

## Statements and Behaviors of Suicide / Self-Harm / Homicidal ideations Campus Crisis Response Team Responsibilities

School personnel must report all verbal and written statements/behaviors regarding suicide, self-harm and homicidal ideations. All reports must be reported to campus administration, nurse or counselor, or BISD Police Officer immediately to ensure student and campus safety. A trained Campus Crisis Response Team (CCRT), composed of an **Administrator, Counselor, Nurse and BISD Police Officer will manage the crisis.** All medical/mental health screenings will be referred to a qualified professional in the community. The following procedures will be initiated:

- The student will be escorted to a member of the Campus Crisis Response Team – All CCRT Members should be involved in the management of the student crisis.
- The student will be placed under the security/watch of an adult who will maintain constant supervision.
- The counselor will maintain a confidential record of all actions taken, Student Safety Plan, Notification of Emergency Conference and follow-up documentation.
- The CCRT members will meet with student and parent regarding the student's statements and/or behaviors.
- Parents and all CCRT members will sign the Notification of Emergency Conference form.
- The CCRT will work with the parents/guardians to ensure that they are provided with community referral information for mental health / medical assistance for their child. The Counselor will provide a copy of the Notification of Emergency Conference form, Safety Plan and *Counseling & Community Resources* handout to parents/ guardians.
- Parents will be counseled on the importance of a professional medical/mental health evaluation for the safety of the student and campus. The student may return to campus with a mental health / medical screening follow-up form. A member of the CCRT will make direct contact with parents/guardians if there is a delay with the return of the student to campus.

### **CONSIDERATIONS:**

- If the PARENT/GUARDIAN cannot be contacted, a CCRT member will call the BISD Police at 956-982-3085 to assist in locating the parents/guardian.
- Depending on the circumstances, state and federal law may require school personnel to notify the Department of Family and Protective Services at 1-800-252-5400.
- If the student is a Ward-Of the-State, ensure that the DFPS caseworker is notified.
- Each outcry report is to be treated as a separate incident. Protocols will be initiated for each independent outcry.
- If the crisis occurs after school hours, the teacher or staff will notify the campus administrator.
- A BISD Police Officer may be contacted at **956 698-3115 or 956 698-3116**

Updated 2/18/2019

Brownsville Independent School District

Name of School: \_\_\_\_\_

Student Safety Plan

Name of Student: \_\_\_\_\_ ID#: \_\_\_\_\_

I agree not to harm myself or others in any way. I understand that if I am having suicidal thoughts, thoughts of self-harm, or thoughts of harm to others, I agree to call the following adult person / people:

\_\_\_\_\_ at \_\_\_\_\_.

Family member's name Phone

\_\_\_\_\_ at \_\_\_\_\_.

Family member's name Phone

I know I can also call:

Emergency 911

Crisis Hotline – 1-877-289-7199

Tropical Texas Behavioral Health (956) 546-2230

National Suicide Prevention Lifeline 1-800-273-8255

*Student Signature:* \_\_\_\_\_

*Parent Signature:* \_\_\_\_\_

*Counselor Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

**The BISD is not financially responsible for any suggested services.**

BISD does not discriminate on the basis of race, color, national origin, sex, religion, age or disability employment or provision of services, programs, or activities

Updated 2/18/19



**Brownsville Independent School District Notification of Emergency Conference**

Name of Student: \_\_\_\_\_ ID# \_\_\_\_\_

We have been advised that our child has made statements or has engaged in the following:

- \_\_\_\_\_ self-harm behaviors / cutting
- \_\_\_\_\_ statements (written or verbal) of suicide
- \_\_\_\_\_ statements (written or verbal) of homicidal ideations

We have been further advised that we should seek mental health provider/physician consultation for the safety of our child. We have been provided with a list of agencies and emergency numbers. Depending on the circumstances, state and federal law may require school personnel to notify the Department of Family and Protective Services at 1-800-252-5400. The BISD is not financially responsible for any services. (FFB Legal)

\_\_\_\_\_  
**Printed Name of Parent/Guardian      Signature of Parent/Guardian      Date**

\_\_\_\_\_  
**Printed Name of Parent/Guardian      Signature of Parent/Guardian      Date**

\_\_\_\_\_  
**Administrator                      Counselor                      BISD Police Name/Badge #/Incident #**

To Be Completed By School Nurse: Medical Observations  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Nurse**  
Observation from other Campus Crisis Response Team Members:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<i>FOLLOW UP WITH MENTAL HEALTH PROVIDER/PHYSICIAN</i>	
_____ Physician / Mental Health Provider Printed Name	_____ Business/Position/Phone #
Action taken for the above named student: _____ _____	
Evaluation date: _____	
Mental Health Provider/Physician Signature: _____ Date: _____	

Brownsville Independent School District Aviso de Conferencia de Emergencia

Nombre del Estudiante: \_\_\_\_\_ ID#: \_\_\_\_\_

Se nos ha informado que nuestro hijo/hija ha hecho comentarios sobre

- \_\_\_\_\_ daño a si mismo/a
- \_\_\_\_\_ declaraciones de cometer suicidio
- \_\_\_\_\_ declaraciones de dañar otra persona(s)

Además, se nos ha indicado que debemos buscar ayuda de el proveedor de salud mental/Medico inmediatamente. Se nos ha proporcionado una lista de agencias y números de emergencia. Entiendo/entendemos que si no se busca ayuda para mi hijo/hija, las leyes federales y estatales puede requerir que el personal de la escuela notifique a los servicios de protección de menores de edad (Department of Family and Protective Services). (FFB Legal)

Nombre de Padre ó Tutor	Firma del Padre ó Tutor	Fecha
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Nombre de Padre ó Tutor	Firma del Padre ó Tutor	Fecha
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Administrador	Consejero	Nombre del oficial de policía/#de placa/# del reporte
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Debe ser completo por la enfermera de la escuela: Observaciones y asesoramiento

\_\_\_\_\_

\_\_\_\_\_

Enfermera

Observaciones y asesoramiento de otros miembros del (Campus Crisis Response Team): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SEGUIMIENTO CON PROVEEDOR DE SALUD MENTAL/MEDICO:**

Nombre del Proveedor Mental/Medico	Negocio/Posición/Teléfono
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Medidas tomadas para el estudiante: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fecha de evaluación: \_\_\_\_\_.

Firma de proveedor mental/Medico _____	Fecha: _____
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**\*El distrito escolar no es responsable financieramente por servicios recomendado**  
*BISD no discrimina a base de raza, color, origen nacional, sexo, religión, edad o discapacidad en el empleo en la provisión de servicios o actividades.*