



Student Outreach Support (SOS) Teams

District and Campus Intervention Support

- Parent Notification of Student Harm
- Parent Notification of Possible Need for Intervention
Concerning Student Health Concerns
- District and Campus SOS Counseling Intervention & Grief
Reponse Teams

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INTRODUCTION

A school crisis can be defined as a traumatic event that impacts a school. Such occurrences may have a powerful tendency to ripple across the district. It is crucial that all school campuses follow the same protocol in any situation for an intervention of self-harm. A campus team working collaboratively to assist students is the basis for effective resolutions to any crisis. This guide also assists in establishing a network of guidelines for dealing with the shock, grief and the healing process that follows a crisis. The most common need to assemble a campus response team is suicidal ideations / behaviors.

Some Suicide Warning Signs and Risk Factors

- Verbal or written suicide threats
- Previous suicide attempts
- Alcohol and drug abuse
- Verbal or written statements revealing a desire to die
- Sudden changes in behavior and interpersonal relationships
- Prolonged depression
- Making final arrangements
- Giving away prized possessions
- Purchasing a gun or stockpiling pills

Some thoughts of suicide may be activated by:

- Existence of a plan
- History of psychopathology and noncompliance
- Diagnosed anxiety and depression
- Identification with the victim
- Academic failure
- History of family discord
- Loss of relationships
- Disciplinary crisis
- Marked changes in behavior
- Abuse/Violence

Self-Harm / Cutting -Intervention Recommendations – handle as a suicide risk.

Self-Mutilation Syndrome (SMS) is referred to by many terms, such as self-injurious behavior, para-suicidal behavior, and deliberate self-harm. Forms of SMS include cutting, scratching, burning, head banging, preventing wounds from healing, and hair pulling. Of these, cutting is by far the most common behavior.

The student who self-mutilates seeks to feel better and is crying out for help. The wounds are typically not life threatening and can be found on the inner thighs, forearms, and torso- Educators must be vigilant to identify and refer students who display SMS behaviors to provide appropriate interventions.

Part I
Parental Notification of Student Harm
Statements / Behaviors of Suicide and Harm
Campus Student Outreach Support Team (CSOST) Responsibilities

School personnel must report all verbal and written statements/behaviors regarding suicide, self-harm and harm to others. All reports must be reported to campus administration, counselor, or BISD Police Officer immediately to ensure student and campus safety. **The Campus Safe and Supportive School Team (CSSST) will screen the report to determine if a full threat assessment will be implemented.** The Campus Safe and Supportive

School Team may refer the student and parent to the Student Outreach Support Team (CSOST) which is composed of an **Administrator, Counselor, Nurse and BISD Police Officer who will manage the outcry and meet with the student and parent to complete the Emergency Notification Form and the Student Safety Plan.** The following procedures will be followed:

- **The student must always be supervised by a BISD employee. Never ask another student to escort the student who made the outcry to the restroom or a different location.**
- The student will be escorted to a member of the Campus Student Outreach Support Team – All CSOST members should be involved in the management of the student outcry.
- The counselor will maintain a confidential record of all actions taken, Student Safety Plan, Notification of Emergency Conference and Follow-Up form documentation.
- The CSOST members will meet with the student and parent regarding the student's statements and/or behaviors.
- Parents and CSOST members will sign the Notification of Emergency Conference form.
- The CSOST 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 advised of the importance of a professional medical/mental health evaluation for the safety of the student and campus. It is the recommendation of the CSOST that the parent and student return to campus with the mental health / medical screening form results to discuss the supports initiated by the parent and as needed, be included in the information in the student monitoring plan. This may result in referral for RTI, 504 or Special Education Program services.
- The Counselor will make direct contact with parent/guardian if there is a delay with the return of the student to campus.
- The outcry response will be documented for mandated TEA reporting.
- **0** If the PARENT/GUARDIAN cannot be located /contacted, the BISD Police will assist in locating the parents/guardian. BISD Police: 956-982-3085.

- ① State and federal law requires school personnel to notify the Department of Family and Protective Services at 1-800-252-5400 for the immediate need for medical treatment including suicidal thoughts. <https://www.txabusehotline.org/Login/Default.aspx>
- ① If the student is a ward-of the state, the team will ensure that the assigned DFPS caseworker is notified.
- ① The parent may request that the local Mental Health Authority (MHA) mobile crisis unit provide an onsite mental health screening if the student meets MHA criteria for that purpose. The MHA Crisis Hotline contact number is 1-877-289-7199.
- Each outcry report is to be treated as a separate incident. Protocols will be initiated for each independent outcry.
- The student's Counselor of record is responsible to ensure that all paperwork in this manual is completed for an outcry.

OUTCRY AFTER SCHOOL HOURS:

- If a teacher or staff becomes aware of a suicidal/self-harm threat by a student during after school hours, the teacher or staff member will notify:
 - ✓ Campus Administrator
 - ✓ Parent
 - ✓ BISD Police 956-698-3115 or 956-698-3116
- The student will be released to the informed parent/guardian to take the necessary next steps to assist the student.
- The CSSST administrator and team will review the information the following day to determine if a full threat assessment will be implemented and the CSSST will apply district protocol procedures.
- In case of Emergency, call 911

WELLNESS/WELFARE CONCERN CHECKS:

The campus team may request a welfare check from BISD Police to ensure the safety and well-being of a student.

STUDENTS IN REMOTE LEARNING/REMOTE CONFERENCING

The following steps will be followed by the CSSST for a student who expresses a threat of self-harm while in remote learning:

- The campus will request a welfare concern check from BISD Police.
- The parent is notified of the concern.
- The counselor will follow up with parent and student to provide resources to seek mental health assistance and create a safety plan.
- Ensure the steps listed above marked as ① are completed.
- The CSSST administrator and team will review the information to determine if a full threat assessment will be implemented.

Campus Student Outreach Support Team Documentation

Counselor Name:
<div style="display: flex; justify-content: space-between; padding: 5px;"> Student Name: Student ID: DOB: Age: </div>
Student referred by:
CPS report made on date:
CPS case number issued by DFPS:
Reason for referral:
Other school personnel involved:
Parent / Guardian contacted:
Time and Date Phone Contact was made:
Police Services Contacted: _____ City _____ District Case Number(s): _____
Date of follow-up conference with parent/guardian:
Is the student stating that outcry is related to being bullied? ____ YES ____ NO If yes, report to the incident to the administration for review/investigation.
Is the student making statements to hurt others? ____ YES ____ NO If yes, follow District safety protocols immediately.
TEA data required reporting information - Select one category below. All threats of self-harm or threats of harm to others must be reviewed by the campus BTA Team. Indicate the outcome of this outcry below by the BTA Team.
<p>_____ This outcry (threat) was assessed as not posing a risk and not referred for interventions or help/supports.</p> <p>_____ This outcry (threat) was assessed as not posing a risk but referred for interventions or help/supports.</p> <p>_____ This outcry (threat) was assessed as posing a risk and referred for intervention or monitoring.</p> <p>_____ This outcry (threat) was assessed as posing an emergency/imminent risk and referred to law enforcement, the Superintendent and referred for intervention and monitoring.</p>

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

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

National Suicide Prevention Lifeline 1-800-273-8255

CRISIS TEXT LINE: TEXT HELLO TO 741741

Student Signature: _____

Parent Signature: _____

Counselor Signature: _____

Date: _____

The BISD is not financially responsible for any services.

Brownsville Independent School District

Nombre de Escuela: _____

Plan de Seguridad para el Estudiante

Nombre del Estudiante: _____ ID# _____

Yo estoy de acuerdo en que de ninguna manera me haré ningún daño ó daño a otra persona. Entiendo que si tengo pensamientos de cometer suicidio o hacerme algún daño, también convengo en llamar a la siguiente persona(s) **adulta(s)**

_____ al _____
Nombre del familiar _____ Teléfono _____

_____ al _____
Nombre del familiar Teléfono

Yo sé que también puedo llamar a:

Emergency 911

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

National Suicide Prevention Lifeline 1-800-273-8255

CRISIS TEXT LINE: TEXT HELLO TO 741741

Firma del Estudiante: _____

Firma de Padre: _____

Firma de Consejero: _____

Fecha: _____

El distrito escolar no es responsable financieramente por servicios recomendados.

BISD no discrimina a base de raza, color, origen nacional, sexo, religión, edad, discapacidad o información genética en el empleo o en la provisión de servicios, programas o actividades.

Brownsville Independent School District Notification of Emergency Conference

Name of Student: _____ ID# _____

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

_____ self-harm behaviors / cutting /other

_____ statements (written or verbal) of self-harm / suicide

_____ statements (written or verbal) / behaviors of serious harm to others .

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

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 Student Outreach Support Team Members:

I give my consent that the BISD Counselor may discuss this outcry with the mental health provider: Yes _____ No _____ Parent Signature: _____

BISD Counselor Name: _____ Office phone #: _____

FOLLOW UP WITH LICENSED MENTAL HEALTH PROVIDER/PHYSICIAN

Physician / Licensed Mental Health Provider Printed Name: _____

Business/Position/Phone #: _____

Action taken for the above named student:

Evaluation date: _____

Licensed 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 para la seguridad de nuestro hijo(a) y para otras personas. Se nos ha proporcionado una lista de recursos de agencias y números de emergencia. Entendemos que si no se busca la ayuda para mi hijo(a), las leyes federales y estatales puede requerir que el personal de la escuela notifique a los servicios de protección de menores de edad. El distrito escolar no es responsable financieramente por servicios recomendado. (FFB Legal)

Nombre de Padre ó Tutor

Firma del Padre ó Tutor

Fecha

Nombre de Padre ó Tutor

Firma del Padre ó Tutor

Fecha

Administrador

Consejero

Nombre del oficial de policía/#de placa/# del reporte

Debe ser completo por la enfermera de la escuela: Observaciones y asesoramiento

Enfermera

Observaciones y asesoramiento de otros miembros del (Student Outreach Support Team):

Yo doy mi permiso para que el consejero de BISD puede discutir detalles de este caso con el proveedor de salud mental: Si ___ No ___ Firma de Padre o Tutor: _____

Nombre de Consejero de BISD: _____ Telefono: _____

SEGUIMIENTO CON PROVEEDOR DE SALUD MENTAL/MEDICO:

Nombre del Licenciado Proveedor Mental/Medico

Negocio/Posición/Teléfono

Medidas tomadas para el estudiante:

Fecha de evaluación: _____

Firma del proveedor mental con licencia /Medico _____ Fecha: _____

BISD no discrimina a base de raza, color, origen nacional, sexo, religión, edad, discapacidad o información genética en el empleo o en la provisión de servicios, programas o actividades.

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

NOTIFICATION OF PARENT CONFERENCE / NON-OUTCRY

I, _____, the parent of _____, was involved in a conference on _____ (date) with the school personnel at _____ (school).

I have been advised that my child has made statements or exhibited behaviors that may be considered harmful to the health and well-being of my child. I have been provided a list of agencies and emergency numbers to seek assistance for my child. Furthermore, I understand that it is highly recommended that I seek help for my child. I understand that depending on the circumstances, state and federal law may require school personnel to notify Child Protective Services. I understand that the school district will not pay for these services.

Parent/Guardian

Parent/Guardian

Administrator

Counselor

Nurse

Student

NOTIFICACIÓN DE CONFERENCIA CON PADRES

Yo, _____ padre/madre de _____, asistí a una conferencia el día _____ (fecha) con el personal de la escuela _____.

Se me ha informado que mi hijo/a ha expresado verbalmente declaraciones o ha exhibido comportamientos que pueden ser considerados perjudiciales a la salud de mi hijo/a. Se me ha proporcionado una lista de agencias con sus números de teléfono para buscar asistencia para mi hijo/a. Entiendo que es altamente recomendable buscar ayuda para mi hijo/a. Dependiendo de las leyes estatales y/o federales el personal de la escuela puede ser requerido a que notifique a la agencia de Servicios de Protección de Menores. Entiendo que el distrito escolar no pagará por estos servicios de ayuda.

Nombre de Padre/Guardián

Nombre de Padre/Guardián

Administrador/a

Consejero/a

Enfermera/o

Estudiante

BISD no discrimina a base de raza, color, origen nacional, sexo, religión, edad, discapacidad o información genética en el empleo o en la provisión de servicios, programas o actividades.

Counseling and Community Resources

<p style="text-align: center;">Report Bullying and other suspicious activity on BISD campuses</p> <p style="text-align: center;">CONFIDENTIAL ANONYMOUS ONLINE REPORTING CONFIDENTIAL</p> <p style="text-align: center;">https://www.p3campus.com/campus/index.htm</p> <p style="text-align: center;">Call a Tip (956) 408-0049</p>	
<p style="text-align: center;">NEED TO TALK? EMOTIONAL SUPPORT IS AVAILABLE</p> <p style="text-align: center;">Connect with a BISD School Counselor BISD HELPLINE (956) 698-2053</p>	
<p style="text-align: center;">COVID-19 Mental Health Support Line 1-833-986-1919</p>	
<p>BISD Campus Care Centers (956) 548-8845</p>	<p>BISD Police - (956) 698-2085</p>
<p>Tropical Texas Behavioral Health 861 Old Alice Road, Brownsville, Texas (956) 547-5400 / Crisis Line: 1-877-289-7199 Children and Adult Mental Health services</p>	<p>Counseling & Training Clinic at UTRGV 2168 E. Jackson, Brownsville, Texas (956) 882-7792 Counseling services</p>
<p>Mesquite Treatment Center 513 E. Jackson, Suite 221, Harlingen, Texas (956) 428-2100 Alcohol & Substance Abuse Counseling</p>	<p>Palms Behavioral Health 613 Victoria Lane Harlingen, TX 78550 (956) 365-2600</p>
<p>The Recovery Center 700 E. Levee, Brownsville, Texas (956) 548-0028 Alcohol & Substance Abuse Counseling</p>	<p>Good Neighbor Settlement Home 1254 E. Tyler, Brownsville, Texas (956) 542-2368 Essential daily living support services</p>
<p>Behavioral Health Solutions Substance abuse prevention, intervention, treatment and recovery counseling services (956) 423-0018</p>	<p>Children's Bereavement Center – RGV 2302 S77 Sunshine Strip ste 202 (956) 368-4065 Loss & Grief Counseling</p>
<p>Tip of Texas Family Outreach 455 E. Levee St, Brownsville, Texas (956) 541-5566 Education, interventions, counseling services for families</p>	<p>Ozanam Center 656 N. Minnesota Road, Brownsville, Texas (956) 831-6331 Emergency shelter / housing services</p>
<p>Buckner Children & Family Services 1713 E. Tyler, Suite E, Harlingen Texas (956) 423-7909 / 1-800-442-4800 Crisis Counseling Services</p>	<p>Cameron County Juvenile Justice Department Free Counseling for crime victims of any age 956-544-0868</p>
<p>Friendship of Women 95 E. Price Road, Brownsville, Texas (956) 544-7412 Intervention services for victims of domestic violence and sexual assault</p>	<p>Family Crisis Center 616 W. Taylor, Harlingen, Texas (956) 423-9304 1-866-423-9305 Intervention services for victims of domestic violence and sexual assault</p>
<p>Proyecto Juan Diego (Cameron Park residents) (956) 542-2488 Provides social services, assistance with medical expenses</p>	<p>Cameron County Workforce Solutions 851 Old Alice Road, Brownsville, Texas (956) 546-3141 Assists with childcare services for eligible members Employment and career services</p>
<p style="text-align: center;">National Suicide Prevention Lifeline at 1-800-273-TALK (8255) <u>CRISIS TEXT LINE – Text Hello to 741741</u></p>	
<p>Emergency Services – 911 City of Brownsville Police - (956) 548-7000 Brownsville Fire Department – (956) 548-6075 Cameron County Sheriff's Office – (956) 554-6700 Texas Department of Public Safety – (956) 983-1900 Family and Protective Services Department – (956) 546-5591 Report Abuse - Child Protective Services – 1-800-252-5400</p>	<p>Brownsville Housing Authority – (956) 541-4983 Food Bank of Grande Valley - (956) 682-8101 United Way of Southern Cameron County – (956) 548-6880 Texas Legal Aid Office – (956) 982-5540 BISD Homeless Youth Connection - (956) 698-0147 Domestic Violence Hotline: 1-800-799-7233 National Runaway Safeline: 1-800-786-2929 Texas Medicaid Client Hotline: 1-800-252-8263 Attorney General Child Support Office – (956) 544-1751</p>
<p style="text-align: center;"><i>BISD does not discriminate on basis of race, color, national origin, sex, religion, age or disability in employment or provision of services, programs or activities.</i></p>	

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Brownsville Independent School District
Emergency Notification Follow-Up Form



Name of Student: _____ ID# _____

Date of Emergency Parent Notification Meeting: _____

Date of Follow-Up Conference: _____

Name of Parent/Guardian: _____ Phone # _____

Conference held in office: _____ via phone: _____ other _____

Parent/Guardian decision/action take for student in response to emergency
parent notification meeting:

Student Conference Notes:

Counselor's Notes:

Name of Counselor: _____

Date: _____

Part II

District and Campus Student Outreach Support & Grief Response Teams

What is Grief?

- A reaction to any form of loss
- It encompasses a range of emotions and feelings from sadness to anger
- Includes a process of adapting to a significant loss

What is the Purpose of Grief Counseling?

The purpose of grief counseling is to help people grieve in a healthy manner, to understand and cope with the range of emotions they experience and to find a way to move forward with the loss.

Please refer to the Guidance and Counseling website for access to the power point presentation on "Understanding Grief"

What is a Crisis?

A crisis is a situation that occurs as the result of a traumatic event and significantly alters the ability to carry on day-to-day activities by students and the school community. The word "crisis" implies that the individual's usual coping mechanisms may not be sufficient to handle a particular situation. A school crisis involves short-term turmoil such as shock, confusion and fear. Although each student, teacher, parent or other school family member experiences each crisis differently, a school crisis can have a broad and immediate impact on many children and adults sufficient to interfere with teaching, learning, attendance and behavior. A school crisis can affect a single building or the entire district.

Understanding the psychological consequences of a crisis and providing effective interventions can reduce the period of school disruption and restore safety and security to the school learning environment.

In the event of death of a classmate or teacher, a violent act witnessed by students and/or staff, suicide, a natural disaster, school invasion, or the anticipation of any such events, the risk of severe emotional upset and/or disorganization will always exist. In the BISD, each Student Outreach Support Team (SOST) will use the following "Crisis Levels" to determine the degree that their school is impacted by an event. If the need for services is beyond the scope of the CSOS Team, the Deputy Superintendent and Director for the Guidance & Counseling Department will be contacted to arrange additional services.

Counseling Support Level 1 – Intervention can be provided by the campus school counselor.

Counseling Support Level 2 – The event is traumatic; however, the number of students affected and their crisis reactions can be managed by the campus team.

Counseling Support Level 3 – The event is traumatic and the number of students impacted cannot be handled by the campus team. The Principal requests assistance from the Deputy Superintendent and the Director of Guidance and Counseling Department. If needed, additional counselors will be sent to the campus in need.

*** Counseling Support Levels 1 and 2 may escalate to Counseling Support Level 3*

Student Outreach Support Team (CSOST) Responsibilities

The District and Campus administration will determine if a campus or district team will be used to support the campus and develop a plan to support to provide services. The need for individual and/or group intervention should be determined and the target population should be identified.

The District and Campus will monitor the needs of the students to determine the nature, length and duration of counseling services. Mental health information for counseling referral services will be available. The District and Campus will review the effectiveness of the plan to develop recommendations for changes if needed.

ADMINISTRATIVE PROCEDURES TO REQUEST COUNSELING SUPPORT FOR A CAMPUS CRISIS **Support Levels I & II: Counseling is managed by the Campus Student Outreach Support Team (CSOST):**

- Principal is notified of the situation and verifies the event.
- Principal determines counselor support level. (If level 3, follow the steps below).
- The Principal notifies the Deputy Superintendent and Director of Guidance & Counseling.
- The Principal determines the method of notifying faculty and staff and prepares the statement, which teachers may read to their classes.
- At the end of the day, the Principal may host a debriefing for faculty and staff to bring closure to the crisis.

Support Level III:

The Principal will notify the Deputy Superintendent and the Director of Guidance & Counseling to arrange additional counseling support. The Principal or designee will work with the district team to determine logistics and supplies needed by the district team.

Considerations:

- The Principal will determine if a statement concerning the incident will be written and disseminated.
- Student contact list will be provided to the campus Head Counselor at the end of the day.
- In case of the death of a student, the Principal may assign a Counselor(s) to follow the student's schedule and spend time in the classroom with students.
- At the request of the Principal, Campus and District team members may visit the primary affected student's home to provide emotional support.
- The Counselors will work from designated rooms/areas to counsel students in individual and/or group setting.
- Counselors will keep an accurate log of students sign-in/ contact for the day.
- A student who makes an out-cry to a district counselor will be referred to the home campus Safe and Supportive Team who will follow the necessary protocols.

DEBRIEFING

RECOMMENDED DEBRIEFING WITH THE FACULTY:

In a timely manner, the Principal may set aside time for the faculty and staff to have a debriefing. Attendance is voluntary for faculty and staff. The debriefing meeting is facilitated by the campus Principal and Counselor. The CSOST members must attend.

- Discuss individual's reactions to the crisis and ask for suggestions for improvement in handling future crises. Allow each participant in the debriefing to share.
- The brief meeting should take place and will help to bring closure to the campus-wide incident.
- The second phase of debriefing is to share the emotional reactions with each other. While there might be some hesitation, this process ensures emotional readiness to return to normal working conditions and to be prepared, should there be another crisis.

SUGGESTED DEBRIEFING PROCEDURES

A. Information:

- * What happened?
- * What role did you play?

B. Idea:

- * What thoughts did you have when you heard about the crisis?
- * What thoughts have you had since the crisis?

C. Emotional:

- * How did you react at first?
- * How are you reacting now?
- * What impact has the crisis had on you?

D. Reflection:

- * In your opinion how could we improve services to students now and in the future?

Remember that adults model appropriate behavior for students, learning how to express feelings and how to deal with sadness and loss.

LETTER FOR CAMPUS ADMINISTRATION TO INFORM
FACULTY AND STAFF ABOUT A DEATH

Do not write the name of the deceased.

SAMPLE ONLY

(DATE)

Dear Staff,

There are times when it is necessary to communicate news that is painful for all of us. During those times, we must be prepared to support each other as we deal with the many feelings that we begin to experience. It is with great sorrow that I inform you that a (teacher/student) from _____ has passed away.
School Name

We all share the shock and sadness that overcomes us at a time like this. Death can be difficult for us to understand, especially when it is sudden. We will begin to feel different emotions: shock, sadness, confusion, even some anger. What is most important is that we care for and support each other.

Please know that we care for you, your feelings, and all that you may be experiencing. The School Grief Response Team will be available to lend support and refer you to appropriate agencies for further help, if needed. The team of counselors are located in the _____.

Please let us know if there is anything we can do to help you.

Sincerely,

TEACHERS' MESSAGE TO INFORM STUDENTS ABOUT DEATH
(to be read in class to students – not a school announcement)

Do not write the name of the deceased.

SAMPLE ONLY

To: All Faculty

FROM: _____, Principal

DATE:

RE: Announcement Concerning a Death

Please read the following announcement to your first period class after the pledge of allegiance on _____.
Date

"We are saddened to learn about the death of our student at (Name of Your School). I know that this news may be upsetting to some students.

Please know that we want to support you. The Brownsville ISD Grief Response Counselor Team is available to meet with you in the (LOCATION) to assist you in dealing with any feeling you may be having. I want to encourage those students who may be particularly upset, perhaps even struggling with a death in your own family or of a friend, to talk with a school counselor. The team will be available to meet with you today. If you are not ready to reach out and talk about loss today, know that your school counselor is always available to you when you are ready to share your thoughts and feelings.

LETTER TO PARENTS ON THE DEATH OF A TEACHER, STAFF MEMBER OR STUDENT – ENGLISH

Do not write the name of the deceased.

SAMPLE LETTER ONLY:

(Letterhead)

(Date)

Dear Parents or Guardians:

We are all saddened this week by the death of one of our (student, faculty, or staff member). We have had additional counselors from the district present at our school to assist the students and faculty with the questions and grief, which accompany a situation such as this.

Experiencing, witnessing, or even hearing of a traumatic incident may affect a child or adult in a variety of ways; therefore, it is very important that children be given ample opportunities to ask questions and to talk about their reactions.

When reacting to a traumatic incident, a child may display behaviors such as the following:

- Clings closest to adults
- Displays regressive behaviors
- Appears not to be affected
- Thinks about it privately
- Asks a lot of questions
- Appears frightened
- Appears agitated and angry
- Displays difficulty sleeping
- Stomach aches and/or head aches

Below are some suggestions that parents may find useful in helping your child:

- Be a good listener.
- Provide physical closeness. Spend extra time putting your child to bed. Talk and offer reassurance.
- Encourage children to ask questions and to discuss, write or draw their feelings.
- Provide play and fun experiences to relieve tensions.

Please contact the school or send a note if you have any questions or if you wish that your child speak with the school counselor. If you do not want your child to talk about this event or you would prefer your child not to see or hear any of the materials dealing with grief, please let us know. You and your child are important to our school community and we want to do what is best for the children.

Sincerely,
Principal

LETTER TO PARENTS ON THE DEATH OF TEACHER, STAFF MEMBER OF A STUDENT – SPANISH

Do not write the name of the deceased.

SAMPLE LETTER ONLY:

(Letterhead)

(Date)

Estimados padres o tutores:

Es con gran tristeza que compartimos con ustedes la muerte de uno de nuestros **estudiantes, maestro, personal de la escuela**. Hemos tenido consejeros adicionales de el distrito presentes en nuestra escuela para ayudar a los estudiantes y profesores con las preguntas y el dolor que acompañan a una situación como esta.

Experimentar, presenciar, o escuchar hablar de un incidente traumático puede afectar a un niño o un adulto en una variedad de formas; por lo tanto, es muy importante que a los niños se les de amplias oportunidades para hacer preguntas y hablar sobre sus reacciones.

Cuando un niño reacciona a un incidente traumático, el niño puede mostrar conductas como las siguientes:

- Se adhiere más cercano a los adultos
- Muestra comportamientos regresivos
- No parece ser afectado/a
- Piensa en ello de forma privada
- Hace muchas preguntas
- Aparece asustado/a
- Aparece agitado/a y/o enojado/a
- Muestra dificultad para dormir
- Siente dolores de estómago y / o dolores de cabeza

A continuación se presentan algunas sugerencias para padres que pueden ser de utilidad para ayudar a su hijo/a:

- Sea un buen oyente.
- Proporcione la cercanía física. Pase más tiempo para acostar a su niño/a en cama. Hable y ofrezca tranquilidad.
- Anime a su niño/a hacer preguntas y discutir, escribir o dibujar sus sentimientos.
- Proporcione juegos y experiencias divertidas para aliviar tensiones.

Si usted tiene preguntas o inquietudes, o si usted desea que su hijo/a hable con uno de los consejeros de la escuela, favor de no dudar en llamar al (campus pone number). Usted y su hijo/a son importantes para nuestra comunidad escolar y queremos hacer lo que es mejor para los niños.

Sinceramente,

Director

BISD Counselor

Student Outreach Support Teams

By Zone

CAMPUS NAME Hanna Zone Team #1	CAMPUS NAME Porter Zone Team #2	CAMPUS NAME Pace Zone Team #3	CAMPUS NAME Rivera Zone Team #4	CAMPUS NAME Lopez Zone Team #5	CAMPUS NAME Veterans Zone Team #6
Hanna	Porter	Pace	Rivera	Lopez	Veterans
Oliveira	Faulk	BLA	BECHS	Besteiro	Stillman
Vela	Lincoln Park	Manzano	Garcia	Lucio	
		Stell	Perkins		
Burns	Canales	Benavides		Aiken	Pullam
Egly	Castaneda	Garden Park	Breeden	Brite	Villa Nueva
Hudson	Cromack	Keller	Champion	El Jardin	Yturria
Paredes	Del Castillo	Martin	Gallegos	Garza	
Perez	Putegnat	Ortiz	Gonzalez	Morningside	
	Sharp	Russell	Pena	Palm Grove	
	Skinner		Vermillion	Southmost	



**DISTRICT / STUDENT OUTREACH SUPPORT TEAM
RECORD OF STUDENT CONTACT**



CAMPUS _____

NAME OF STUDENT: _____ STUDENT ID#: _____

DATE AND TIME OF CONTACT WITH STUDENT: _____

OTHERS NOTIFIED:

COMMENTS: (Brief summary of counselor-student session: referral, if offered.
Recommendations; other information, as necessary)

Recommended Follow up: _____ yes _____ no

Forward this report to (Student's Counselor Name):

CSOST Counselor's Printed Name / Signature

Date

BISD Campus List of Recommended Supplies for District Student Outreach Support Team

- Sign in sheets for student outreach support team members
- Sign in sheets for students
- Blank copies of record of student contact forms
- Student passes to return to class
- Campus bell schedule
- Campus map
- Large envelopes to insert student condolence letters to family members
- Several boxes of Kleenex
- Water bottles / snacks
- Writing Paper
- Color Paper
- Pens, pencils, markers, colors
- Scissors
- Other applicable art supplies
- Stress balls, etc.



Brownsville ISD
Student Outreach Support Team
Student Sign – In Sheet



Campus: _____

Date: _____

	Class Period	Grade	ID Number	Student Name
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
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27				
28				
29				
30				



**Brownsville ISD
Counselor Support Team
Sign – In Sheet**



Campus: _____

Date: _____

	Employee #	Employee Name	Home Campus	Time
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
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Threat Assessment

Definitions

"Harmful, threatening, or violent behavior" includes behaviors, such as verbal threats, threats of self harm, bullying, cyberbullying, fighting, the use or possession of a weapon, sexual assault, sexual harassment, dating violence, stalking, or assault, by a student that could result in:

1. Specific interventions, including mental health or behavioral supports;
2. In-school suspension;
3. Out-of-school suspension; or
4. The student's expulsion or removal to a disciplinary alternative education program (DAEP) or a juvenile justice alternative education program (JJAEP).

"Team" means a threat assessment and safe and supportive school team established by the board under Education Code 37.115.

Education Code 37.115(a)

**Threat Assessment
Team**

The board shall establish a threat assessment and safe and supportive school team to serve at each campus of the district and shall adopt policies and procedures for the teams.

The team is responsible for developing and implementing the safe and supportive school program in compliance with Texas Education Agency (TEA) rules at the district campus served by the team.

The policies and procedures adopted under Education Code 37.115 must:

1. Be consistent with the model policies and procedures developed by the Texas School Safety Center (TxSSC) [see Education Code 37.220];
2. Require each team to complete training provided by the TxSSC or a regional education service center (ESC) regarding evidence-based threat assessment programs; and
3. Require each team established under this section to report the required information regarding the team's activities to TEA [see Reporting to TEA, below].

Membership

The superintendent shall ensure, to the greatest extent practicable, that the members appointed to each team have expertise in counseling, behavior management, mental health and substance use, classroom instruction, special education, school administration,

	school safety and security, emergency management, and law enforcement. A team may serve more than one campus of a district, provided that each district campus is assigned a team.
Oversight Committee	The superintendent may establish a committee, or assign to an existing committee established by the district, the duty to oversee the operations of teams established for the district. A committee with oversight responsibility must include members with expertise in human resources, education, special education, counseling, behavior management, school administration, mental health and substance use, school safety and security, emergency management, and law enforcement.
Team Duties	<p>Each team shall:</p> <ol style="list-style-type: none">1. Conduct a threat assessment that includes assessing and reporting individuals who make threats of violence or exhibit harmful, threatening, or violent behavior in accordance with district policies and procedures; and gathering and analyzing data to determine the level of risk and appropriate intervention, including:<ol style="list-style-type: none">a. Referring a student for mental health assessment; andb. Implementing an escalation procedure, if appropriate, based on the team's assessment, in accordance with district policy;2. Provide guidance to students and school employees on recognizing harmful, threatening, or violent behavior that may pose a threat to the community, school, or individual; and3. Support the district in implementing the district's multihazard emergency operations plan [see CKC].
Consent for Mental Health-Care Service	<p>A team may not provide a mental health-care service to a student who is under 18 years of age unless the team obtains written consent from the parent of or the person standing in parental relation to the student before providing the mental health-care service. The consent must be submitted on a form developed by the district that complies with all applicable state and federal law. The student's parent or person standing in parental relation to the student may give consent for a student to receive ongoing services or may limit consent to one or more services provided on a single occasion.</p> <p><i>Education Code 37.115(c)–(g)</i></p>
Determination of Risk	On determination that a student or other individual poses a serious risk of violence to self or others, a team shall immediately report the team's determination to the superintendent. If the individual is a

student, the superintendent shall immediately attempt to inform the parent or person standing in parental relation to the student. These requirements do not prevent an employee of the school from acting immediately to prevent an imminent threat or respond to an emergency.

A team identifying a student at risk of suicide shall act in accordance with the district's suicide prevention program. If the student at risk of suicide also makes a threat of violence to others, the team shall conduct a threat assessment in addition to actions taken in accordance with the district's suicide prevention program.

A team identifying a student using or possessing tobacco, drugs, or alcohol shall act in accordance with district policies and procedures related to substance use prevention and intervention.

Education Code 37.115(h)-(j)

Reporting to TEA

A team must report to TEA in accordance with TEA-developed guidelines the following information regarding the team's activities and other information for each campus the team serves:

1. The occupation of each person appointed to the team;
2. The number of threats and description of the type of threats reported to the team;
3. The outcome of each assessment made by the team, including:
 - a. Any disciplinary action taken, including a change in school placement;
 - b. Any action taken by law enforcement; or
 - c. A referral to or change in counseling, mental health, special education, or other services;
4. The total number, disaggregated by student gender, race, and status as receiving special education services, being at risk of dropping out of school, being in foster care, experiencing homelessness, being a dependent of military personnel, being pregnant or a parent, having limited English proficiency, or being a migratory child, of, in connection with an assessment or reported threat by the team:
 - a. Citations issued for Class C misdemeanor offenses;
 - b. Arrests;
 - c. Incidents of uses of restraint;

- d. Changes in school placement, including placement in a JJAEP or DAEP;
 - e. Referrals to or changes in counseling, mental health, special education, or other services;
 - f. Placements in in-school suspension or out-of-school suspension and incidents of expulsion;
 - g. Unexcused absences of 15 or more days during the school year; and
 - h. Referrals to juvenile court for truancy; and
5. The number and percentage of school personnel trained in:
- a. A best-practices program or research-based practice under Education Code 38.351 [see FFEB], including the number and percentage of school personnel trained in suicide prevention or grief and trauma-informed practices;
 - b. Mental health or psychological first aid for schools;
 - c. Training relating to the safe and supportive school program; or
 - d. Any other program relating to safety identified by the commissioner.

Education Code 37.115(k)

Note: For information about mental health curriculum and SHAC responsibilities, see EHAA. For information about threat assessments, see FFB. For personnel information about mental health professionals, see DP.

Mental Health Condition

"Mental health condition" means a persistent or recurrent pattern of thoughts, feelings, or behaviors that:

1. Constitutes a mental illness, disease, or disorder, other than or in addition to epilepsy, substance abuse, or an intellectual disability; or
2. Impairs a person's social, emotional, or educational functioning and increases the risk of developing such a condition.

Education Code 5.001(5-a)

Student Programs

The Texas Education Agency (TEA), in coordination with the Health and Human Services Commission and regional education service centers (ESCs), shall provide and annually update a list of recommended best practice-based programs and research-based practices in the areas specified below for implementation in public elementary, junior high, middle, and high schools within the general education setting. Each district may select from the list a program or programs appropriate for implementation in the district.

Subject Areas

The list must include programs and practices in the following areas:

1. Early mental health prevention and intervention;
2. Building skills related to managing emotions, establishing and maintaining positive relationships, and responsible decision-making;
3. Substance abuse prevention and intervention;
4. Suicide prevention, intervention, and postvention;
5. Grief-informed and trauma-informed practices;
6. Positive school climates;
7. Positive behavior interventions and supports;
8. Positive youth development; and
9. Safe, supportive, and positive school climate.

"School climate" means the quality and character of school life, including interpersonal relationships, teaching and learning practices, and organizational structures, as experienced by students enrolled in the district, parents of those students, and personnel employed by the district.

[For information on employee training, see DMA.]

Practices and
Procedures

A district shall develop practices and procedures concerning each area listed above, including mental health promotion and intervention, substance abuse prevention and intervention, and suicide prevention, that:

1. Include a procedure for providing educational material to all parents and families in the district that contains information on identifying risk factors, accessing resources for treatment or support provided on and off campus, and accessing available student accommodations provided on campus;
2. Include a procedure for providing notice of a recommendation for early mental health or substance abuse intervention regarding a student to a parent or guardian of the student within a reasonable amount of time after the identification of early warning signs, which may include declining academic performance, depression, anxiety, isolation, unexplained changes in sleep or eating habits, and destructive behavior toward self and others;
3. Include a procedure for providing notice of a student identified as at risk of attempting suicide to a parent or guardian of the student within a reasonable amount of time after the identification of early warning signs;
4. Establish that the district may develop a reporting mechanism and may designate at least one person to act as a liaison officer in the district for the purposes of identifying students in need of early mental health or substance abuse intervention or suicide prevention;
5. Set out available counseling alternatives for a parent or guardian to consider when his or her child is identified as possibly being in need of early mental health or substance abuse intervention or suicide prevention; and
6. Include procedures:
 - a. To support the return of a student to school following hospitalization or residential treatment for a mental health condition or substance abuse; and

b. For suicide prevention, intervention, and postvention.

The practices and procedures may address multiple subject areas [see Subject Areas, above]. The practices and procedures must prohibit the use without the prior consent of a student's parent or guardian of a medical screening of the student as part of the process of identifying whether the student is possibly in need of early mental health or substance abuse intervention or suicide prevention.

The practices and procedures developed must be included in the annual student handbook and the district improvement plan under Education Code 11.252. [See BQ]

Nothing in these provisions is intended to interfere with the rights of parents or guardians and the decision-making regarding the best interest of the child. Practices and procedures developed in accordance with these provisions are intended to notify a parent or guardian of a need for mental health or substance abuse intervention so that a parent or guardian may take appropriate action. These provisions do not give districts the authority to prescribe medications. Any and all medical decisions are to be made by a parent or guardian of a student.

"Postvention" includes activities that promote healing necessary to reduce the risk of suicide by a person affected by the suicide of another.

Education Code 38.351(a)–(f), (i)–(o)

Immunity

The above requirements do not waive any immunity from liability of a district or of district officers or employees, create any liability for a cause of action against a district or against district officers or employees, or waive any immunity from liability under Civil Practice and Remedies Code 74.151. *Education Code 38.352*

**Student
Identification Cards**

Each student identification card issued by a public school to a student in grade six or higher must have printed on the card the contact information for the National Suicide Prevention Lifeline and the Crisis Text Line. The student identification card may have printed on the card the contact information for a local suicide prevention hotline, if available. *Education Code 38.353*

**Consent to
Examinations, Tests,
or Treatment**

A district employee must obtain the written consent of a child's parent before the employee may conduct a psychological examination, test, or treatment, unless the examination, test, or treatment is required by:

1. TEA's policy concerning child abuse investigations and reports under Education Code 38.004; or

2. State or federal law regarding requirements for special education.

Education Code 26.009(a)(1) [See FNG]

[For more information about consent to medical treatment, including psychological treatment, see FFAC. For information about consent to counseling, see FFEA.]

**Professional's
Authority**

A licensed or certified physician, psychologist, counselor, or social worker having reasonable grounds to believe that a child has been sexually, physically, or emotionally abused; is contemplating suicide; or is involved in chemical or drug addiction or dependency may:

1. Counsel the child without the consent of the child's parents, managing conservator, or guardian;
2. With or without the consent of a child who is a client, advise the parents, managing conservator, or guardian of the treatment given to or needed by the child;
3. Rely on the written statement of the child containing the grounds on which the child has capacity to consent to his or her own treatment as provided above.

**Exception: Court
Order**

The physician, psychologist, counselor, or social worker may not counsel a child if consent is prohibited by a court order, unless consent is obtained as otherwise allowed by law.

Family Code 32.004(b), (c)

[See DP for more information about LSSP and school counselor responsibilities.]

Consent to LSSP

Informed consent for a licensed specialist in school psychology (LSSP) must be obtained in accordance with the Individuals with Disabilities Education Improvement Act (IDEIA) and the U.S. Department of Education's rules governing parental consent when delivering school psychological services in the public schools, and is considered to meet the requirements for informed consent under the Texas State Board of Examiners of Psychologists (TSBEP) rules. No additional informed consent, specific to any Texas Behavioral Health Executive Council (TBHEC) rules, is necessary in this context. Licensees providing psychological services under 22 Administrative Code 465.38(e)(2), however, must obtain informed consent as otherwise required by the TBHEC rules. 22 TAC 465.38(g)

COUNSELING AND MENTAL HEALTH
MENTAL HEALTH

FFEB
(LEGAL)

Professional
Immunity

A psychologist, counselor, or social worker licensed or certified by the state is not liable for damages except those damages that may result from his or her negligence or willful misconduct. *Family Code 32.004(d)*

Outside Counselors

Neither a district nor an employee of a district may refer a student to an outside counselor for care or treatment of a chemical dependency or an emotional or psychological condition unless the district does all of the following:

1. Obtains prior written consent for the referral from the student's parent, managing conservator, or guardian.
2. Discloses to the student's parent, managing conservator, or guardian any relationship between the district and the outside counselor.
3. Informs the student and the student's parent, managing conservator, or guardian of any alternative public or private source of care or treatment reasonably available in the area.
4. Requires the approval of appropriate district personnel before a student may be referred for care or treatment or before a referral is suggested as being warranted.
5. Specifically prohibits any disclosure of a student record that violates state or federal law.

Education Code 38.010

[See FFEA for information on the comprehensive guidance program. See FFB for mental health-care services provided by the threat assessment and safe and supportive school team.]

**Psychotropics and
Psychiatric
Evaluations**

A district employee may not:

1. Recommend that a student use a psychotropic drug; or
2. Suggest any particular diagnosis; or
3. Use the refusal by a parent to consent to administration of a psychotropic drug to a student or to a psychiatric evaluation or examination of a student as grounds, by itself, for prohibiting the child from attending a class or participating in a school-related activity.

Psychotropic drug means a substance that is used in the diagnosis, treatment, or prevention of a disease or as a component of a medication and intended to have an altering effect on perception, emotion, or behavior.

Education Code 38.016(b) does not:

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1. Prevent an appropriate referral under the Child Find system required under 20 U.S.C. Section 1412, as amended; or
2. Prohibit a school district employee, or an employee of an entity with which the district contracts, who is a registered nurse, advanced nurse practitioner, physician, or nonphysician mental health professional licensed or certified to practice in this state from recommending that a child be evaluated by a physician or nonphysician mental health professional; or
3. Prohibit a school employee from discussing any aspect of a child's behavior or academic progress with the child's parent or another school district employee.

A board shall adopt a policy to ensure implementation and enforcement of Education Code 38.016. [See FFAC]

A violation of Education Code 38.016(b) does not override the immunity from personal liability granted in Education Code 22.0511 or other law or a district's sovereign or governmental immunity.

Nonphysician mental health professional has the meaning assigned by Education Code 38.0101 [see DP].

Education Code 38.016

[For information regarding administration of medication, see FFAC.]

Child Abuse
Reporting

An employee may not use or threaten to use the refusal of a parent, guardian, or managing or possessory conservator to administer or consent to the administration of a psychotropic drug to a child, or to consent to any other psychiatric or psychological testing or treatment of the child, as the sole basis for making a report of neglect, unless the employee has cause to believe that the refusal:

1. Presents a substantial risk of death, disfigurement, or bodily injury to the child; or
2. Has resulted in an observable and material impairment to the growth, development, or functioning of the child.

Education Code 26.0091; Family Code 261.111(a) [See FFG]

References

Sawyer, Cheryl, University of Houston Clearlake-From Workshop “When Death Comes to School.”

References online:

Academy of Child and Adolescent Psychiatry www.aacap.org

American Family Physician www.aafp.org

Understanding and Responding to Students Who Self-Mutilate
http://www.nasponline.org/resources/principals/nassp_cutting.aspx

Yellow Ribbon Suicide Prevention Program: www.yellowribbon.org

American Association of Suicidology: www.suicidology.org

The Virtual Office of the Surgeon General: www.surgeongeneral.gov

American Academy of Pediatrics: www.aap.org/

National Youth Violence Prevention: www.safeyouth.org/

Suicide Awareness-Voices of Education (SA/VE): www.save.org

Crisis Management Fourth Edition

Developed By
San Antonio-Mental Health Association
United Way of San Antonio
Colonial Hills Hospital of San Antonio

“School Crisis Response Manual”

Healthy Kids-Healthy San Francisco
Department San Francisco Unified School District (91/93)
San Francisco, CA 94115

School Crisis Survival Guide

Suni Peterson, Ron L. Straub
The Center for Applied Research
West Nyack, New York 10995 (1992)

Questions or Comments?
Call BISD Guidance & Counseling Department
(956) 548-8251

