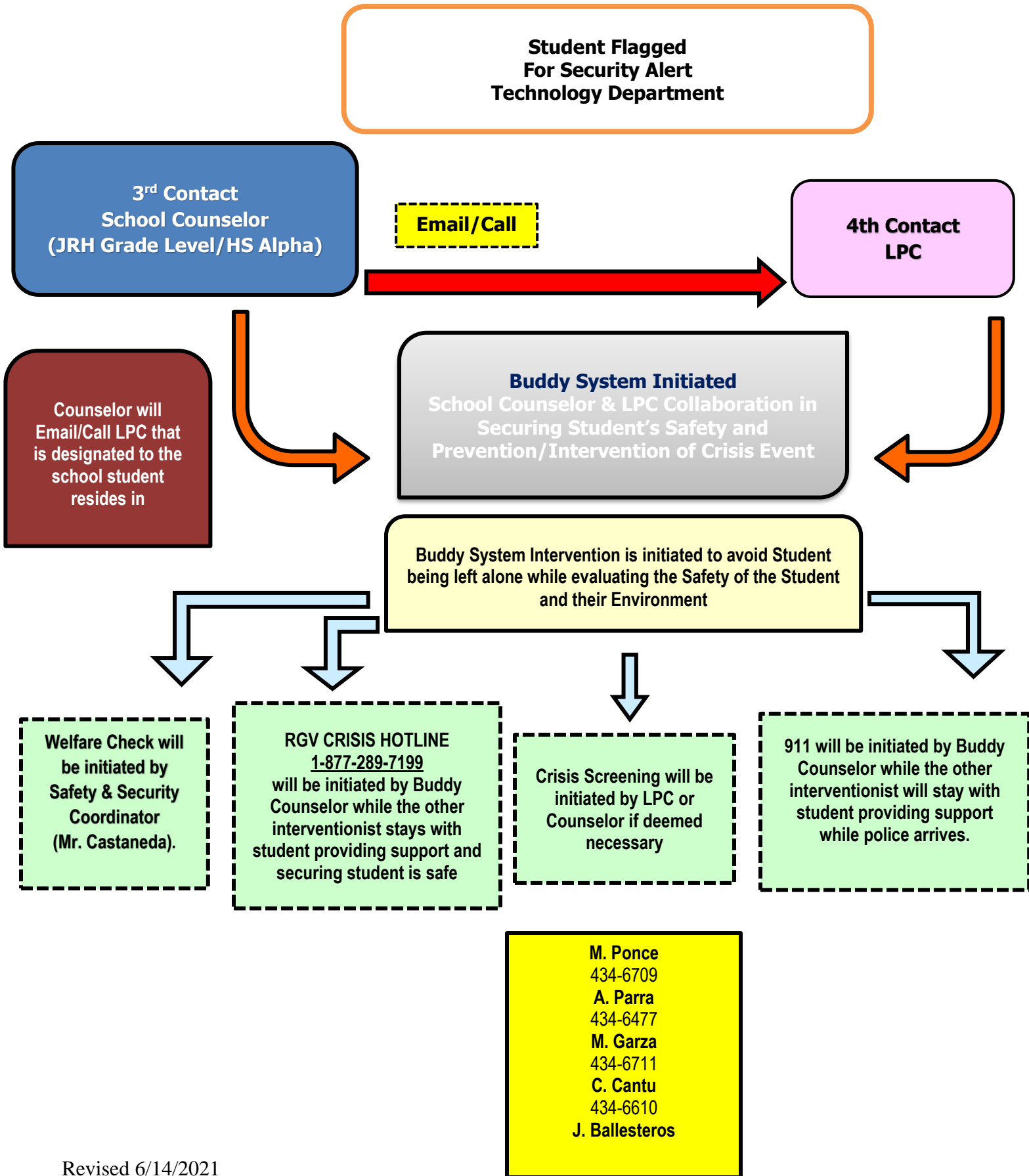


****Hospitalizations Voluntary/Involuntary AND Crisis screening** that do not lead to Hospitalizations will be referred to LPC for services for follow up.

****NO HARM AGREEMENT/SAFETY PLAN** will be initiated with **EVERY CRISIS SCREENING, OUTCRY** and/or **INTAKE** assessment

****Parents must have Physician or Mental Health Professional** fill out (Student Readiness for School re-entry form) before being discharged from the hospital so student can be assisted with transitioning back into their academic role and assess possible therapeutic services.

II Intervention & Protocol



Therapeutic Services from the Licensed Professional Counselor

What criteria identifies a student may benefit therapeutic services from LPC?

- Student had a crisis screening on campus.
- Student verbalized Suicide attempt, with and/or without a plan.
- Student inflicts self-harming behavior.
- Student has been admitted at a psychiatric hospital for evaluation or has been discharged from psychiatric hospital.
- Student reports substance use
- Student reports Auditory/Visual Hallucinations.
- Student is displaced (homeless, gets kicked out of his/her home, hurricane)
- Student identifies being part of the LGBTQ+ community and is struggling with anxiety, depression, bullying, physical/sexual/verbal harassment, gender dysphoria, and problems with parents accepting/home life.
- Student that is transitioning from another state, country or district.
- Student that is transitioning back into school due to being in jail or alternative school.
- If counselor feels student is struggling with a mental disorder that is keeping her/him from fulfilling their academic responsibilities, socialization with peers, feeling safe and secure in the school or home please staff case with LPC.



Keep in mind that not all MCISD COUNSELING REFERRALS will meet the criteria for therapeutic services.



Referrals that do not meet therapeutic LPC services will be referred back to the school counselor, transitional coach or with other recommendations.



MCISD Counseling Referral

Please fill out as much information as you can about student so to better evaluate mental health need. If student is verbalizing self-harm, thoughts of suicide or hurting someone please connect with the school's LPC immediately.

Date of Referral: _____ Campus: _____ ID#: _____ Grade Level: _____

Name of Student: _____ Referred by: _____ Title: _____

History/Presenting Problem: Please provide ALL important factors and concerns you may have regarding student's social, emotional and/or mental health.

LPC Note or Feedback

SPED Services: No _____ Yes _____ Type of Services _____
Student Receiving Services from Outside Agency? No _____ Yes _____ Name of Agency _____
Physician Name or Mental Health Professional : _____

Suspected Alcohol, Tobacco or Other Drug Use: No _____ Yes _____

Tobacco Alcohol Cannabis Opioids Hallucinogens Vaping Inhalants Over the Counter
Public Intoxication Other Substance

Student Meets Criteria for LPC Services: No _____ Yes _____ Follow up Plan: _____

Mission Consolidated Independent School District No Harm Agreement

I, _____ PROMISE THAT I WILL NOT KILL, HARM OR INJURE MYSELF IN ANY MANNER.

I ALSO PROMISE THAT IF I SHOULD FEEL SAD OR HAVE THOUGHTS OF HURTING MYSELF AT ANY TIME OF THE DAY OR NIGHT, I WILL CALL A RESPONSIBLE AND SUPPORTIVE ADULT, EITHER AT HOME OR AT SCHOOL.

IMPORTANT PEOPLE THAT I CAN CALL AND TALK TO ARE:

NAME	RELATIONSHIP	PHONE#

STUDENT'S SIGNATURE

DATE

TIME

WITNESS

TITLE

Mission Consolidated Independent School District Safety Plan

Throughout our lives many different situations may trigger stress and other negative emotional reactions. A safety plan can be used when I may be having a difficult time coping and may be thinking of harming myself or others. The plan can help to remind me about different ways to cope as well as better understand my warning signs in order to avoid a crisis situation. The plan can be shared with my parents, counselors, teachers, or friends who are supportive and can help in a time of need.

Step 1:

What are some warning signs that I might notice that let me know that I need to use my safety plan (thoughts, images, moods, situations, behaviors):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Step 2: Internal coping strategies – What are some things I can do by myself to help me not act on how I’m feeling (e.g. favorite activities, hobbies, relaxation techniques, distractions):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

What might make it difficult for me to use these strategies?

Solution:

Step 3: People and places that improve my mood and make me feel safe (e.g. parent, friend, family member, teacher, counselor):

- | | |
|------------------------|--------------|
| 1. Name: _____ | Phone: _____ |
| 2. Name: _____ | Phone: _____ |
| 3. Name: _____ | Phone: _____ |
| 4. Name: _____ | Phone: _____ |
| 5. Name: _____ | Phone: _____ |
| 6. Place(day): _____ | |
| 7. Place(night): _____ | |

What might get in the way of me contacting these people or going to these places?

Solution

Step 4: Steps I can take to keep myself safe by reducing access to items that I might use to harm myself or others during a crisis.

- 1. _____
- 2. _____
- 3. _____

Step 5: My reasons for living and getting better:

- 1. _____
- 2. _____
- 3. _____

Step 6: Professional resources and referrals I can contact during a crisis:

Counselor Name: _____ Phone: _____

Doctor / Psychiatrist: _____ Phone: _____

24/7 crisis assistance

- **CALL 911 if you need IMMEDIATE help in order to remain safe.**
- Tropical Texas Behavioral Health Crisis Hotline: 1-877-289-7199
- National Youth Crisis Hotline: 1-800-448-4663
- Mission Hospital: (956)-323-9000
- DHR Behavioral: (956) 362-4357
- South Texas Behavioral: (888) 977-1400
- Mission Police Dept: (956)-584-5000
- Palmhurst Police Department: (956) 519-3800
- Alton Police Department: (956) 432-0700
- Hidalgo Co. Sheriff's Dept.: (956)-383-8114

Counselors Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

School Administrator: _____ Date: _____

Mission Consolidated Independent School District

Plan de seguridad

A lo largo de nuestras vidas muchas diferentes situaciones pueden desencadenar estrés y otras reacciones emocionales negativas. Un plan de seguridad se puede utilizar cuando estoy teniendo dificultades para sobrellevar y estoy pensando en dañarme a mi mismo o a otros. El plan puede ayudarme a recordar diferentes maneras de hacer frente, así como comprender mejor mis señales de advertencia para evitar una situación de crisis. El plan se puede compartir con mis padres, consejeros, maestros o amigos que son solidarios y pueden ayudar en un momento de necesidad.

Paso 1: ¿Cuáles son algunas señales de advertencia que podría notar en mi mismo que me permiten saber que necesito usar mi plan de seguridad (pensamientos, imágenes, estados de ánimo, situaciones, comportamientos):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Paso 2: Estrategias de afrontamiento interno – ¿Cuáles son algunas de las cosas que puedo hacer por mí mismo para ayudarme a no actuar en cómo me siento (por ejemplo, actividades favoritas, pasatiempos, técnicas de relajación, distracciones):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

¿Qué dificultades podrían complicar el uso de estas estrategias?

¿Qué son algunas posibles soluciones?

Paso 3: Personas y lugares que mejoran mi estado de ánimo y me hacen sentir seguro (por ejemplo, padre, amigo, familiar, maestro, consejero):

- | | |
|----------------------------|-----------------|
| 1. Nombre: _____ | Teléfono: _____ |
| 2. Nombre: _____ | Teléfono: _____ |
| 3. Nombre: _____ | Teléfono: _____ |
| 4. Nombre: _____ | Teléfono: _____ |
| 5. Nombre: _____ | Teléfono: _____ |
| 6. Lugar (de día): _____ | |
| 7. Lugar (de noche): _____ | |

¿Qué obstáculos podrían ponerse en el camino de que me ponga en contacto con estas personas o vaya a estos lugares?

¿Cuáles son algunas soluciones?

Paso 4: Pasos que puedo tomar para mantenerme a salvo reduciendo el acceso a los elementos que podría usar para dañarme a mí mismo o a otros durante una crisis.

1. _____
2. _____
3. _____

Paso 5: Mis razones para vivir y mejorarme:

1. _____
2. _____
3. _____

Paso 6: Recursos profesionales y referencias que puedo contactar durante una crisis:

Nombre del Consejero: _____ Teléfono: _____

Doctor / Psiquiatra: _____ Teléfono: _____

Asistencia para crisis disponible las 24 horas del día, los 7 días de la semana

- **CALL 911 if you need IMMEDIATE help in order to remain safe.**
- Tropical Texas Behavioral Health Crisis Hotline: 1-877-289-7199
- National Youth Crisis Hotline: 1-800-448-4663
- Mission Hospital: (956)-323-9000
- DHR Behavioral: (956) 362-4357
- South Texas Behavioral: (888) 977-1400
- Mission Police Dept: (956)-584-5000
- Palmhurst Police Department: (956) 519-3800
- Alton Police Department: (956) 432-0700
- Hidalgo Co. Sheriff's Dept.: (956)-383-8114

Firma de consejero (a): _____ Fecha: _____

Firma del padre o Guardián: _____ Fecha: _____

Firma del estudiante: _____ Fecha: _____

Firma de Administrador de la escuela: _____ Fecha: _____

Mission Consolidated Independent School District

Suicide Precautions – Parent Checklist

Initial each:

- _____ Listen to your child. Allow your child to express his/her thoughts and feelings.
- _____ Dangerous objects (e.g. guns, knives, or any sharp object) should be placed in a secured location.
- _____ Medicine, harmful products or potentially harmful objects (belts, ropes, strings, or shoe laces) should be placed in a secured location.
- _____ Regular check-ups should be conducted by an adult every 15 min.
- _____ Heightened awareness should be maintained at home by family members at all times.
- _____ Be aware of what triggers your child’s unsafe behavior and respond appropriately.
- _____ Ensure your child receives appropriate emergency help (if needed) by using the resources listed below.

Emergency Telephone Numbers

Emergency: 911

Tropical Texas Behavioral Health Crisis Hotline: 1-877-289-7199

National Youth Crisis Hotline: 1-800-448-4663

Mission Hospital: 956-323-9000

DHR Behavioral: (956) 362-4357

South Texas Behavioral: (888) 977-1400

Mission Police Dept: 956-584-5000

Palmhurst Police Department: (956) 519-3800

Alton Police Department: (956) 432-0700

Hidalgo Co. Sheriff’s Dept.: 956-383-8114

Texas Dept. of Family and Protective Services (CPS): 1-800-252-5400

Website: <https://www.txabusehotline.org>

Parent/Guardian Signature

Date

Counselor’s Signature

Date

Administrator’s Signature

Date

School Phone (): _____

Mission Consolidated Independent School District

Precauciones de Suicidio – Lista de verificación de los Padres

Inicial cada uno:

- _____ Escuche a su hijo. Permita que su hijo exprese sus pensamientos y sentimientos.
- _____ Los objetos peligrosos (por ejemplo, pistolas, cuchillos o cualquier objeto afilado) deben colocarse en un lugar seguro lejos del estudiante.
- _____ Los medicamentos, los productos dañinos o objetos potencialmente dañinos (cinturones, cuerdas, cuerdas o cordones de zapatos) deben colocarse en un lugar seguro.
- _____ Los chequeos regulares deben ser realizados por un adulto cada 15 min.
- _____ La mayor conciencia debe ser mantenida en casa por los miembros de la familia en todo momento.
- _____ Sea consciente de lo que desencadena el comportamiento inseguro de su hijo y responda adecuadamente.
- _____ Asegúrese de que su hijo reciba la ayuda de emergencia apropiada (si es necesario) utilizando los recursos que se enumeran abajo en esta página.

Emergency Telephone Numbers

Emergency: 911

Tropical Texas Behavioral Health Crisis Hotline: 1-877-289-7199

National Youth Crisis Hotline: 1-800-448-4663

Mission Hospital: 956-323-9000

DHR Behavioral: (956) 362-4357

South Texas Behavioral: (888) 977-1400

Mission Police Dept: 956-584-5000

Palmhurst Police Department: (956) 519-3800

Alton Police Department: (956) 432-0700

Hidalgo Co. Sheriff's Dept.: 956-383-8114

Texas Dept. of Family and Protective Services (CPS): 1-800-252-5400

Website: <https://www.txabusehotline.org>

Fecha de firma del padre/Guardián

Fecha

Fecha de firma del consejero

Fecha

Fecha de firma del administrador

Fecha

Teléfono de la escuela: _____

Mission Consolidated Independent School District Notification of Emergency Conference

I, or we _____, the parent(s) of _____
were involved in a conference on ____/____/____ with school personnel at
_____(school). We have been advised that our child has
made statements concerning:

_____, to school personnel. We have been advised that we should seek
professional consultation immediately. We understand that the school district is not obligated to
pay for these services. We have been provided with a list of agencies and emergency numbers.
We understand that if no help is sought for our child, state and federal law requires school
personnel to notify Child Protective Services.

Parent or Legal Guardian

Date

Counselor

Date

Administrator

Date

FOLLOW UP: Counselor will verify and follow up with the parent within 48 hours.

Steps taken by parent:

Student Status:

Date: _____ Signature: _____

Distrito Independiente Consolidado De las Escuelas De Mission

Notificación de la conferencia de emergencia

Yo, o nosotros _____, El padre o los padres de _____ participaron en una conferencia de emergencia el día de ____/____/_____ con el personal de _____ Se nos ha informado que nuestro hijo/hija a hecho declaraciones sobre:

_____ al personal de la escuela. Se nos ha informado de que debemos buscar la consulta profesional de inmediato. Entendemos que el distrito escolar no está obligado a pagar por estos servicios. Se nos ha proporcionado una lista de agencias y números de emergencia. Entendemos que si no se busca ayuda para nuestro hijo, la ley estatal y federal requiere que el personal de la escuela notifique a los Servicios de Protección Infantil.

_____	_____
Firma del padre o Guardián legal	Fecha
_____	_____
Firma del Consejero(a)	Fecha
_____	_____
Firma del administrador (a)	Fecha

SIGUIENTE: El consejero verificará y hará un seguimiento con el padre en un plazo de 48 horas.

Pasos tomados por el padre o padres del estudiante:

El estado del estudiante:

Fecha: _____ Firma del Consejero o Consejera: _____

Mission Consolidated Independent School District
Suicide Attempt Incident Report
(Fax to Jesse Trevino 323-8173)

Date of Incident	Time of Incident	Place of Incident	School
------------------	------------------	-------------------	--------

Staff and Students Involved:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

District Staff Involved:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Description of Incident:

Emergency Action Taken:

Recommendations and Follow-up:

Person Reporting Incident

Principal's Signature

Cc: Jesse R. Trevino(Copy to Administrator and Counselor)

(Copy to Administrator and Counselor)

Mission Consolidated Independent School District

Counselor Suicide Intervention

Semester Report

Campus: _____ Date: _____

Counselor: _____

(To be filled out and returned on the last day of each semester)

* Total number this period:

- Suicide Threats _____
- Suicide Attempts _____
- Suicides Completed _____

* Total number of Follow-up Students Seen (Those who have previously been counted, but require follow-up visits) _____

* Comments/Difficulties Encountered

(Return to Jesse Trevino, Student Services Director/Counseling and Guidance)

Mission Consolidated Independent School District Announcing a Death of a Student

The suicide of a student, particularly one, who was well known or popular, can produce campus wide trauma if the death occurs when school is in session. In announcing the death, it may be helpful to include information about the grieving process and sources of assistance.

The _____ school community is saddened by the reported suicide of one of our students. The death of any member of a community is a loss that in one way or another diminishes each of us, but the tragic circumstances of _____'s death is/are more difficult to accept. Feelings of anger, hurt, depression, and guilt are natural following a suicide. We may wonder what we could have done to prevent this act of desperation. Although the feeling of guilt is natural, none of us can assume responsibility because the ultimate decision was not ours to make. There is, however, something each of us can do to help. You as students can assist your friends and classmates. Whatever the problem may be your teachers, counselors, and administrators are here to help all students. If you or one of your friends need to talk, let a teacher or counselor know. Both students and faculty can be alert for others who need help. Often, a friendly smile, an offer to have lunch together, a word of encouragement, or just listening can make a difference. Whether we realize it or not, we do need each other.

*Following the announcement, teachers may lead class discussions or send students to previously determined areas for counseling.

*Adapted from an announcement prepared in 1988 by Robert Enos, a high school principal in Austin, Texas, and was shared by Dr. Betty Phillips, the district's crisis coordinator.

Mission Consolidated Independent School District Announcing an Accidental Death

To: Faculty and Staff
 From: _____, Principal
 Date: _____

Read the following announcement to your first period class:

(Sample, make sure all of the information is accurate on your announcement.)

A _____ grade student, _____ (Student's Name), died as the result of an automobile accident that occurred shortly after midnight Friday. Another _____ grade student _____ (Student's Name), was seriously injured and is being cared for at _____ (Hospital Name). We are all saddened by the news. If anyone needs to meet with a counselor, please let your teachers know.

Suggestions for Helping Students:

1. Be prepared for tears. Bring a box of tissues to class. Crying is a normal and healthy reaction, even though it may make you or some students uncomfortable.
2. Recognize that some students who are most traumatized by this news may be very quiet or appear to be in a daze. Be alert to this possibility and have someone bring these students to the counseling office.
3. Send grieving students to the counseling office. A counselor or a teacher will be there to assist them.
4. During the day, you may let your students discuss this event or allow them to write a paper about their feelings (Do not collect the papers).
5. Just listening to students expressing their feelings and responding to the "hurt" facilitates healthy grieving. Some examples of helpful responses are:
"I can see that you are really hurting."
"It is very hard to accept the death of someone close."
"I know. It just seems unbelievable."
6. The following types of responses usually are not helpful:
"You will feel better tomorrow."
"Don't think about it now."
"A friend of mine died when I was your age, and I got over it"

Dear Parents,

Our Campus has experienced a great loss. One of our students in teacher's name class, student's name, passed away on _____. Student's name has been a student at _____ since _____ and has been special to all of us. His/hers sweet personality made a friend to everyone and she/he will always be remembered. Because our school is like a family, we share happy and sad times together.

Today we spoke to the students who knew student's name, and adults were available to support them through this difficult time. Tomorrow a team of counselors from the school district will be assembled and available for your child if he/she needs to talk further with someone, and the team will be on call if further need develops.

If your child shares information with you regarding student's name death, please take time to talk with your child. It is important for our children to have their feelings acknowledged and to help them understand that it's okay to feel sad or cry. It is also okay if they don't feel anything right away. Sometimes it can take a while for children to show their feelings, sometimes days or weeks, and that is normal. No matter when feelings surface, it is important to clear misconceptions and be honest.

Some helpful responses to distressed students are:

- *"I can see that you are hurting."*
- *"It's very hard to accept the death of someone you know well."*
- *"I know...it just seems unbelievable."*
- *"It really hurts, doesn't it."*
- *"It is especially hard when there are many unanswered questions."*

Please remember student's name family at this difficult time. Please do not hesitate to send a note to school with your child or call the school if you feel your child needs to talk further with someone.

Information about private contributions in memory of student's name will be forthcoming.

Sincerely,

Principal

Nuestra escuela experimentado una perdida muy grande. Uno de nuestros estudiantes del _____ grado en la clase de la Sra. teacher's name, student's name, murio en _____. Student's name ha sido un estudiante en nuestra escuela de desde del _____ y fue muy especial para todos nosotros. Su personalidad dulce hizo un/uno amiga (o) para todos y a ella siempre será recordada. Porque nuestra escuela es como una familia, nosotros compartimos tiempos felices y tristes.

Hoy hablamos con los estudiantes del _____ grado que conocian a student's name, y los adultos estuvieron disponibles como apoyo en este tiempo difícil. Mañana un equipo de consejeros del distrito de la escuela estaran reunido y disponible para su niño si él/ella necesita hablar aún más con alguien, y el equipo estarán listo si aún más hay necesidad.

Si su niño comparte esta información con usted sobre la muerte de student's name, tome por favor tiempo de hablar con su niño. Es importante para nuestros niños que tengan sus sentimientos reconocidos y para ayudarlos entender que pueden sentirse triste o llorara. Es normal si ellos no sienten nada en seguida. A veces puede toma tiempo para que los niños muestren sus sentimientos, a veces días o semanas, y eso son normales. No imporata cuando superficie los sentimientos, es importante aclarar el malentendido y ser honesto con ellos.

Algunas respuestas útiles para los estudiantes penados son: - "Puedo ver que te duele". - "Es muy duro aceptar la muerte de alguien conocas bien". - "Sé...que parece increíble". - "Duele realmente, verdad". - "Es especialmente duro cuando hay muchas preguntas sin contestaciones".

Recuerde por favor la familia de student's name en este tiempo tan difícil. Por favor no se detenga en mandar una nota para la escuela con su niño o llamar a la escuela si usted siente que su niño necesita hablar aún más con alguien.

Habrar despues mas inforación acerca de contribuciones privadas en la memoria de student's name.

Sinceramente,
Directora (o)

Loss of Teacher Memo

To:

From:

Date:

Subject: Counseling Support for the Students and Staff

A Crisis Team will be available for the Students and Staff this morning from 8:00 a.m. to 11:30 a.m. for anyone who is still struggling with the loss of _____.

Someone from the Crisis Team will visit the classrooms of the students that she served this school year. If there are other students who are in need of support, please let us know. The Crisis Team will be based in the conference room. When we visit the classrooms that she served, we will do an art activity to help the students to bring closure.

If any of the students from your classrooms are still having difficulty, give us their names and we will talk with them one to one or in a group. Later this morning, we will provide you with a scheduled time that we will visit your classrooms.

Thank you for your support at this difficult time.

Sample Memo to Staff - Death of a Student Memorandum

TO: Faculty and Staff

FROM: (principal's name)

RE: Loss of a Student

Date:

It is with great sadness that I must inform you that we have lost a member of our school family. (Student's name) died/was killed/passed away... At this point/I was told that/I recently learned that... (facts about death/accident – when, where, how, etc.) The Crisis Building Team will be available to work with the staff and students from our school to assist anyone who is upset by this tragedy. Listed below are several suggestions which may assist grieving staff and students in dealing with their feelings of loss:

- Discuss what has happened, relay relevant facts, answer questions, and attempt to dispel rumors.
- Discuss what staff and students might expect from themselves and others (i.e., grief process and individuality of process).
- Share memories and thoughts.
- Discuss ways to respond individually and as a class.
- Identify students in need of assistance and send them to the office or contact (name).

If you need assistance for your students or yourself, please contact (name). Please be advised that I am letting you know this information in advance so you can prepare for the school day. However, in order to provide better support, please do not inform your students of this loss until you are notified that the Building Crisis Team is in place.

Student Death – Classroom Announcement – Elementary

To: Faculty and Staff
 From: (principal, counselor)
 Date: (date)
 RE: Update on (name of student)'s death

Please Review Before School

Please read this statement to students today between (time) in (grades).

We are deeply saddened by the sudden death of <Name of Student>, a ____ grade student in <Name of Teacher>'s class. He/she died of <Cause of Death> on <Date>. <Name of Student> was a warm and friendly student who will be sincerely missed. Our thoughts are with his/her family and friends at this time of grief.

<Name of Student>'s family includes <Parents, Sibling & their grades and teachers of school attends>.

Students are encouraged to draw pictures or write sympathy cards for <his/her> family. You will have some class time today to do this. These cards and letters can be given to me or to the counselor, <Name of Counselor>.

Items you may want to have available for students:

1. markers and crayons
2. construction paper
3. butcher paper
4. kleenex

Other information:

Funeral arrangements are pending at this time. <Name of School> will plan a memorial service later this month and that information will be forthcoming.

A letter will be sent home today with all students to inform parents of this tragedy. Please check your box and make sure the letter goes home with all students.

Counselors are available for any student in need. Please send these children to <specified location> during <times>.

Please be aware that some students may need follow up counseling later on. Use a Counseling Referral Form for these students.

[SAMPLE INFORMATION FOR STUDENTS]

THIS INFORMATION SHOULD BE GIVEN TO TEACHERS AND OTHER STAFF TO READ TO STUDENTS AT A DESIGNATED TIME TO SHARE WITH THE ENTIRE STUDENT BODY (E.G., HOMEROOM OR FIRST/SECOND PERIOD).

It is with sadness that I tell you about a loss to our school family. On [DATE], [NAME OF DECEASED] [INSERT FACTS ABOUT DEATH].

I understand that many of you may have upsetting feelings and questions about [NAME OF DECEASED]'s death. I will try to answer any questions that I can. If you would like, we will take the remainder of this class period to talk about what has happened. At times like this, it is okay to have many different feelings, including sadness, anger, and disbelief. It is okay to cry. Together, we can talk about whatever you may be feeling or want to talk about. If I cannot answer your questions, or you would like to talk to someone privately, there are support rooms now available [LOCATION OF SUPPORT ROOM(S)]. Anyone who would like to go to talk to someone in the support rooms may do so now. I will give you a pass.

[DETERMINE WHICH STUDENTS WOULD LIKE TO LEAVE FOR A SUPPORT ROOM. ASK THE REMAINING STUDENTS IF THEY HAVE ANY QUESTIONS OR COMMENTS THEY WOULD LIKE TO SHARE. TAKE TIME TO ANSWER AND TO TALK AS THE STUDENTS' DESIRE.

IF THERE IS NOT LENGTHY DISCUSSION, CONSIDER QUIET SEAT WORK RATHER THAN LESSON PLANS AS USUAL.]

Student Death – Classroom Announcement – Secondary

I have very sad information for you today. As many of you may know, we lost one of our students in a tragic accident last night. <Student's Name> was driving home from work last night and was killed by a train at the crossing on Highway 89 and State Street. <Student's Name> died instantly and did not suffer. She/He will be greatly missed. Those of you who want to talk about this may do so with a counselor. If you need to talk with someone, I will give you a permit so you may go to the <location> where a counselor will meet with you.



Dear Parents/Guardians:

On _____(Date), one of our ____ (grade) student's died _____ . A young person's death is always difficult and can have a profound effect on other students.

This letter is to make you aware of this loss so that you are better prepared to help your child and to inform you of the assistance available in the district should you need it. This is a sensitive issue for everyone, and we suggest that you talk with your children about their feelings and concerns.

As parents and caregivers, you need to be prepared for possible reactions of your child to this event. Death is often difficult for young people to understand, and the following signs of stress may be experienced.

- | | |
|--|----------------------------|
| Risk-taking behaviors | Changes in sleeping habits |
| Inability to concentrate | Absentmindedness |
| Changes in appetite | Mood swings |
| Irritability | Guilt |
| Fearfulness | Stomach aches |
| Headaches | Isolation |
| Thoughts about death or dying | Numbness |
| Nightmares | |
| Withdrawing from normal activities and friends | |
| Concern/fears of death of someone close | |

Listening and validating their feelings are two primary ways to help your child through this difficult time.

Guidance counselors at the school will be available to talk with students who are experiencing difficulty. If you or your children have any concerns associated with _____, we urge you to contact _____ (school) at _____(Phone Number) for additional suggestions for dealing with this tragedy.

Sincerely,

Principal Date



Estimados Padres/Guardianes:

El _____ (date), uno de nuestros estudiantes del grado _____ fallecio _____ . Cuando un niño/joven muere es siempre difícil y puede tener un efecto profundo en otros estudiantes.

Esta carta es para enteralos de esta pérdida y para que usted se prepare ha ayudar a su niño. Tambien queremos informarle de la ayuda disponible en el distrito si la necesita. Este incidente es algo sensible para todos, y nosotros sugerimos que usted hable con sus niños acerca de los sentimientos y preocupaciones de ellos.

Como padres y cuidadores, ustedes necesitan ser preparados para reacciones posibles de su niño a este incidente. La muerte es difícil para entender especialmente para los niños/jovenes. Listado debajo son las diferentes maneras que las personas enseñan la tension o nerviosidad.

Conductas de arriesgadas	Cambios en los habitos de dormir
Incapacidad de concentrar	Distraido
Cambios de apetito	Cambios de humor
Irritabilidad	Culpabilidad
Temores	Dolores de estomago
Dolores de cabeza	Aislamiento (Se a partan de otros)
Pensamientos de muerte	Entumecimiento (No poder sentir)
Pesadillas	Apartarse de actividades y amigos
Preocupaciones/Temores de muerte de alguien cercano	

Escuchar y validar los sentimientos de su higo/a son dos maneras primarias de ayudar a su higo/a en este tiempo difícil.

Los consejeros de la escuela estarán disponibles para hablar con estudiantes que tengan dificultad con sus sentimientos. Si usted o su niño tiene alguna pregunta asociada con _____, por favor hable a la escuela _____ (school) al número _____ (Phone) para sugerencias adicionales o asistencia con esta tragedia.

Sinceramente,

Director/a

La Fecha

Section 26 Apprehension by Peace Officer without Warrant

APPLICATION TO FACILITY FOR EMERGENCY DETENTION WITHOUT A WARRANT AND ACCEPTANCE FOR PRELIMINARY EXAMINATION

The applicant, _____ makes this application for the emergency detention of (Name and official title of peace officer) _____, who was apprehended on the ____ day of _____, 20____ (Name of the person to be detained) at _____ A.M. /P.M. at _____ (Place of apprehension)

Emergency detention is sought for the following reasons:

- (1) I have reason to believe and do believe that the person evidences mental illness;
- (2) I have reason to believe and do believe that the person evidences a risk of serious harm to him/herself or others which is described as follows:

_____ (Specify and describe the risk)
_____ ; and

(3) I have reason to believe and do believe that the risk of harm is Imminent unless the person is immediately restrained.

(4) My above-stated beliefs are based on the following specific recent behavior, overt acts, attempts or threats: _____ (Specify and describe the person's behavior) which were observed by me and/or reliably reported to me by _____ (Name of person who reported behavior) who is related/unrelated to the person as follows _____ (State relationship to person if any)

Executed on the ____ day of _____, 20____ at _____ A.M/P.M.

(Signature of peace officer)

FACILITY USE ONLY

Accepted for preliminary examination for emergency detention on the ____ day of _____, 20__AM /PM

(Signature of facility employee)

Accepted for preliminary examination for emergency detention on the ____ day of _____, 20__AM /PM

(Signature of facility employee)

Section 28 BLACK INK ONLY

NO. _____

THE STATE OF TEXAS	X	IN THE JUSTICE OF COURT
FOR THE BEST INTEREST	X	PCT.3 PL.2
AND PROTECTION	X	HIDALGO COUNTY, TEXAS

APPLICATION FOR EMERGENCY COMMITMENT

Name of Affiant _____	Home Phone _____
Address of Affiant _____	Work Phone _____
Race _____ Sex _____ Age _____	Other Phone _____

Name of person for whom commitment is sought: _____

Address (Residence) _____

Race _____ Sex _____ Age _____ Height _____ Weight _____ DOB _____

Hair _____ Eyes _____ SS # _____ - _____ - _____

RELATIONSHIP OF AFFIANT TO PERSON FOR WHOM COMMITMENT IS SOUGHT:

(Check One) _____ Stranger _____ Spouse _____ Neighbor _____ Friend _____
 _____ Former Spouse _____ Other (Please Specify)

I have reason to believe that _____ is mentally ill and that unless he/she is immediately restrained, there is an imminent substantial risk of harm to himself/herself or others, said harm being _____

(Describe and specify the harm that probably will occur)

My beliefs are based on the following specific recent behavior, overt acts, attempts or threats:

2. By way of further information I offer the following: _____

 (Signature of Affiant)

SWORN TO AND SUBSCRIBED BEFORE ME, this _____ day of _____, 20____.

 Justice of the Peace Pct.3, P1.2
 Hidalgo County, Texas

**ORDER AND WARRANT FOR EMERGENCY MENTAL ILLNESS
COMMITMENT**

NO. _____

THE STATE OF TEXAS	X	IN THE JUSTICE COURT
FOR THE BEST INTEREST	X	PCT.3, PL.2
AND PROTECTION OF	X	HIDALGO COUNTY, TEXAS

ORDER FOR ISSUANCE OF MENTAL HEALTH WARRANT

Upon presentation of an Application for Emergency Admission Detention by

_____ the court finds there that _____
(Name of Applicant)

Evidence Mental Illness that creates an imminent substantial risk of serious harm to him/her or others and that necessary restraint for treatment cannot be accomplished without Emergency Detention and that Emergency Detention is the least restrictive means by which necessary restraint may be affected.

Date

Justice of the Peace Pct.3, PL.2
Hidalgo County, Texas

WARRANT OF APPREHENSION AND DETENTION

TO ANY PEACE OFFICER OF THE STATE OF TEXAS GREETING

You are hereby commanded to Apprehend and Detain: _____

_____ and immediately transport him/her to Texas Tropical Center for MHMR, Rio Grande State or McAllen Behavior Center Hospital for a Preliminary examination in

accordance with Subsection (c) of Section 26 of the Texas Mental Health Code.

Herein fail not, but of this Writ make due return showing how you have executed the same.

WITNESS MY OFFICIAL SIGNATURE, the ____ day of _____, 20____.

Justice of the Peace Pct.3 PL.2
Hidalgo County, Texas

OFFICER'S RETURN

Received the ____ day of _____, 200_, and executed by Apprehending the Person,

_____ and transporting Him/her to _____

_____, for temporary acceptance for Preliminary Examination.

Date Executed: _____ by _____
Health or Peace Officer

Time _____ A.M. / P.M.

SPECIFIES NATURE OF RELATIONSHIP - I am the _____ of said person.

Any further relevant information, if any, is attached.

(Applicant)

STATE OF TEXAS } {
COUNTY OF HIDALGO } {

BEFORE ME, the undersigned authority on this date personally appeared _____, known to me to be the person subscribed below, whom after being duly sworn, under oath does swear and depose that the foregoing Application has been read and that all facts stated therein are true and correct.

(Applicant)

SUBSCRIBED AND SWORN BEFORE ME this _____ day of _____ 20_____, to certify which witness my hand and seal of office.

Notary Public in and for the
State of Texas
My Commission Expires: _____

No. _____

THE STATE OF TEXAS } {
FOR THE BEST INTEREST } {
AND PROTECTION OF } {

MENTAL HEALTH WARRANT FOR EMERGENCY DETENTION

THE STATE OF TEXAS: TO ANY HEALTH OR PEACE OFFICER THE STATE OF TEXAS,
GREETINGS:

You are hereby commanded to apprehend, the person of _____,
and transport him/her to _____, for
the purpose of a preliminary examination.

HEREIN FAIL NOT, but of this Writ then and there make due return, showing how you
have executed the same.

Given under my hand this _____ day of _____, 20_____.

Magistrate

OFFICER'S RETURN

RESCINDED on the ____ day of _____ 20 ____ and executed by apprehending the
person, _____,
_____ and transporting him/her to _____,
for temporary acceptance for preliminary examination.

DATE EXECUTED: _____
TIME: _____ A.M./P.M.

Health or Peace Officer

CHILD PROTECTIVE SERVICES

1-800-252-5400

<https://www.txabusehotline.org>

Call the Texas Abuse Hotline when the situation is urgent. Urgent means someone faces an immediate risk of abuse or neglect that could result in death or serious harm. Call the Texas Abuse Hotline at **1-800-252-5400** for situations including but not limited to:

- Serious injuries
- Any injury to a child 5 years or younger
- Immediate need for medical treatment (including suicidal thoughts)
- Sexual abuse where the abuser has or will have access to the victim within the next 24 hours
- Children age five and under are alone or are likely to be left alone within the next 24 hours
- Anytime you believe your situation requires action in less than 24 hours



IT'S YOUR DUTY

*Responsibilities and Procedures
for Reporting
Suspected Child Abuse and Neglect*

YOUR DUTY:

- All citizens have a duty to protect children and a legal responsibility to report suspected abuse and neglect to the proper authorities.

WHAT YOU NEED TO KNOW:

- If you have cause to believe that a child has been or may be abused or neglected, you must immediately make a report to the proper authority.
- If you knowingly fail to make the required report you may be found guilty of a crime under the Texas Family Code. You may also be subject to sanctions by the State Board for Educator Certification, by the Commissioner of Education and/or disciplinary action by your Board of Trustees or Superintendent.

OTHER IMPORTANT FACTS:

- The law requires you to make a report to the proper authorities no later than the 48th hour after the hour you first suspect that a child has been or may be abused or neglected or is a victim of the offense of “Indecency with a Child” under the Penal Code.
- You may not delegate this responsibility to any other person or rely on another person to make the report.
- The identity of the person making the report is confidential and may be disclosed only by a Court order or to a law enforcement officer for the purposes of conducting a criminal investigation of the report see FFG (LEGAL).

DO THE FOLLOWING:

- Make a report within 48 hours of the time you first suspect that a child has been or may be abused or neglected or is a victim of Indecency with a Child to the proper authority.
- If the person suspected of abusing a child is a parent or guardian, the report must be made to the Texas Department of Family and Protective Services by calling the following telephone number: 1-800-252-5400. Report should also be made to TDPRS if the alleged or suspected abuse involves a person responsible for the care, custody, or welfare of the child (i.e., any school personnel or school volunteer).
- In a situation where the alleged or suspected abuse does not involve a person responsible for the care, custody, or welfare of the child, report may be made to any local or state law enforcement agency. An example of this type of situation where report to the police would be proper would be if a student is suspected of abusing another student.

- Secure the name of the intake worker and the Priority Number/Caller ID Number given to you when you make a report.
- Fill out the *Alleged Child Abuse or Neglect Reporting Form* (Form A) within two (2) days of the CPS report and either walk in or fax to the office of the Assistant Superintendent for HR & Student Services located at the Administration Office at 1201 Bryce Drive. The fax number is 323-5567.
- Follow the district's procedures for reporting suspected child abuse and neglect and maintain the *Administrative Procedures Checklist for Alleged Child Abuse and Neglect*.
- If a student makes an outcry of alleged abuse, he or she should be asked if he or she would like to see the school nurse or a campus administrator; **however, this does not relieve you of your obligation to report to CPS within 48 hours.**
- If the nurse and/or administrator assesses the student, he or she is also obligated to call CPS within 48 hours and document his or her findings on the *Mission CISD Alleged Child Abuse Reporting Form (Form A)*.

INVESTIGATIONS BY LAWFUL AUTHORITIES

The rule of thumb is to cooperate with all lawful authorities when an investigation is conducted.

The Child Protective Services Investigator or Local Law Enforcement Agencies may conduct an interview with the student and alleged perpetrator at school as per FFG (LEGAL). **FORMS ARE PROVIDED TO DOCUMENT LAWFUL AUTHORITY REQUESTS.** In such instances, the following investigation procedures shall be followed in accordance with Board Policy GRA Local:

- The investigator will make his/her presence known to the Principal (designee) or the Principal's supervisor if the school Principal is the alleged perpetrator.
- A private, non-threatening place to interview the student shall be provided to the investigator. (Counselor or nurse's office preferably) . . . Principal or Asst. Principal's office is not recommended.
- A school official may not require the presence of a parent or school administrator during an interview by an investigator.
- The investigator may allow a third party to attend the interview when the student has already told the third party about the alleged abuse or neglect and the investigator believes the third party's presence may make the student more comfortable or if the student asks for the third party to attend.

- The Principal (designee) should secure the case number (priority number) from the investigator before he/she leaves the campus as applicable.
- The Principal (designee) fills out the *Questioning of Student Form (Form B)*.

FERPA APPLIES:

- The Family Educational Rights and Privacy Act (FERPA) generally applies to student records, even during an investigation of suspected child abuse or neglect. Accordingly, student records (except for directory information) may not be released unless there is a valid subpoena, Court Order or release by the student's parent or other person in lawful authority. The School District is required under Federal Law to make a reasonable effort to notify the parent in advance of compliance with a subpoena.
- If an investigator conducting a child abuse investigation under the requirements of the Family Code makes a request for a student record, the request shall be in writing and state that the investigator is conducting a child abuse investigation required by the Texas Family Code and that the requested record is requested in accordance with Section 552.114 (b) (3) of the Texas Government Code. The investigator is to fill out the *Making Information Available In a Child Abuse Investigation Form (Form C)*. The Principal (designee) is to fill out the bottom portion of *Form C*.
- If an investigator demands the release of student records without a proper written request, subpoena, Court Order, or parental release, you should contact a supervisor for advice from the School District's attorney.

REMOVAL OF STUDENT FROM SCHOOL PROPERTY

- Before a student at school is arrested or taken into custody by a law enforcement officer or other legally authorized person, the principal shall verify the official's identity.
- To the best of his or her ability, the principal (designee) shall verify the official's authority to take custody of the student [see GRA], and then shall deliver over the student. The Principal (designee) is to have the officer fill out the *Taking Student into Custody Form (Form D)*. The Principal (designee) is to fill out the bottom portion of the form.
- In the event that a legally authorized person is requesting to take possession of a child without a written court order, the Principal (designee) is to have the individual fill out the *Taking Possession of a Student While at School in an Emergency without a Written Court Order Form (Form E)*. The Principal (designee) shall fill out the bottom portion of this form.

- The principal shall immediately notify the Superintendent and ordinarily shall notify the parent or other person having lawful control of the student. If the officer or other authorized person raises what the principal considers to be a valid objection to notifying the parents at that time, the principal shall not notify the parents.

IMMUNITIES UNDER SECTION 261.106, TEXAS FAMILY CODE

- A person acting in good faith who reports or assists in the investigation of a report of alleged child abuse or neglect or who testifies or otherwise participates in a judicial proceeding arising from a report, petition, or investigation of alleged child abuse or neglect is immune from civil or criminal liability that might otherwise be incurred or imposed.
- A person who reports the person's own abuse or neglect of a child or who acts in bad faith or with malicious purpose in reporting alleged child abuse or neglect is not immune from civil or criminal liability.

Notice of Employee Responsibilities for Reporting Child Abuse and Neglect

What are the District's policies addressing child abuse or neglect and my responsibilities for reporting suspected child abuse or neglect?

The applicable District policies—FFG(LEGAL) and (LOCAL), GRA(LEGAL) and (LOCAL), and DH(LOCAL) and (EXHIBIT)—are enclosed in this packet. This distribution is required by state law. At regular intervals, these policies will be addressed in staff development as well. If you have any questions about these policies, please contact directors for staffing at (956) 323-5641.

What are my legal responsibilities for reporting if I suspect that a child has been or may be abused or neglected?

Anyone who suspects that a child has been or may be abused or neglected has a legal responsibility, under state law, for reporting the suspected abuse or neglect to law enforcement or to Child Protective Services (CPS).

Any District employee, agent, or contractor has an additional legal obligation to submit the oral or written report within 48 hours of learning of the facts giving rise to the suspicion.

An employee will make a report if the employee has cause to believe that an adult was a victim of abuse or neglect as a child and the employee determines in good faith that disclosure of the information is necessary to protect the health and safety of another child or an elderly or disabled person.

Are there any restrictions on reporting?

Under state law, an employee is prohibited from using or threatening to use a parent's refusal to consent to administration of a psychotropic drug or to any other psychiatric or psychological testing or treatment of a child as the sole basis for making a report of neglect, unless the employee has cause to believe that the refusal:

Presents a substantial risk of death, disfigurement, or bodily injury to the child; or

Has resulted in an observable and material impairment to the growth, development, or functioning of the child.

To whom do I make a report?

Reports may be made to any of the following:

A law enforcement agency: The Mission Police Department, at (956) 584-5000;

The CPS division of the Texas Department of Family and Protective Services at (800) 252-5400 or [Texas Abuse Hotline Website](#); or

If applicable, the state agency operating, licensing, certifying, or registering the facility in which the suspected abuse or neglect occurred.

However, if the suspected abuse or neglect involves a person responsible for the care, custody, or welfare of the child, the report must be made to CPS, unless the report is to the state agency that operates, licenses, certifies, or registers the facility where the suspected

abuse or neglect took place; or the report is to the Texas Juvenile Justice Department as a report of suspected abuse or neglect in a juvenile justice program or facility.

Reporting your suspicion to a school counselor, a principal, or another school staff member does NOT fulfill your responsibilities under the law. Furthermore, the District cannot require you to report your suspicion first to a school administrator.

Will my report be kept confidential?

State law requires that the identity of a person making a report of suspected child abuse or neglect be kept confidential.

Will I be liable in any way for making a report?

A person who in good faith reports or assists in the investigation of a report of child abuse or neglect is immune from civil or criminal liability.

What will happen if I don't report suspected child abuse or neglect?

By failing to report a suspicion of child abuse or neglect:

You may be placing a child at risk of continued abuse or neglect;

You are violating the law and may be subject to legal penalties, including criminal sanctions;

You are violating Board policy and may be subject to disciplinary action, including possible termination of your employment; and

Your certification from the State Board for Educator Certification may be suspended, revoked, or canceled.

What are my responsibilities regarding investigations of abuse or neglect?

State law specifically prohibits school officials from:

Denying an investigator's request to interview a child at school in connection with an investigation of child abuse or neglect; or

Requiring that a parent or school employee be present during the interview.

School personnel must cooperate fully and may not interfere with an investigation of reported child abuse or neglect.

¹ Texas Abuse Hotline Website: <http://www.txabusehotline.org>

**CHILD
PROTECTIVE
SERVICES
FORMS**

CONFIDENTIAL

MISSION CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

ALLEGED CHILD ABUSE OR NEGLECT REPORTING FORM (Form A)

Deliver to the Assistant Superintendent for Human Resources and Student Services located at the Administration Offices, 1201 Bryce Driver OR fax to 323-5567 within 2 days of contacting CPS.

~~~~~  
Texas Department of Family and Protective Services (CPS)  
Telephone Number: 1-800-252-5400 Website: <https://www.txabusehotline.org>

Date Reported: \_\_\_\_\_ Name of intake worker: \_\_\_\_\_  
Report Number: \_\_\_\_\_

**Other required information:**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School (full name) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address:  
\_\_\_\_\_

Describe basis for suspicion of child abuse; describe injuries, if any, and how injuries were allegedly sustained:

\_\_\_\_\_  
\_\_\_\_\_

Please list others who were notified:

\_\_\_\_\_  
\_\_\_\_\_

Name of Reporting Person: \_\_\_\_\_

~~~~~  
To be filled out by the Mission CISD Investigator:

Initial Agency Disposition:

- _____ is investigating
(Agency name)
- _____ will NOT be investigating
(Agency name) Attach documentation

Final Agency Disposition:

- Criminal Charges Filed
- Criminal Charges Not Filed
- Citation Issued
- Unknown at time of report

MISSION CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Questioning of Student Form (Form B)

1. My name is _____ Badge # _____

2. I am (check the box that applies)

Texas law enforcement officer with (name of agency) _____

Hidalgo County Sheriff Department

Hidalgo County juvenile probation officer

An investigator of the Texas Department of Family and Protective Services, conducting an official investigation of a report of suspected abuse or neglect of a child.

I need to question this student at school for the following REASON:

PERMISSION FOR MCISD TO CONTACT PARENT/GUARDIAN OF STUDENT? YES NO
(If yes, see below)

Date: _____ Time Started: _____ Time Finished: _____

Campus _____

Student _____ I.D. # _____

Grade _____ D.O.B. _____

Parent/Guardian _____

Address _____

Home Phone _____ Work Phone _____

(Signature of representative/officer or copy of ID) Date _____ Time _____

FOR MISSION CISD USE ONLY:

IF PERMISSION GRANTED (SEE ABOVE):

Informed Parent/Guardian _____
Name Date Time

Reported to Superintendent s (Designee) Office _____
Name Date Time

Campus Administrator s (Designee) Signature _____
Name Date Time

MISSION CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Making Information Available In a Child Abuse Investigation Form

(Form C)

[Note: State law requires a student record to be made available upon request by a person conducting a child abuse investigation required by Subchapter D, Chapter 261, Family Code. However, the Family Educational Rights and Privacy Act (FERPA), 20 USC 1232g, a federal law, prohibits the release of such information except under certain conditions. Therefore, before the School District may release a student record in a child abuse investigation under Subchapter D, Chapter 261, of the Texas Family Code, the request for the record(s) must be made on this official MCISD request form, properly signed by the investigator who is conducting the investigation.]

1. My name is _____, Badge # _____

2. I am: (check the box that applies)

- An investigator of the Texas Department of Family and Protective Services, conducting an official investigation of a report of suspected abuse or neglect of a child.
- An investigator of _____, which is the agency designated by the court as responsible for the protection of children, conducting an official investigation of a report of suspected abuse or neglect of a child.
- An investigator with _____, a local law enforcement agency, conducting a joint investigation with the Texas Department of Family and Protective Services (or a state agency that operates, licenses, certifies, or registers a facility in which children are located) of a report of serious physical or sexual abuse of a child.

3. This is an official request for release of information contained in a student record(s) of the below named student in connection with an emergency to protect the health or safety of the student based on a report of suspected abuse or neglect of the student. Release of such information is authorized under Section 552.114 of the Texas Government Code and under 20 U.S.C. § 1232g.

(Name of student)	I.D. #	(Name of School)	(Grade)

4. The information requested to be made available is the following:

(Signature of investigating officer)	(Date & Time of signature on document)

Reported to Superintendent's (Designee) Office _____

Name	Date	Time

Campus Administrator's (Designee) Signature _____

Name	Date	Time

THIS IS A GOVERNMENT RECORD. A PERSON COMMITS AN OFFENSE IF HE/SHE KNOWINGLY MAKES A FALSE ENTRY IN A GOVERNMENT RECORD. Section 37.10, Texas Penal Code

**MISSION CONSOLIDATED INDEPENDENT
SCHOOL DISTRICT**
*Transporting and/or Taking Student into Emergency Custody Form
(Form D)*

1. My Name is _____ Badge # _____

2. I am: *(check the box that applies)*

A Texas law enforcement officer with (name of agency) _____

A Hidalgo County juvenile probation officer.

An investigator of the Texas Department of Family and Protective Services

3. I represent that I am authorized to take immediate possession of the student named below for one of the following lawful reasons, in accordance with MCISD Board Policy GRA (Legal) and Texas Family Code 52.01:

- (a) Pursuant to an order of the juvenile court;
- (b) Because I am a law enforcement officer with probable cause to believe;
- (c) Because I am a probation officer with probable cause to believe;
- (d) By a probation officer if there is probable cause to believe the student has violated a condition of probation imposed by the juvenile court;
- (e) Pursuant to a properly issued directive to apprehend;
- (f) Under the conditions set out in Family Code 262.104 relating to the student's physical health or safety (transporting student to Child Advocacy Center).

(Name of student) I.D. # (Name of school) (Grade)

(Signature of representative or officer) (Date & time of signature on document)

~~~~~  
Informed Parent/Guardian \_\_\_\_\_  
Name Date Time

Reported to Superintendent's (Designee) Office \_\_\_\_\_  
Name Date Time

Campus Administrator's (Designee) Signature \_\_\_\_\_  
Name Date Time

**THIS IS A GOVERNMENT RECORD. A PERSON COMMITS AN OFFENSE IF HE/SHE KNOWINGLY MAKES A FALSE ENTRY IN A GOVERNMENT RECORD.**  
Section 37.10, Texas Penal Code

# MISSION CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

## *Taking Possession of a Student While at School in an Emergency Without a Written Court Order Form*

### *(Form E)*

[Note: An authorized representative of the Department of Family and Protective Services, a law enforcement officer, or a juvenile probation officer may take possession of a child without a written court order under specified conditions set out in Title 5, Subtitle E, Chapter 262, Subchapter B of the Texas Family Code. If such a representative or officer makes demand for possession of a student while at school, the person making the demand should provide reasonable identification of the representative or officer's identity and position with TDPRS, law enforcement, or probation department and sign this official MCISD school district record.]

1. My name is \_\_\_\_\_ Badge # \_\_\_\_\_

2. I am: *(check the box that applies)*

- An authorized representative of the Texas Department of Family and Protective Services.
- A Texas law enforcement officer with (name of agency) \_\_\_\_\_
- A Hidalgo County juvenile probation officer.

3. I represent by filling in the name of the student on the line provided below, that there is no time to obtain a temporary restraining order or attachment before taking possession of the following named student at your school consistent with the health and safety of the student:

|                   |        |                  |       |
|-------------------|--------|------------------|-------|
|                   |        |                  |       |
| (Name of student) | I.D. # | (Name of school) | Grade |

I represent to the Mission Consolidated Independent School District by my signature below that I am authorized to immediately take possession of the foregoing named student because one of the following statutory conditions is applicable:

- (a) On personal knowledge of facts that would lead a person of ordinary prudence and caution to believe that there is an immediate danger to the physical health or safety of the child;
- (b) On information furnished by another that has been corroborated by personal knowledge of facts and all of which taken together would lead a person of ordinary prudence and caution to believe that there is an immediate danger to the physical health or safety of the child;
- (c) On personal knowledge of facts that would lead a person of ordinary prudence and caution to believe that the child has been the victim of sexual abuse;
- (d) On information furnished by another that has been corroborated by personal knowledge of facts and all of which taken together would lead a person of ordinary prudence and caution to believe that the child has been the victim of sexual abuse; or
- (e) On information furnished by another that has been corroborated by personal knowledge of facts and all of which taken together would lead a person of ordinary prudence and caution to believe that the parent or person who has possession of the child is currently using a controlled substance as defined by Chapter 481, Health and Safety Code, and the use constitutes an immediate danger to the physical health or safety of the child.

\_\_\_\_\_  
(Signature of representative or officer)

\_\_\_\_\_  
(Date & Time of signature on document)

~~~~~  
Informed Parent/Guardian _____
Name Date Time

Reported to Superintendent's (Designee) Office _____
Name Date Time

Campus Administrator's (Designee) Signature _____
Name Date Time

**THIS IS A GOVERNMENT RECORD. A PERSON COMMITS AN OFFENSE IF HE/SHE KNOWINGLY
MAKES A FALSE ENTRY IN A GOVERNMENT RECORD.** Section 37.10, Texas Penal Code.

SEXUAL HARASSMENT

Note: The following legal provisions address sexual harassment. For legal provisions addressing discrimination on the basis of disability, sex, and other protected characteristics, see FB.

A district may develop and implement a sexual harassment policy to be included in the district improvement plan. A district shall adopt and implement a dating violence policy to be included in the district improvement plan. *Education Code 37.083, .0831* [See BQ]

Sexual abuse of a student by an employee, when there is a connection between the physical sexual activity and the employee's duties and obligations as a district employee, violates a student's constitutional right to bodily integrity. Sexual abuse may include fondling, sexual assault, or sexual intercourse. *U.S. Const. Amend. 14; Doe v. Taylor Indep. Sch. Dist., 15 F.3d 443 (5th Cir. 1994)*

Sexual harassment of students may constitute discrimination on the basis of sex in violation of Title IX. *20 U.S.C. 1681; 34 C.F.R. 106.11; Franklin v. Gwinnett County Schools, 503 U.S. 60 (1992)* [See FB regarding Title IX]

Definition of Sexual Harassment Sexual harassment of students is conduct that is so severe, pervasive, and objectively offensive that it can be said to deprive the victim of access to the educational opportunities or benefits provided by the school. Sexual harassment does not include simple acts of teasing and name-calling among school children, however, even when the comments target differences in gender. *Davis v. Monroe County Bd. of Educ., 526 U.S. 629 (1999)*

Employee-Student Sexual Harassment A district official who has authority to address alleged harassment by employees on the district's behalf shall take corrective measures to address the harassment or abuse. *Gebser v. Lago Vista Indep. Sch. Dist., 118 S.Ct. 1989 524 U.S. 274 (1998); Doe v. Taylor Indep. Sch. Dist., 15 F.3d 443 (5th Cir. 1994)*

Student-Student Sexual Harassment A district must reasonably respond to known student-on-student harassment where the harasser is under the district's disciplinary authority. *Davis v. Monroe County Bd. of Educ., 526 U.S. 629 (1999)*

Note: This policy addresses discrimination, harassment, and retaliation involving District students. For provisions regarding discrimination, harassment, and retaliation involving District employees, see DIA. For reporting requirements related to child abuse and neglect, see FFG. Note that FFH shall be used in conjunction with FFI (bullying) for certain prohibited conduct.

Statement of Nondiscrimination The District prohibits discrimination, including harassment, against any student on the basis of race, color, religion, sex, gender, national origin, disability, age, or any other basis prohibited by law. The District prohibits dating violence, as

defined by this policy. Retaliation against anyone involved in the process set out in this policy is a violation of District policy.

Discrimination

Discrimination against a student is defined as conduct directed at a student on the basis of race, color, religion, sex, gender, national origin, disability, age, or any other basis prohibited by law, that adversely affects the student.

Prohibited Harassment

Prohibited harassment of a student is defined as physical, verbal, or nonverbal conduct based on a student's race, color, religion, sex, gender, national origin, disability, age, or any other basis prohibited by law that is so severe, persistent, or pervasive that the conduct:

1. Affects a student's ability to participate in or benefit from an educational program or activity, or creates an intimidating, threatening, hostile, or offensive educational environment;
2. Has the purpose or effect of substantially or unreasonably interfering with the student's academic performance; or
3. Otherwise adversely affects the student's educational opportunities.
4. Prohibited harassment includes dating violence as defined by this policy.

Sexual Harassment by an Employee

Sexual harassment of a student by a District employee includes both welcome and unwelcome sexual advances; requests for sexual favors; sexually motivated physical, verbal, or nonverbal conduct; or other conduct or communication of a sexual nature when:

1. A District employee causes the student to believe that the student must submit to the conduct in order to participate in a school program or activity, or that the employee will make an educational decision based on whether or not the student submits to the conduct; or
2. The conduct is so severe, persistent, or pervasive that it:
 - a. Affects the student's ability to participate in or benefit from an educational program or activity, or otherwise adversely affects the student's educational opportunities; or
 - b. Creates an intimidating, Romantic or inappropriate social relationships between students and District employees are prohibited. Any sexual relationship between a student and a District employee is always prohibited, even if consensual. [See DH]

Sexual harassment of a student, including harassment committed by another student, includes unwelcome sexual advances; requests for sexual favors; or sexually motivated physical, verbal, or nonverbal conduct when the conduct is so severe, persistent, or pervasive that it:

Affects a student's ability to participate in or benefit from an educational program or activity, or creates an intimidating, threatening, hostile, or offensive educational environment;

By Others

Has the purpose or effect of substantially or unreasonably interfering with the student's academic performance; or Otherwise adversely affects the student's educational opportunities.

Necessary or permissible physical contact by an employee or other student such as assisting a child by taking the child's hand, comforting a child with a hug, or other physical contact not reasonably construed as sexual in nature is not sexual harassment.

Gender-Based Harassment

Gender-based harassment includes physical, verbal, or nonverbal conduct based on the student's gender, the student's expression of characteristics perceived as stereotypical for the student's gender, or the student's failure to conform to stereotypical notions of masculinity or femininity. For purposes of this policy, gender-based harassment is considered prohibited harassment if the conduct is so severe, persistent, or pervasive that the conduct:

Affects a student's ability to participate in or benefit from an educational program or activity, or creates an intimidating, threatening, hostile, or offensive educational environment; Has the purpose or effect of substantially or unreasonably interfering with the student's academic performance; or Otherwise adversely affects the student's educational opportunities

Dating Violence

Dating violence occurs when a person in a current or past dating relationship uses physical, sexual, verbal, or emotional abuse to harm, threaten, intimidate, or control the other person in the relationship. Dating violence also occurs when a person commits these acts against a person who is in a marriage or dating relationship with the individual who is or was once in a marriage or dating relationship with the person committing the offense. For purposes of this policy, dating violence is considered prohibited harassment if the conduct is so severe, persistent, or pervasive that the conduct:

Affects a student's ability to participate in or benefit from an educational program or activity, or creates an intimidating, threatening, hostile, or offensive educational environment; has the purpose or effect of substantially or unreasonably interfering with the student's academic performance; or Otherwise adversely affects the student's educational opportunities.

Retaliation

The District prohibits retaliation against a student who claims to have experienced discrimination or harassment, as defined in this policy, or another student who, in good faith, makes a report of discrimination or harassment experienced by another student, serves as a witness in any investigation under this policy, or otherwise participates in an investigation under this policy.

False Claim

A student who intentionally makes a false claim, offers false statements, or refuses to cooperate with a District investigation regarding discrimination or harassment under this policy is subject to appropriate discipline.

Prohibited Conduct

In this policy, the term “prohibited conduct” includes discrimination, harassment, dating violence, and retaliation as defined by this policy even if the conduct does not rise to the level of “unlawful” conduct.

Reporting Procedures Student Report

Any student who believes that he or she has experienced prohibited conduct or believes that another student has experienced prohibited conduct should immediately report the alleged acts to a teacher, school counselor, principal, other District professional employee, or the appropriate District official listed in this policy.

Employee

Any District employee who suspects or receives notice that a student or group of students has or may have experienced prohibited conduct shall promptly notify the appropriate District official listed in this policy and take any other steps required by this policy.

Definition of District Officials

For purposes of this policy, District officials are the Title IX coordinator, the ADA coordinator, the Section 504 coordinator, the Superintendent, and the campus administrator.

Title IX Coordinators

Reports of discrimination based on sex, including sexual harassment or gender-based harassment, may be directed to the designated Title IX coordinators for students. [See FFH(EXHIBIT)]

ADA and Section 504 Coordinators

Reports of discrimination based on disability may be directed to the designated ADA coordinator or the Section 504 coordinator for students. [See FFH(EXHIBIT)]

Superintendent

The Superintendent shall serve as coordinator for purposes of all other nondiscrimination laws.

Alternative Reporting Procedures

No student is required to report prohibited conduct to the person alleged to have committed the conduct. Reports of alleged prohibited conduct, including reports against the Title IX, ADA, or Section 504 coordinators, may be addressed to the Superintendent.

A report against the Superintendent may be made directly to the Board. If a report is made directly to the Board, the Board shall act at a properly posted Board meeting that includes an agenda item related to a complaint against the Superintendent to appoint an appropriate person, who need not be a District employee, to investigate.

Timely Reporting

Reports of prohibited conduct shall be made as soon as possible after the alleged act or knowledge of the alleged act. A failure to promptly report may impair the District’s ability to investigate.

Notice to Parents

The District official or designee shall promptly notify the parents of any student alleged to have experienced prohibited conduct by a District employee or another adult.

[For parental notification requirements regarding an allegation of educator misconduct with a student, see FFF.]

Notice to Other Officials

If the alleged perpetrator is not a District employee or other adult over whom the District can exercise any jurisdiction, the District official shall also promptly notify appropriate law enforcement or Child Protective Services if the official has reason to believe that the child has been or may be neglected or abused.

Investigation of the Report

The District may request but shall not require a written complaint or report of alleged prohibited conduct. If a report is made orally, the District official shall prepare a written report from the oral information.

Initial Assessment

Upon receipt or notice of the report, the District official shall determine whether the allegations, if proven, would constitute prohibited conduct, as defined by this policy. If so, the District official shall promptly authorize or undertake an investigation, except as provided below at Criminal Investigation.

If no investigation is warranted under this policy, the District official shall make a determination under FFI, Freedom from Bullying, whether the alleged conduct would constitute bullying rather than discrimination, harassment, or retaliation. If so, the matter shall be referred to be handled under FFI.

If the District official determines that the alleged conduct, if proven, would not be a violation of this policy or of policy FFI, the District official shall so notify the complainant/reporter in writing and dismiss the complaint.

Interim Action

If appropriate and regardless of whether a criminal or regulatory investigation regarding the alleged conduct is pending, the District official shall promptly take interim action calculated to address prohibited conduct or bullying prior to the completion of the District's investigation.

District Investigation

The investigation may be conducted by a District official or a designee, such as the campus principal, or by a third party designated by the District, such as an attorney. When appropriate, the campus principal shall be involved in or informed of the investigation.

Criminal Investigation

If a law enforcement or regulatory agency notifies the District that a criminal or regulatory investigation has been initiated, the District shall confer with the agency to determine if the District investigation would impede the criminal or regulatory investigation. The District shall proceed with its investigation only to the

extent that it does not impede the ongoing criminal or regulatory investigation. After the law enforcement or regulatory agency has finished gathering its evidence, the District shall promptly resume its investigation.

Concluding the Investigation

Absent extenuating circumstances, such as a request by a law enforcement or regulatory agency for the District to delay its investigation, the investigation should be completed within ten District business days from the date of the report; however, the investigator shall take additional time if necessary to complete a thorough investigation. The inaction of whether prohibited conduct or bullying occurred. The report shall be filed with the District official overseeing the investigation.

Notification of Outcome

Notification of the outcome of the investigation shall be provided to both parties in compliance with the Family Educational Rights and Privacy Act (FERPA).

District Action

In no circumstance shall the District be required to inform the complainant of the specific disciplinary or corrective action taken.

Prohibited Conduct

If the results of an investigation indicate that prohibited conduct occurred, the District shall promptly respond by taking appropriate disciplinary action in accordance with the Student Code of Conduct and may take corrective action reasonably calculated to address the conduct.

Bullying

If the results of the investigation indicate bullying occurred, the official shall refer to FFI for appropriate notice to parents and District action and to FDB for applicable transfer provisions.

Improper Conduct

If the investigation reveals improper conduct that was neither "prohibited conduct" nor "bullying," the District may nonetheless take appropriate disciplinary action consistent with the Student Code of Conduct or other corrective action to address the conduct.

Confidentiality

To the extent possible, the District shall endeavor to protect the privacy of the complainant, persons against whom a complaint is filed, and witnesses. However, limited disclosures may be necessary in order to conduct a thorough investigation and comply with applicable law.

Appeal

A student or parent who is dissatisfied with the outcome of the investigation may appeal through FNG(LOCAL), beginning at the appropriate level, and shall also have the right to file a complaint with the United States Department of Education Office for Civil Rights.

Records Retention

The District shall retain copies of allegations, investigation reports, and related records regarding any prohibited conduct in accordance with the District's records retention schedules, but for no less than the minimum amount of time required by law. [See CPC]

Access to Policy

Information regarding this policy and any related procedures shall be included annually in the employee and student handbooks. The policy and procedures shall be posted on the District's website; a copy may also be obtained at each campus and the District's administrative offices.

Mission Consolidated Independent School District Harassment Warning Contract

Student Name: _____

ID: _____

Parent Contact: _____

Phone/Date: _____

Student Name: _____

ID: _____

Parent Contact: _____

Phone/Date: _____

Student Name: _____

ID: _____

Parent Contact: _____

Phone/Date: _____

Student Name: _____

ID: _____

Parent Contact: _____

Phone/Date: _____

Summary of Incident:

Administrative Action: A conference was held with all students involved in this incident and they were directed to stop harassing each other and avoid each other as much as possible. All students were also informed of the consequences if they continue their behavior.

Consequences: If any of the above students or their friends chooses to continue harassing each other, they choose to accept the following consequences:

- ISS
- Suspension
- Parent Conference
- Harassment Charges
- Alternative Educational Placement

In signing below, I fully understand the directives and consequences for behaving inappropriately at _____ (campus)

Student Signature

Student Signature

Student Signature

Student Signature

Administrator Signature
Copy to Counselor

Date

Mission Consolidated Independent School District Incident Report

(This form is to be completed by person receiving the report)

Date of Report

Date of Incident

Time of Incident

Place of Incident

Person Reporting the Incident

Description of Incident

Impact of Incident (from the point of view of the claimant)

List Witnesses

Signature of person being interviewed

Signature of person receiving this report

.....
Action taken on the Incident

Recommendations and Follow-up

Student/Employee Signature

Principal's Signature

Mission Consolidated Independent School District Verification of Sexual Harassment Training

I attended the lesson on sexual harassment that included:

1. the definition of sexual harassment
2. why it is not allowed and its consequences
3. the importance of treating each other with Respect, Equality, and Dignity
4. what to do if I am sexually harassed

Signature

Date



Mission Consolidated Independent School District Verification of Sexual Harassment Training

I attended the lesson on sexual harassment that included:

1. the definition of sexual harassment
2. why it is not allowed and its consequences
3. the importance of treating each other with Respect, Equality, and Dignity
4. what to do if I am sexually harassed

Signature

Date

Additional Mental Health Resources

Mission Consolidated Independent School District

MENTAL HEALTH WEBPAGES

The National Institute of Mental Health (NIMH) is the lead federal agency for research on mental disorders.

Healthtopics*	
Anxiety Disorders	Attention-Deficit/Hyperactivity Disorder
Autism Spectrum Disorder	Bipolar Disorder
Borderline Personality Disorder	Depression
Eating Disorders	Obsessive-Compulsive Disorder
Post-Traumatic Stress Disorder	Schizophrenia
Suicide Prevention	More Topics

<https://www.nimh.nih.gov/index.shtml>



<https://medlineplus.gov/mentalhealth.html>



[A-Z Index](#)

Search

[Advanced Search](#)

Mental Health



Mental health is an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

<https://www.cdc.gov/mentalhealth/index.htm>



Health and Human Services, U.S. Department
www.hhs.gov/ash/oah/adolescent-development/index.html

<https://tea.texas.gov/about-tea/other-services/mental-health/mental-health-and-behavioral-health>

Hotlines and Links to Mental/Behavioral Health Supports in Texas

MentalHealthTX.Org

[Texas Behavioral Health Resource Guide for School-Aged Children](#)

[Hurricane Harvey Recovery: Mental Health Resources for Schools](#)

Best Practice Resources For Schools

The Health and Human Services Commission (HHSC) and Department of State Health Services (DSHS) coordinate with the Texas Education Agency (TEA) and Education Service Centers (ESCs) annually to update a list of recommended best-practice programs, and research-based practices, for public school implementation. These lists include important practices and programs for school leaders to consider for implementation to support academic achievement.

General Information is provided here on the statutes addressed by the Best Practice Resources and the process used to develop the list. The Suicide Prevention Webpage contains additional information, guidance, and the approved training programs for required suicide prevention.

[Early Mental Health Intervention](#)

[Mental Health Promotion](#)

[Substance Abuse Prevention](#)

[Substance Abuse Intervention](#)

[Suicide Prevention](#)


[Grief Informed and Trauma-Informed Practices](#)

[Building Skills Related to Managing Emotions, Establishing and Maintaining Positive Relationships, and Responsible Decision-Making](#)

[Positive Behavior Interventions and Supports and Positive Youth Development](#)

[Safe and Supportive School Climate](#)

[Educator Preparation Programs \(EPP\) Resources](#) (This page provides specific information to meet statutory requirements for Educator Preparation Programs.)

 U.S. Department of Health & Human Services

SAMHSA

Substance Abuse and Mental Health
Services Administration

SAMHSA.gov

Mission Consolidated Independent School District



MENTAL HEALTH HOTLINES



GET HELP 24/7:



THE **TREVOR** PROJECT

Do you know who to call in a crisis?



24-Hour Crisis Hotline

1-800-458-7788

Call to access local behavioral health or psychiatric emergency assistance.

- **24-Hour Crisis Intervention Hotline**

This hotline accepts crisis calls from or about persons experiencing a behavioral health crisis. Hotline workers will attempt to resolve the crisis or refer to a higher level of care.

- **Mobile Crisis Outreach Team**

In response to a crisis hotline call, the Center may staff to perform a behavioral health screening.

- **Other Crisis Services**

Crisis personnel may recommend Crisis Respite Care, voluntary or involuntary inpatient hospitalization, substance abuse care, expedited outpatient services, or other care as appropriate.



Dial 2-1-1 for local information, referrals and community resources.

Good to Know...

- 2-1-1 calls are going statewide, so callers may speak to 2-1-1 operators elsewhere across the state of Texas.
- Callers and potential callers are encouraged to visit 211texas.org to seek information that way when possible.
- The "Find Help" tool is keyword guided and filters by zip code.



TEXAS
Health and Human
Services

It is natural to feel stress, anxiety, grief, and worry during and after infectious disease outbreaks. Everyone reacts differently, and your own feelings will change over time. Notice and accept how you feel. Taking care of your emotional health during an emergency will help your long-term healing. If you or someone you know is feeling stressed or overwhelmed, get support by accessing the COVID-19 Mental Health Support Line at:

**COVID-19 Mental
Health Hotline**
1-833-986-1919

Mission Consolidated Independent School District

COVID 19 MENTAL HEALTH TOOLS

COVID-19 GOT YOU STRESSED?

Here are some strategies for combating stress and anxiety during the pandemic, provided by the Maxwell Mental Health Clinic

TAKE AN ONLINE CLASS

Here are 450 Ivy league courses you can take online right now for free.

<https://www.freecodecamp.org/news/ivy-league-free-online-courses-a0d7ae675869>

More resources for managing stress

Go to <https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html> for additional guidance and strategies

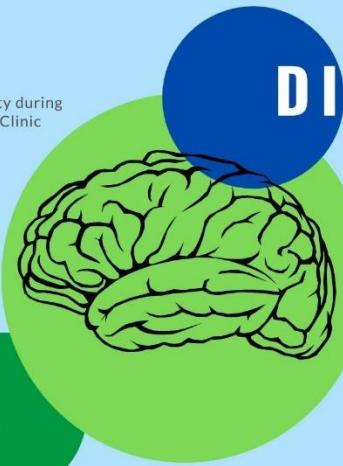
DISTRACTION

If you're finding that it's hard to shake off anxiety about COVID-19, then engage in activities that can distract your mind for extended periods of time.

- Clean your home
- Start a craft project
- Play a board game with your family
- Watch a movie or show
- Play a musical instrument

If you, or someone you know, is feeling overwhelmed with emotions like sadness, depression, or anxiety, or feel like you want to harm yourself or others, call:

- 911
- The National Suicide Prevention Lifeline: 1-800-273-8255



COVID-19 GOT YOU STRESSED?

Here are some strategies for combating stress and anxiety during the pandemic, provided by the Maxwell Mental Health Clinic

LIMIT EXPOSURE TO SOCIAL MEDIA & NEWS SOURCES

Constant reading/watching/listening about COVID-19 can exacerbate anxiety & stress.

More resources for managing stress

Go to <https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html> for additional guidance and strategies

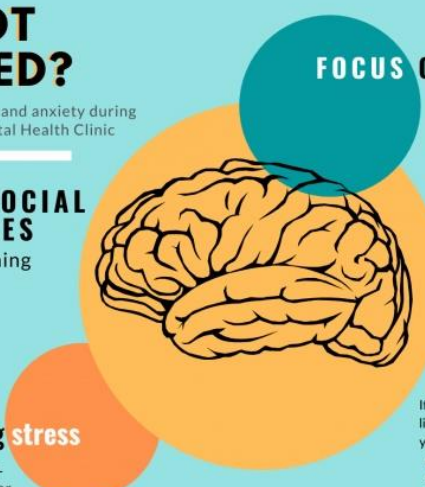
FOCUS ON WHAT YOU CAN CONTROL

It might be helpful to use a sheet of paper and draw a line down the middle. In one column list "Things I Can't Control" and in the other column "Things I Can Control."

You can't control how the virus spreads around you, but you can control your prevention measures.

If you, or someone you know, is feeling overwhelmed with emotions like sadness, depression, or anxiety, or feel like you want to harm yourself or others, call:

- 911
- The National Suicide Prevention Lifeline: 1-800-273-8255



Self-Care Strategies for Resilience

- Start a gratitude journal 
- Prepare your favorite food 
- Make your space comfy and cozy 
- Video chat with your best friends 
- Set boundaries with your media consumption 
- Make a playlist of your favorite songs (and share with your friends) 



Body

- Walk, exercise, go outside if you can
- Set a sleep routine, giving yourself time to rest and restore
- Practice meditation and yoga
- Take deep, slow breaths
- Take a bath or shower
- Eat something healthy
- Drink a cup of tea
- Limit your caffeine and alcohol intake
- Put on your favorite song and dance

afsp.org 

Protecting Your Mental Health During the Coronavirus Outbreak




- 1** Separate what is in your control from what is not. Challenge yourself to stay in the present.
- 2** Do what helps you feel a sense of safety.
- 3** Get outside in nature—even if you are avoiding crowds.
- 4** Stay connected and reach out if you need more support.
- 5**

Crisis Text Line by texting TALK to 741741 or National Suicide Prevention Lifeline at 1-800-273-TALK

Let's be kind, together we can fight COVID-19

-  Check-in regularly with those in hospital or home quarantine and their families through calling and texting. Show solidarity and encourage them to do enjoyable activities.
-  Listen attentively when people are sharing their concerns.
-  Provide calm and correct advice to people who may lack access to information (like older adults). Share key factual messages from @mophleb @wholeb @UNICEFLebanon.
-  Avoid stigmatizing language, such as attributing the illness to a person's country of origin, living area, religion, profession, etc.
-  Speak up against harmful practices such as discrimination against affected persons. Protect their privacy and don't disclose personal information.

REPUBLIC OF LEBANON MINISTRY OF PUBLIC HEALTH   unicef for every child  World Health Organization Lebanon

10 THINGS YOU CAN DO TO HELP STUDENTS WHO ARE ANXIOUS ABOUT COVID-19

 @BELIEVEPHQ



Encourage students to stay focused on the here and now



Educate students about thinking errors and help them to identify with them



Use mindfulness activities to help ground students back to the present moment



Work with students to identify 3 good things they have achieved from their day



Encourage them to be curious about how they can reduce the amount of time they spend on social media



Help students to problem solve effectively. This is a great way to manage worry



Encourage students to talk openly about how they are feeling and what they are thinking



Make sure students are maintaining good physical health - Eating and sleeping well



Teach students some useful breathing techniques



Support students to engage in some simple self care strategies that can help bring a sense of relaxation



@BELIEVEPHQ

HOW CHILDREN CAN BE BRAVE AND SUPPORT THEIR FRIENDS MENTAL HEALTH



1 Regularly check in with a friend and see how they are doing



2 If you notice a friend is feeling sad ask them if there is anything you can do to help



3 Schedule time in with your friends where you can talk about feelings



4 Don't be afraid to tell a teacher or family member about someone you know who might be struggling



5 Try to always encourage and support your friends



6 Listen to what your friends have to say



7 Encourage friends to seek out help if they struggling, feeling sad, anxious or worried



8 Ask twice "Are you okay? Are you sure you are okay?"



9 Ask if your friend would like you to go with them to get some help



HOW TO BUILD POSITIVE MENTAL HEALTH IN STUDENTS WHEN TEACHING

 @BELIEVEPHQ

01



Create a mental health friendly environment where students are not afraid to open up and talk about their feelings

02



Teach students about the importance of hard work and learning from failure or mistakes. Support them through this process.

03



Incorporate mental health sessions into your week. Why not have a block every day for some mindfulness or breathing?

04



Support students with challenging negative thoughts. Help them to be more aware of their thoughts and to realistically challenge them

05



Take time to educate yourself about symptoms and signs of different mental health disorders

06



Provide students with the right education about sleep habits, eating a well balanced diet and the importance of exercise. Provide opportunities for your students to be active

07



Be a mental health role model. Provide students with real life examples of how you deal with stress, pressure or anxiety

08



Help students to connect and build relationships with each other. Educate them on the importance of caring for each other

09

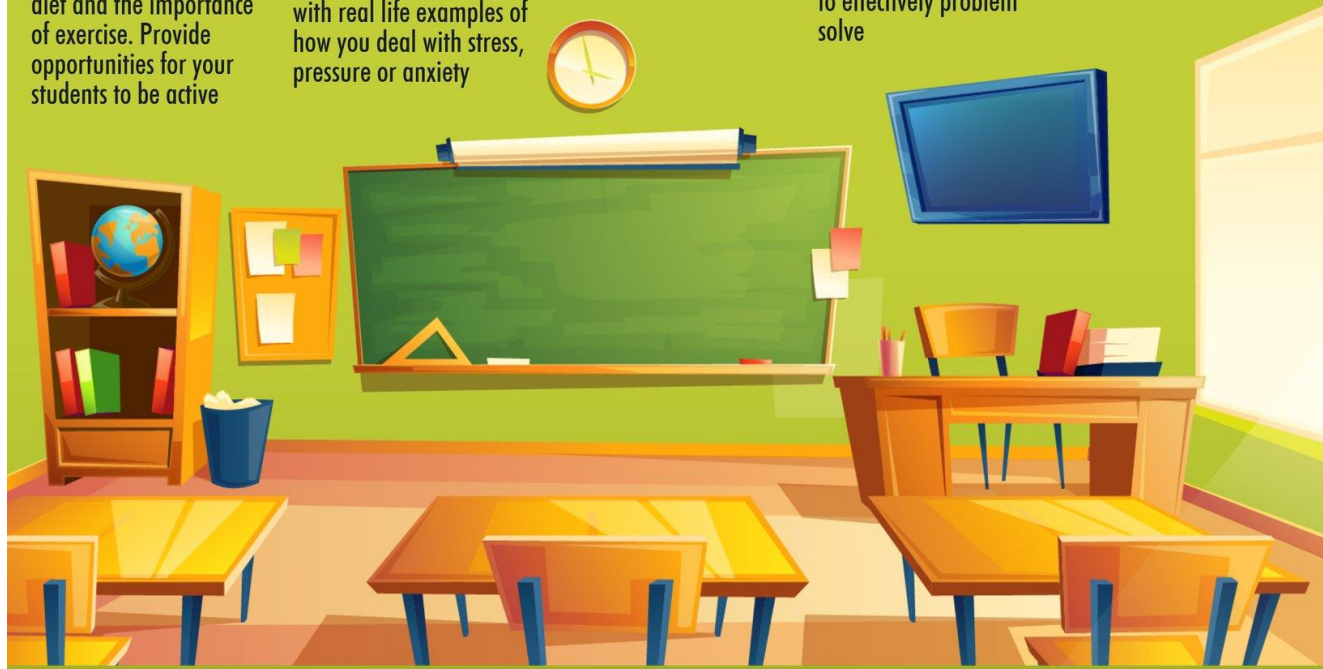


Teach coping skills to students. Promote autonomy and help them to effectively problem solve

10



Support, praise, encourage and listen to your students. Take time to get to know them



WHY CHILDREN SHOULD TAKE A BREAK FROM SOCIAL MEDIA

 @BELIEVEPHQ



Switching off from social media could be good for your mental health. It could reduce feelings of anxiety, loneliness or jealousy



Switching off from social media could help you to get more things done



You will find yourself with more time to see friends, exercise or engage in hobbies

You will find yourself with more time to see friends, exercise or engage in hobbies



So that they can have more time to rest and recharge



Because it can negatively impact your self esteem



You will be more present with what you are doing



You will develop better relationships with friends and family



Switching off from social media could help to improve your sleep



Because by connecting with people in person is really important for our wellbeing





What do I tell my kids about the Coronavirus?

The importance of good communication

Talking to Children and Teens is Necessary

Whether you realize it or not, your children and teenagers are taking in **a lot** of information about this new virus. Unlike adults, they do not have the ability to sift through the information and determine what is correct and what is incorrect to develop an appropriate course of action. They are relying on you to do this for them.



The top 5 things to discuss with your kids about COVID-19

1

What is it?

Kids can clearly see this situation is making adults worry and because of this it can be very scary to them. A parent should adjust the amount and type of information they give to their child based on the child's age level.

2

Reassure them:

The fear of the unknown can be greater than the known. Let kids know that yes, this is a problem right now but there are many adults working together to make everyone safe.

3

Follow the Guidelines:

COVID-19 is spread through contact with someone who is infected. Remind your child to wash their hands properly on a regular basis and not to touch their face or mouth area. If they cough due it in the crook of their arm.

4

Monitor Media Information:

Our televisions, radios and social media feeds are being inundated with information about this virus. Hearing other talk repeatedly about this scary topic can be overwhelming for kids. Adult supervision is **necessary**.

5

Leave the Lines of Communication OPEN:

Due to the situation, parents should check in on their kids often. Let them know you are available if they have any new questions or just want to talk about this topic. And remember they are looking to you to be a role model during this challenging time.