SYRACUSE CITY SCHOOL DISTRICT

OFFICE OF STUDENT SUPPORT SERVICES

Mental Health Crisis Response Protocol and Support Manual: For Students, Staff, and Families

2025-2026

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Crisis Response Protocol and Support Manual

The purpose of this manual is to serve as a resource for the Building Crisis Response Team. The Building Crisis Response Team will respond to a crisis affecting a specific school under the direction of the building administrator and in accordance with the school's emergency response plan. These school crisis situations may include death, multiple injuries, suicide, or other crisis which influence several students and staff members within the school. Within the building, school counselors will play a major role with the psychologist and social worker assigned to the building, in providing direct intervention to students following a crisis. If the building administrator determines that additional assistance and support is needed, Student Support Services (315-706-2662) should be contacted, and a District Crisis Response Team will be sent to help students and staff cope with painful emotions and feelings resulting from a school or community related crisis.

The goal of the District Crisis Response Team is to support students and staff in a culturally responsive manner and all individuals to process emotional distress experienced through the crisis which caused disruption of the educational process. The following procedures outline the steps that Syracuse City School District will implement in the event of a crisis. It should be stressed, however, that each situation presents facts and concerns unique to that case or event. These must be taken into consideration and adjustments to the plans should be made accordingly. Throughout this process, the sensitivity and privacy of those directly involved will be a primary concern.

DISTRICT RESPONSE TEAM (DRT) OVERVIEW

The **District Response Team (DRT)** is a specialized support team designed to provide immediate, on-site assistance during acute student crises. The team is composed of trained professionals who collaborate with school staff to ensure the safety, well-being, and dignity of all students during high-stress situations.

Key Functions of the DRT:

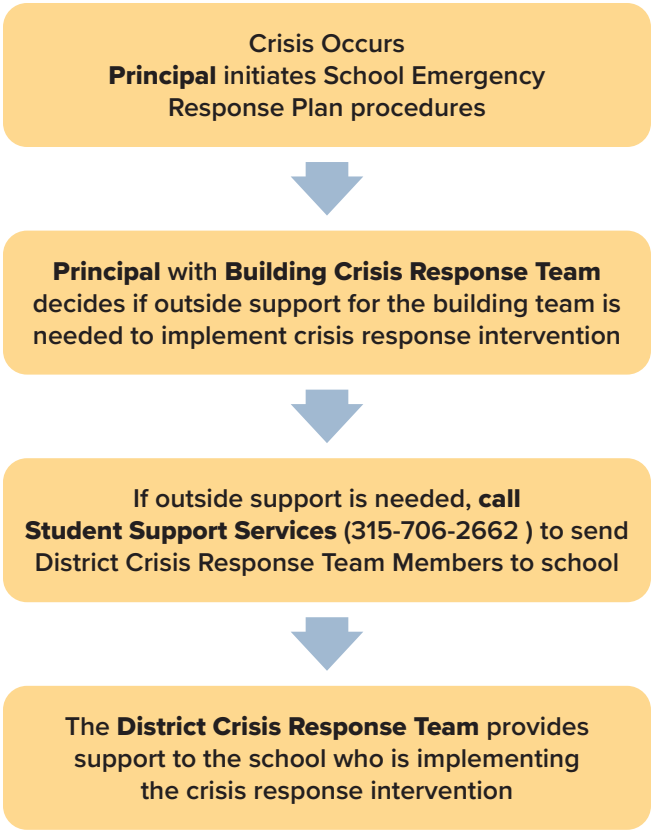
- **Crisis Response & De-escalation:**
  The DRT provides rapid support in situations involving emotional or behavioral crises. Team members are trained in trauma-informed care and de-escalation strategies to help stabilize the situation safely and respectfully.
- **Emergency Transport Support:**
  When a student requires transport to an emergency room for mental health or medical evaluation, the DRT assists in coordinating and supporting the process, ensuring the student is accompanied and cared for appropriately.
- **Post-Crisis Follow-Up:**
  After the immediate crisis has been addressed, the DRT works with school staff, families, and community partners to ensure appropriate follow-up care, return to school planning, and continued support for the student and those impacted.
- **Student, Guardian, and Staff Support & Consultation:**
  The team is available to consult with the student, guardian(s) and school staff on best practices for managing challenging behaviors, developing safety plans, and preparing for potential crises.

ITINERANT SOCIAL WORKER TEAM (IST) OVERVIEW

The **Itinerant Social Worker Team (IST)** is a district based, social emotional support service for K-12 students. The team offers individual or group support for students who need targeted interventions aligned to the student intervention process.

Key Functions of the IST:

- Provide Tier 2/3 targeted support (Groups/1:1) that focus on developing students' behavioral and social emotional skills.
- Attend Student Support Team meetings and/or SIT meetings as needed.
- ofacilitate Circles, Morning Meetings, and other classroom SEL activities.
- Support with student return from suspension or hospitalization.
- Provide temporary support for students on a CBO waitlist.
- Weekly on-site support.
- Supporting school buildings with response to grief due to loss or trauma.



The District Crisis Response Team is composed of social workers, mental health first aid responders and case managers, formed to deal with unanticipated events, such as suicides, school bus accidents, natural disasters, multiple injuries or deaths, or other crises which have a widespread effect upon a large number of students and staff members.

The following outline of procedures and guidelines are presented to assist school personnel in implementing appropriate activities for responding to crisis situations and to determine if additional support is needed within the school building. This is intended only as a supplement to the school's emergency response plan that should be followed in a crisis situation. It is important, however, to retain a measure of flexibility in all urgent situations, as events differ slightly and may require individual decisions.

When an incident occurs, the principal or his/her designee should immediately notify the designated school district personnel, together with the school psychologist, counselor and social worker assigned to the school in accordance with the SCSD Emergency Response Plan (ERP). Each school has established a Building Crisis Response Team whose members have received training in emergency management procedures as part of the district's ERP. These individuals should determine if Building Crisis Response Team will need assistance from the District Crisis Response Team. The school administration will notify Student Support Services (315-706-2662) who will consult the building principal about implementing the crisis procedures. It should be understood that other routine duties by the building's school psychologist, counselor and school social worker will be temporarily suspended during the crisis situation. This will allow crisis services to be provided under the authority of the District Superintendent or his/her designee.

The direct services of the District Crisis Response Team, in conjunction with the Building Crisis Response Team, in the event of crises may include:

1. Consultation with administrators, teachers, counselors, and parents regarding the current crisis and intervention procedures by phone and/or on site
2. Direct intervention with individual students and groups of students to help stabilize the situation and identify those "at-risk"
3. Determination of the need for outside agency involvement, follow-up counseling, or further evaluation and treatment.

Building a Crisis Plan

PHASE I: PLANNING AHEAD FOR CRISIS EVENTS

When a crisis occurs, time is essential. The more planning that is done, the less confusion and last-minute decision making will be involved. Building Crisis Response Team (Building Crisis Response Team) should familiarize themselves with the Emergency Response Plan (ERP) developed by their individual schools.

It is necessary to determine the following:

1. Each school has established a Building Crisis Response Team whose members have received training in emergency management procedures as part of the Emergency Response Plan. Recommended members could include the school counselor, the school nurse, teachers, and other staff members who interact easily and work well with students, assigned school psychologist, assigned school social worker and a building administrator.

2. The assigned Building Crisis Team members such as administrator, school counselor, psychologist, and/or school social worker will be designated as the point of contact for the District Crisis Response Team (District Crisis Response Team) members.

3. It will be necessary to determine which rooms will be available for individual and group intervention in the school. Avoid spaces like staff lounges, printing locations, or areas with heavy traffic. Be aware that in some cases it will be necessary to go where the groups are rather than establish a location for meetings. This utilization plan should be in writing for ease of implementation during a crisis and communicated to school staff. Alternative spaces should also be identified if the school needs to utilize all available space for a building wide planned event or building wide assessments.

BEFORE THE CRISIS

Complete the following:	Date:	Completed by:
1. Establish a Building Crisis Team (Building Crisis Response Team)		
Please list the first and last names of the following Building Crisis Response Team members: • Assigned Building Principal: _____ • Assigned Vice Principal: _____ • Assigned School Social Worker: _____ • School Psychologist: _____ • School Counselor: _____ • Assigned School Nurse: _____ • Assigned School Sentry: _____ • Other Key Staff- Role: _____ • Other Key Staff- Role: _____		
2. Assign a Building Crisis Response Team point of contact to request for additional assistance and be the point of contact		
Please list names and phone extensions of the following: Building Crisis Response Team Point of Contact: _____ Building Crisis Response Team Backup Point of Contact: _____		
3. Assign rooms that will be available for individual and group intervention in the school		
Please indicate room numbers or name of area (i.e. cafeteria, library): Location #1 (large group): _____ Location #2 (large group): _____ Location #3 (small group): _____ Location #4 (small group): _____		

PHASE II: CRISIS RESPONSE PROCEDURES IN THE SCHOOL

All Building Crisis Response Team members will anticipate that procedures consistent with the Emergency Response Plan have been implemented, and should be prepared to assist with the following:

1. The Building Crisis Response Team should use the appropriate Crisis Response Protocol Checklist to guide their response.
2. The Building Crisis Response Team needs to meet to discuss the crisis event utilizing the CRISIS FACTS THAT INFORM PYSHCOLOGICAL TRIAGE FORM. (See page 5)
3. The building Principal should follow Syracuse City School District guidelines when it comes to informing staff, students, and families about the crisis.
4. If approached by a member of the media, Building Crisis Response Team members are required to refer them to the Department of Media and Communications
5. Set up already identified locations that will be utilized to support students and staff during the crisis response.
6. During the time of responding to the crisis, it should be expected that daily duties for school social workers, school counselors, and school psychologists will be interrupted and/or on hold for that day.
7. Classroom teachers need to be provided with a script that they will use when providing information about the crisis to their students. Utilize the sample CLASSROOM MEETING SCRIPT AND OUTLINE. (See page 6)
8. School staff should identify students that might have been affected by the crisis in their classes who appear to be “at-risk” based on the suggested criteria. The names of these students should be communicated to the Building Crisis Response Team and/or District Crisis Response Team.
9. Students that have been identified as being at-risk should be assessed to determine if they are low, moderate, or high risk. Then follow the next appropriate steps.
10. The Building Crisis Response Team and District Crisis Response Team need to utilize the AT-RISK TRIAGE SUMMARY SHEET form (see page 27) to keep track of students that have been seen in response to the crisis. The TRUAMA CHECKLIST should also be completed because this is essential for follow-up purposes.
11. If it is determined after assessing a student that further support is needed, parent(s) /guardians should be contacted, and further support can be discussed. Any contact and/or attempts with parent(s)/guardians by Building Crisis Response Team and/or District Crisis Response Team needs to be documented in SchoolTool under User Defined, in Student Support Confidential, with information about their reaction, comments, and decisions.
12. Before sending a student home, assess their ability to engage in the school day. If it is determined that their behavior is going to impact their school day and they cannot engage, contact parent(s)/guardian to discuss the situation.
13. School personnel should be alert to students who may be wandering the hallways, leaving school grounds, or not returning to their classrooms in response to the crisis, their emotional wellbeing should be assessed.
14. Students who are too upset to stay in class should be escorted to the school counseling office or other designated areas by a calm student or faculty member. Students should be kept out of the halls to prevent unsupervised gatherings and emotional contagion. There should be an announcement notifying staff where the designated area will be.

CRISIS FACTS THAT INFORM PSYCHOLOGICAL TRIAGE

	SOURCES
Basic Information **1.** What happened? **2.** When did the event occur? **3.** Where did the event occur? **4.** Is law enforcement involved (did a criminal activity take place)? **5.** Who was involved (i.e., who are the crisis victims)? **6.** What is the prognosis for those involved? **7.** Was anyone injured or killed? **YES** **NO** a. If **YES**, who was injured or killed?	
Physical Proximity **1.** Who witnessed the event? **2.** Who was exposed to the aftermath of the event (e.g., saw victims being medically treated)	
Emotional Proximity **1.** Who knew the crisis victim(s)? **2.** Who is considered close friends of the crisis victim(s)? **3.** What classroom(s) was(were) the crisis victim(s) a part of? **4.** What activities (e.g., clubs, athletics, organizations) did the crisis victim(s) participate in?	
Personal Vulnerability **1.** Have there been other crisis events that have affected students/staff this past year? **2.** Have any of the staff or students been affected by an event similar to the current crisis? **3.** Has anyone experienced a sudden loss of a loved one over the past year? **4.** Are there staff or students who have any mental health concerns that may affect their ability to cope with the crisis? **5.** Have staff and/or students already learned of the event? **YES** **NO** a. If **YES**, how were staff and students informed (e.g., media, social media, pictures, videos)?	

Note. Brock, Sandoval, & Lewis (2001); Conolly-Wilson (2009).

SAMPLE CLASSROOM MEETING SCRIPT AND OUTLINE

If you feel unable to read this script to your class, or would like support when reading it, please let us know and we will have a school mental health professional come to your room and facilitate this meeting.

SAMPLE SCRIPT TO READ TO STUDENTS:

Our school community has experienced a very sad loss. One of our third-grade students passed away unexpectedly in an accident over the weekend.

When something like this happens, it's normal to have questions. I'll do my best to answer any that you may have. If I don't know the answer, I'll be honest with you. I may suggest you talk to your parents, or I might need to ask someone else and get back to you.

It's also important to know that people respond to this kind of news in different ways—and that's completely okay. Some people may feel sad and cry, others might have trouble sleeping or concentrating, and some may not feel much at all right now. All of these reactions are normal.

If you feel like you want to talk to someone about how you're feeling, please let your teacher or me know. We'll make sure you have someone to talk to who can help.

Does anyone have any questions?

WHEN ANSWERING QUESTIONS, PLEASE REMEMBER THE FOLLOWING:

1. **Provide ONLY verified facts.**
   a. Tell the truth (don't ignore or minimize facts).
   b. Use brief and simple explanations for younger children. When discussing the death, avoid euphemisms ("went to sleep and did not wake up," "went away," or "lost"), which may be taken literally and cause fear or misunderstanding.
   c. Expect to repeat facts.
   d. Do not give details that students do not ask for, especially those that you think might frighten children (e.g., that car accidents are very common).
   e. Avoid sensationalizing or speculating.
2. **Allow students to ask questions and use the following options when responding to what students ask and say:**
   a. Explicitly identify what information is rumor, not fact, and dispel crisis rumors.
   b. Let students' questions guide what information you share.
   c. Use one of three general responses:
      i. "This is what we know," when sharing verified crisis facts.
      ii. "I don't know," when addressing crisis circumstances that have yet to be verified.
      iii. "Talk to your parents," when addressing crisis circumstances that are not appropriate for classroom discussions (e.g., Why did God let this happen?).
3. **Balance the information with reassurance about what is being done to keep them safe and how rare these events are (if they are indeed rare). Remember the referral procedures in case a student needs more support.**
4. **Let your students know that they can go to the office if they would like to discuss this event or feel they would like some help coping with this loss.**

Note. Also see "Talking to Children About Death," Hospice, http://www.hospicenet.org/html/talking.html; and Reeves et al. (2010, pp. 265–266, and Table 9.3 on p. 267).

DURING THE CRISIS

Complete the following:	Date:	Completed by:
1. There should be a designated staff to handle scene control (i.e. reducing unnecessary traffic in area, removing objects that could be thrown, etc)		
Please indicate staff that will be assigned as scene control: Staff, contact information, and role: _____ Alternative staff, contact information and role: _____		
2. Building Crisis Response Team will contact Students Guardian and if necessary, request response to school		
Staff that contacted Guardian and the response received: _____ _____		
3. If necessary, designated point of contact will contact Student Support Services to determine if DRT services are recommended		

PHASE III: DISTRICT CRISIS RESPONSE TEAM INTERVENTION

1. If the Building Crisis Response Team has determined that they need further support from the District Crisis Response Team, the building Principal should contact their Assistant Superintendent and the Chief of Student Support Services. The Chief of Student Support will work with the school building leader to determine the appropriate level of support needed.

2. Upon the arrival of the responding District Crisis Response Team members, complete an immediate debriefing meeting with building level administrators, District Crisis Response Team members, and Building Crisis Response Team members. The debrief meeting needs to include the following:
   a. Provide District Crisis Response Team with details of the crisis event utilizing **Crisis Facts That Inform Psychological Triage**.
   b. Identifying the space utilization plan to include a central location to provide an area for the Teams to meet and convey information and directives.
   c. The District Office of Communication will provide information to be given to parent(s)/ guardians regarding the crisis event.
   d. Provide copies of the Psychological Triage Summary and Psychological Traumatic Checklist
   e. The school building principal should provide details to staff regarding the District Crisis Response Team responding to support the school building.
   f. Providing specific advice and suggestions to the District Crisis Response Team as to how to respond to students' reactions.
   g. Providing direct support around the emotional reactions of school building personnel.

3. The District Crisis Response Team can support completing the assessment for students who were identified as being at-risk. They will utilize the **Psychological Trauma Checklist** as well as the **At-Risk Summary** form.

4. District Crisis Response Team will communicate with the Building Crisis Response Team of any student(s) identified after completing the Psychological Trauma Checklist that needs follow-up.

5. At the end of the day, another meeting should be had to collect the At-Risk Summary sheets for and Psychological Trauma Checklist forms. It should be discussed with both District Crisis Response Team and Building Crisis Response Team what further support is needed from the building and the next steps for students who were identified in need of follow-ups.

PHASE IV: POSTINTERVENTION OR FOLLOWING A CRISIS INTERVENTION

Intervention after a crisis event will look different depending on the crisis.

1. The Building Crisis Response Team needs to utilize the **At-Risk Triage Summary Sheet** form to follow up on students who were identified as needing a follow-up. Recommendations to parents or legal guardians of students needing follow-up may include referral to public or private agencies for outpatient psychotherapy; short-term counseling at the school by the school psychologist, school social worker, or school counselor; or specialized group counseling. (page 31 for Community Resources)
2. Post crisis interventions can be supported at the building and district level depending on the need of the student(s) and building. Building Crisis Response Team and District Crisis Response Team should utilize the **Levels of School Mental Health Crisis Interventions** when supporting those students who were at risk of being impacted by the crisis.
3. The assigned school counselor, psychologist and/or school social worker should be designated to keep a list of all students who are determined "at-risk" and complete continuous triaging with Student Intervention Team (SIT) for identified students.
4. School counselors and/or social workers may work with all Building Crisis Response Team members in placing students into groups for further discussion and provide direct intervention as needed.

The District Response Team (DRT) can also support Post Crisis Interventions:

- **Post-Crisis Follow-Up**
  After the immediate crisis has been addressed, the DRT works with school staff, families, and community partners to ensure appropriate follow-up care, re-entry planning, and continued support for the student and those impacted.
- **Staff Support & Consultation**
  The team is available to consult with school staff on best practices for managing challenging behaviors, developing safety plans, and preparing for potential crises.

The Itinerant Social Worker Team (IST) can also support Post Crisis Interventions:

- Provide Tier 2/3 targeted support (Groups/1:1) that focus on developing students' behavioral and social emotional skills.
- Support with student reentry from suspension or hospitalization.
- Supporting school buildings with response to grief due to loss or trauma.

AFTER THE CRISIS

Complete the following:	Date:	Completed by:
1. Designated Building Crisis Response Team point of contact will collect names of students who are considered at risk		
Please request names from: Any teachers with possible affected students, school Counselor/Social Worker, School Sentry, School Nurse, and any other key school personnel		
2. Building Crisis Response Team point of contact will generate and distribute complied list of at-risk students to members of Building Crisis Response Team to place students in groups for discussion		
3. Designated staff member will reach out to any identified at risk students that do not attend school the following day		
Staff that is designated to follow up the following day): _____ Staff, contact information, role): _____		
4. Building Crisis Response Team will meet to discuss any further follow up recommendations for identified students and will refer those students to school SIT Team. Letters are to be sent to guardians of students.		

Protocol for Responding to Grief

Steps to Responding to Grief due to Loss/Sickness: Please complete the checklist to help with responding to grief and determining if further support from the District Crisis Team is needed.

GRIEF PROTOCOL CHECKLIST

Procedure	Responsible Person(s)	Time Completed	Initials
Maintain student/staff confidentiality	All involved professionals		
Notify and inform Building Crisis Response Team. Establish Crisis Response Team Meeting (See agenda template below)	Administrator/Support Staff		
Identify incident lead and administrator supporting	Principal in conjunction with School Counselor, School Social Worker, and/or School Psychologist		
Safe Space is identified and supplied with grief support materials and copies of Log Forms (Form B and Form C)	Incident Lead and Administrator Supporting		
Assess if further support is needed from the District Crisis Response Team.	Administrator/Support Staff		
Inform Office of Student Support Services of the event and request further support if needed.	Principal		
Alert SRO or School Sentry	Administrator		
Notify and inform students(s) & classroom teacher(s)	Administrator/Support Staff		
Identify At-Risk Students that might relate to the loss (Utilize Form A: Classroom Assessment Log Form)	School Counselor, School Social Worker, and/or School Psychologist with classroom teacher support		
Call parent/guardian regarding crisis and offer support	Administrator/Support Staff		
Notify relevant outside service providers (consent required)	School Counselor, School Social Worker, and/or School Psychologist		
Decide whether to recommend to parents/guardian, grief counseling with School Based Therapist, school counselor, or social worker	Principal in conjunction with School Counselor, School Social Worker, and/or School Psychologist		
Provide support to other students and staff as needed	School Counselor, School Social Worker, and/or School Psychologist		
Within 24-48 hours, follow-up with students identified as At-Risk.	School team working with the student in conjunction with Principal and School Counselor, School Social Worker, and/or School Psychologist		
Building Crisis Team Meeting to debrief to help determine the next steps.	Building Crisis Team		

NORMAL GRIEF REACTIONS OF CHILDREN

DENIAL – pretending or wishing the loss did not occur or acting as if they are unaffected.

SADNESS – crying constantly, at intervals, or not at all; may have varying degrees of fatigue, hyperactivity, or withdrawal.

FEAR – frequently showing concern about death, particularly their own and of loved ones; expressing concern about their welfare and future caregiving; seeking contact and reassurance; clinging.

ANGER – toward others, self, and the one who died; may be hidden or expressed through words or behaviors; increased sibling squabbles.

GUILT – wishful thinking (if only…); regret; asking the same questions repeatedly to gain reassurance and relief; secretly blaming themselves.

REGRESSION – returning to earlier level of functioning (bedwetting, seeking forgotten security blanket); usually turns around quickly with reassurance and the absence of criticism or judgment.

HEALTH/SLEEP CHANGES – minor health complaints; changes in appetite; bad dreams; changes in sleep patterns; fear of sleeping alone.

PROTECTION OF PARENTS – acting like little adults; hiding their grief in order to comfort and nurture the parent.

INSECURITY – refusing to go to school; increased possessiveness of people, pets, and possessions; saving and/or hiding meaningful objects related to the one who died; testing of parents and teachers; seeking substitute figures; seeking limits.

WORKING WITH GRIEVING CHILDREN AND ADOLESCENTS

1. Educate yourself about the grief process.
2. Give permission to grieve.
3. Allow time to grieve.
4. Listen, listen, listen.
5. Understand that reminiscing is essential.
6. Give support for a variety of feelings.
7. Accept that you cannot “fix” the pain.
8. Help the griever know that they are not alone.
9. Design a support group.
10. Draw the person out, keep in touch, and don’t abandon him/her. Be mindful that the anniversary of the death can trigger emotional reactions.

(From: After a Suicide: A Toolkit for Schools, 2011)

FOR PARENTS HELPING CHILDREN COPE WITH DEATH

Dear Parent:

If there has been a death in the world of your children or if one is anticipated, this information may help you help your children. Of course, nothing can take the place of contact between you and your children, but the information and suggestions may broaden your understanding of the child in grief. Children will have lots of questions and worries but will often keep these to themselves if adults do not open the door and give them the opportunity to share their concerns. Do not underestimate your children's capacity to learn, understand, and share with you.

SOME SUGGESTED "DO'S":

- **DO** be honest.
- **DO** tell the child about the death and as many details as you feel are appropriate.
- **DO** answer questions calmly, clearly, and specifically.
- **DO** learn about the normal reactions of children and be patient with them. They try to express their grief differently from adults.
- **DO** keep as many daily routines as possible undisturbed.
- **DO** talk about the person who died. Celebrate the person.
- **DO** answer the questions of children; if you are too upset, find someone who will and can.
- **DO** allow for expression of feelings ***WITHOUT*** judgement.
- **DO** allow children contact with beloved adults such as neighbors, friends, and family.
- **DO** express your own grief openly.
- **DO** use supportive people and groups in your environment. DO ask for help for yourself and/or your child, if needed.
- **DO** use the words "dead" and "died". Know it is okay to said "I don't know".

"DON'T's":

- **DON'T** hide the truth.
- **DON'T** shut children out.
- **DON'T** block a child's wish to talk and ask questions.
- **DON'T** use confusing explanations or use euphemism for death because children can be so literal ("Daddy went to sleep", "I lost my mother").
- **DON'T** push beliefs.
- **DON'T** avoid talking about the person.
- **DON'T** say I know how you feel.
- **DON'T** pretend that everything is normal.

HELPING CHILDREN COPE WITH DEATH RED FLAGS

These signs in children's behavior may indicate a need for increased parental support or professional intervention. Remembering that each individual grieves and adapts to loss in his/her own way and time, we can say that **THREE MONTHS** or so after the death, we need to pay attention if these "Red Flags" appear or if the normal reactions continue unabated or increase.

- Wondering if they can join the dead person
- Giving away their family possessions
- Withdrawing to the point of isolation
- Extended change in eating and/or sleeping habits
- Significant weight loss or gain
- Frequent nightmares
- Preoccupation with death, dying, and/or illness of self or others
- Verbalizing despair ("I wish I had died instead of my daddy.")
- School troubles (changes in peer relations, classroom behavior, and/or academic performance)
- Lying
- Destroying their own or other's property
- Deliberately hurting or wounding themselves
- Significant change in a child's personality over time (quiet child becomes hyperactive, or an outgoing child withdraws)
- Refusing to stay with formerly trusted adults
- Explosive behavior (rages, tantrums)
- Stealing
- Running away from home
- Significant health changes
- Becoming unusually rigid about everyday patterns

What children need when they are coping with death is contact, warmth, and support from those they love.

Books are not a replacement for people, but they are another way to provide support. Do contact the counselor or the librarian at your child's school.

SOURCE: The Junior League of Sarasota, Inc. "Kids Can Cope."

FOR ADDITIONAL RESOURCES FROM NASP, SCAN QR CODE OR CLICK LINK BELOW.

Addressing Grief

Protocol for Responding to Suicide Ideation/Self-Harm

Use the following protocol when working with students who have expressed suicide ideations/self-harm and are considered a high-risk after the completion of the **Columbia Suicide Severity Rating Scale** (page 16)

SUICIDE IDEATION/SELF-HARM PROTOCOL CHECKLIST

Procedure	Responsible Person(s)	Time Completed	Initials
Maintain student confidentiality	All involved professionals		
Complete Columbia Screener Scale/Self-Harm Notification (Provided Below)	School Counselor, School Social Worker, and/or School Psychologist, Nurse		
Notify and inform Building Crisis Response Team. Establish Crisis Response Team Meeting (See agenda template below)	Administrator/Support Staff		
Alert SRO or School Sentry	Administrator		
Identify incident lead and administrator supporting	Principal in conjunction with School Counselor, School Social Worker, and/or School Psychologist		
Call parent/guardian regarding crisis and request that the parent comes to school	Administrator/Support Staff		
Notify relevant outside service providers (consent required)	School Counselor, School Social Worker, and/or School Psychologist		
Inform Student Support Services of event (Janel Milana, Bruno Primerano, Thersea Bowers, Laura Kelley)	Principal		
Decide whether to recommend parent/guardian, a referral to C-PEP (201 Prospect Ave), Golisano Children's Hospital (766 Irving Ave), or Helio Health Stabilization Clinic (329 N. Salina St.); designate person responsible for informing parent/guardian of recommended plan	Principal in conjunction with School Counselor, School Social Worker, School Psychologist		
Obtain release of information from parent and accompany parent/guardian or authorities to C-PEP, Golisano, or Helio (stay at least 60 minutes to help parent/guardian navigate the medical system and ensure understanding of what is going on)	School Counselor, School Social Worker, and/or School Psychologist		
Contact Office of Student Support Services for assistance to determine if school should notify SRO or DPS to request police transport to C-PEP or Golisano if parent is not available to transport	Principal		
Request that parent/guardian call C-PEP (315-448-6555) or Golisano Children's Hospital Pediatrics ER (315-464-5565) or Pediatric After Hour Services (315-464-5437) and speak with charge nurse to give verbal permission to begin the evaluation while parent is in route to C-PEP	School Counselor, School Social Worker, and/or School Psychologist		
Call ahead to inform the charge nurse of the name of the student, report that police are transporting said student and provide some details of events that led up to referral to C-PEP, Golisano, or Helio.	School Counselor, School Social Worker, and/or School Psychologist		
Notify Health Services of incident (315-435-4145)	Principal		
Provide support to other students and staff as needed	School Counselor, School Social Worker, and/or School Psychologist		
Immediately following the incident (within 24 hours), create a safety plan (utilize Stanley-Brown Safety Plan Template) for the student's return and plan for the student's return to school	School team working with the student in conjunction with Principal and School Counselor, School Social Worker, and/or School Psychologist		
Ongoing: communicate with staff at hospital about student's progress and anticipated discharge	School Counselor, School Social Worker, and/or School Psychologist		
Schedule student on SIT schedule for the next meeting date. For Students with Disabilities: upon discharge, schedule a CSE meeting to discuss programmatic support and services	Principal in conjunction with Administrator in charge of Special Education (as needed)		

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen with Triage Points for Schools

	Past Month	
Ask questions that are bold and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts of killing yourself?		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Have you been thinking about how you might do this? *e.g. "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."*		
4) Have you had these thoughts and had some intention of acting on them? *as opposed to "I have the thoughts but I definitely will not do anything about them."*		
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?		
6) Have you ever done anything, started to do anything, or prepared to do anything to end your life? Examples: Took pills, tried to shoot yourself, cut yourself, or hang yourself, 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, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc. **If YES, ask: *Was this within the past 3 months?***	**Lifetime** **Past 3 Months**	

POSSIBLE RESPONSE PROTOCOL TO C-SSRS SCREENING

Item 1	✓	Behavioral Health Referral
Item 2	✓	Behavioral Health Referral
Item 3	✓	Behavioral Health Referral
Item 4	✓	Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency Room
Item 5	✓	Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency Room
Item 6 *Lifetime*	✓	Behavioral Health Referral
Item 6 *Past 3 Months*	✓	3 months ago or less: Student Safety Precautions and psychiatric evaluation by crisis team/EMT/ Emergency Room

SELF-HARM NOTIFICATION/DOCUMENTATION

Student's Name_____Grade_____Date_____

School Professional's Name_____Position_____

1. Is the student at imminent risk of suicide? _____Yes _____No

   If yes, were emergency medical services needed? _____Yes _____No

2. Is the suicide threat due in part to abuse or neglect? If yes, contact CPS immediately. _____Yes _____No

3. Administrator Notified:_____

4. Parent(s) Phone Number:_____(work)_____(home)_____(cell)

5. Time of Phone Call:_____

6. Have you assured the parent the student safe? _____Yes _____No

7. Have you stated the policy requirement for the call, citing Board Policy 5430?
   _____Yes _____No

8. Is the parent aware of the student's mental state? _____Yes _____No

9. Is the parent willing to obtain or has obtained mental health counseling for the student?_____Yes ____No

10. Have you recommended counseling resources? _____Yes _____No

    List referrals:_____ _____

11. Who will facilitate the referral? _____School_____Parent

12. Summarize the parent(s) response to phone call:

    _____

    _____

13. Follow-up contact (one to two weeks later) and current status.

    _____

    _____

Notes:

A. A student who is at imminent risk of suicide must remain under adult supervision until a parent or other authorized individual accepts responsibility for the student's safety.

B. If unable to contact either parent or guardian by the end of the school day, follow the school's crisis management plan for seeking treatment without the parent(s) authorization.

C. If parental contact is made and in the course of this contact relevant issues of abuse or neglect are discovered (e.G., A parent acknowledges the child's suicidal intent, but indicates no intent to act for the well- being of the child), notify cps immediately.

STANLEY - BROWN SAFETY PLAN

STEP 1: WARNING SIGNS:

1. _____
2. _____
3. _____

STEP 2: INTERNAL COPING STRATEGIES – THINGS I CAN DO TO TAKE MY MIND OFF MY PROBLEMS WITHOUT CONTACTING ANOTHER PERSON:

1. _____
2. _____
3. _____

STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:

1. Name: _____ Contact: _____
2. Name: _____ Contact: _____
3. Place: _____ Address: _____
4. Place: _____ Address: _____

STEP 4: PEOPLE WHOM I CAN ASK FOR HELP DURING A CRISIS:

1. Name: _____ Contact: _____
2. Name: _____ Contact: _____
3. Name: _____ Contact: _____

STEP 5: PROFESSIONALS OR PROFESSIONAL SERVICES I CAN CONTACT DURING A CRISIS:

1. Professional/Services Name: _____ Phone: _____
   Emergency Contact: _____
2. Professional/Services Name: _____ Phone: _____
   Emergency Contact: _____
3. Emergency Department: _____
   Emergency Department Address: _____
   Emergency Department Phone: _____
4. Crisis Line Phone (e.g. 988): _____

STEP 6: MAKING THE ENVIRONMENT SAFER (PLAN FOR LETHAL MEANS SAFETY):

1. _____
2. _____

Stanley-Brown
Safety Planning Intervention

RESOURCE LIST OF COMMUNITY SERVICES FOR STUDENTS WITH SUICIDE IDEATION/SELF-HARM

Listed below are resources for a student experiencing suicide ideations/self-harm.

FACILITY	PHONE NUMBER
Suicide Prevention CNY Suicide & Crisis Lifeline	988 Call or Text
Helio Health Intensive Crisis Stabilization Clinic 329 N. Salina St. Syracuse, NY 13203	(315) 434-5333
Upstate Golisano Children's Hospital One Children's Circle Syracuse, NY 13210	(315) 464-5540
CONTACT Community Services, Inc. 6311 Court Street Rd. East Syracuse, NY 13057	(315) 251-1400 or (315) 251-0600 (24-hour hotline)
St. Joseph's Health Hospital CPEP 301 Prospect Ave. Syracuse, NY 13203	(315) 448-6555
Syracuse Community Health Center 930 S. Salina St. Syracuse, NY 13202	(315) 476-7921

Protocol for Responding to Behavioral Crisis

BEHAVIORAL CRISIS is being described by District Response Team (DRT) as: A serious situation in which a person's behavior, actions, or verbal threats, places them or others at immediate risk, or currently impairs their ability to function in daily life and the community.

MENTAL HEALTH CRISIS is described by DRT as: A situation in which an individual's emotions, thoughts, and/or behaviors put them at risk of harming themselves or others. It can also refer to a person not being able to function at the appropriate development stage that they are in, and/or is unable to care for themselves.

Utilize the **short form Low, Moderate and High Acuity** charts below to help regulate the student experiencing a behavioral/mental health crisis.

ACUITY CHART (SHORT FORM)

LOW ACUITY

BEHAVIORS THAT MIGHT BE SEEN	POSSIBLE RESPONSES
• Refusing to follow directions/complete work • Withdrawing from preferred activities • Change in voice volume or change in use of language • Elopement from area to seek out preferred adult or escape perceived stressful area • Mental health concerns about self or others without risk of harm	• Active Listening • Remove any current demands • Give student space and time if requested • Attempt to involve as few people as possible while maintaining safety • Do not attempt to discuss triggers until student has returned to baseline in the future • Follow any student specific plans

MODERATE ACUITY

BEHAVIORS THAT MIGHT BE SEEN	POSSIBLE RESPONSES
• Uncharacteristic Yelling, Swearing, and/or Spitting • Destroying property or throwing objects ***WITHOUT*** direct intent to harm self or others • Elopement to either run, hide, or seek out conflict with another • Mental health concerns with direct or indirect statements about self- or other- harm ***WITHOUT*** immediate thoughts/plans/means/intent	• Continue strategies from Low Acuity • Use short statements that are easily understood and can be simply answered (maybe yes/no questions at this time) • Understand that the student may not be able to verbally answer questions at this time. Might have to evaluate based on physical ability/willingness to follow simple commands • Adults need to maintain calmness and control of their own emotions and not react negatively • Parents/Guardians should be notified • Follow any student specific plans

HIGH ACUITY

BEHAVIORS THAT MIGHT BE SEEN	POSSIBLE RESPONSES
• Student is at ***IMMINENT*** risk of danger to self or others • Destroying property or throwing objects ***WITH*** direct intent to harm self or others • Elopement with the goal to harm self or another • Mental health concerns with direct or indirect statements about self- or other- harm ***WITH*** immediate thoughts/plans/means/intent	• Continue strategies from Low and Medium Acuity • Call for additional support as needed (DRT, Police, additional administration, Ambulance) • Attempt to control the environment if possible (remove objects that could be used as weapons, least number of staff that will maintain safety) • Parents/Guardians should be notified and encouraged to respond to school immediately • Follow any student's specific plans • If Mental Health issue, make sure a Risk Assessment has been completed

If the Building Crisis Response Team is unable to support with returning a student to baseline and student continues to be dysregulated, follow the responding to Behavioral Crisis Protocol checklist below:

CRISIS BEHAVIOR PROTOCOL CHECKLIST

Procedure	Responsible Person(s)	Time Completed	Initials
Maintain student confidentiality	All involved professionals		
Make sure that the student is in a safe location	Administrator/Support Staff		
Utilize Crisis Acuity Scale for suggested supports	Administrator/Support Staff		
Complete Columbia Screener Scale/Self-Harm Notification if needed.	School social worker, school counselor, school psychologist, nurse		
Notify and inform Building Crisis Response Team if possible.	Administrator/Support Staff		
Alert SRO or School Sentry	Administrator		
Identify incident lead and administrator supporting	Principal in conjunction with school counselor, school social worker, or school psychologist		
Call parent/guardian regarding crisis and request that the parent comes to school. Request translation services through DRT if needed	Administrator/Support Staff		
Notify relevant outside service providers (consent required)	School counselor, school social worker, and/or school psychologist		
Inform Student Support Services of the event (Janel Milana, Thersea Bowers, Bruno Primerano, Laura Kelley) and determine if support from District Crisis Response Team is need.	Principal		
Decide whether to recommend parent/guardian, a referral to C-PEP (201 Prospect Ave), Golisano Children's Hospital (766 Irving Ave), or Helio Health Stabilization Clinic (329 N. Salina St.); designate person responsible for informing parent/guardian of recommended plan	Principal in conjunction with school counselor, school social worker, or school psychologist		
Obtain release of information from parent and accompany parent/guardian or authorities to C-PEP, Golisano, or Helio (stay at least 60 minutes to help parent/guardian navigate the medical system and ensure understanding of what is going on)	School counselor, school social worker, and/or school psychologist		
Contact Office of Student Support Services for assistance to determine if school should notify SRO or DPS to request police transport to C-PEP or Golisano if parent is not available to transport. Follow call readiness protocols	Principal		
Request that parent/guardian call C-PEP (315-448-6555) or Golisano Children's Hospital Pediatrics ER (315-464-5565) or Pediatric After Hour Services (315-464-5437) and speak with charge nurse to give verbal permission to begin the evaluation while parent is in route to C-PEP	School counselor, school social worker, and/or school psychologist		
Call ahead to inform the charge nurse of the name of the student, report that police are transporting said student and provide some details of events that led up to referral to C-PEP, Golisano, or Helio.	School counselor, school social worker, and/or school psychologist		
Notify Health Services of incident (315-435-4145)	Principal		
Provide support to other students and staff as needed	School counselor, school social worker, and/or school psychologist		
Immediately following the incident (within 24 hours), create a safety plan (utilize Stanley-Brown Safety Plan Template) for the student's return and plan for the student's return to school	School team working with the student in conjunction with Principal and school counselor, school social worker, and/or school psychologist		
Ongoing: communicate with staff at hospital about student's progress and anticipated discharge	School counselor, school social workers, and/or school psychologist		
Schedule student on SIT schedule for the next meeting date. For Students with Disabilities: upon discharge, schedule a CSE meeting to discuss programmatic support and services	Principal in conjunction with Administrator in charge of Special Education (as needed)		
Complete Acuity Scale and Strategies form with student to help with future events.	School counselor, school social worker, and/or school psychologist		

MENTAL HEALTH CRISIS RESPONSE

Student Support Services: x 4131

District Response Team: 315-706-2662

Crisis Connect: 315-251-0800

Student is actively engaged in causing serious harm to self (suicide attempt)

YES → **STOP Call 911**

1. Contact Assistant Supt.
2. Contact Student Support Services: Chief Kelley

NO

Student is demonstrating behaviors associated with mental health factors and/or has verbalized suicidal intent

1. Bring student to a calm location
2. Contact building adminstrator
3. Contact building support staff

SUICIDAL THREAT

1. Complete Columbia Assessment
2. Create and/or Review Safety Plan

Low Risk

1. Complete Safety Plan with student
2. Contact parent/guardian/emergency contact
3. Share safety plan with parent/guardian
4. Plan for the student to safely remain in school and return home

Moderate/High Risk

1. Contact parent/guardian/emergency contact
2. Keep student supervised

BEHAVIORAL DYSREGULATION

Low/Moderate Risk Student is at the Agitated or Aggression Stage

1. Give student time and space and attempt to return to baseline
2. Control the environment
3. Support Team:
   a. SIT: Create ICSP
   b. Progress monitor
4. Connect family with community resources as needed

High Risk Student is at the Outburst/Violence Stage

1. If student has been at this stage for an extended period of time and unable to effectively de-escalate, **contact the District Response Team**
2. Contact parent/guardian/emergency contact and inform them of the situation
3. Keep student supervised

Continue to use de-escalation techniques

If the student cannot de-escalate, determine if the student needs further assessment at a stabilization clinic (Upstate, Hello, CPEP)

Determine if the parent/guardian can transport to a crisis stabilization clinic

YES → **If parent/guardian is reached and can transport**

Call ahead to crisis stabilization clinic (Upstate, CPEP, Hello)

NO

If parent/guardian cannot be reached, call emergency contacts

If parent/guardian/emergency contact is reached but cannot transport and in agreement for further assessment; -- OR -- parent/guaridan/emergency contact cannot be reached: **Call for District Response Team**

If a student is not de-escalated and cannot be safely transported by the District Response Team → **STOP Call 911**

CRISIS ACUITY SCALE

	LOW		MODERATE		HIGH		SEVERE
DESCRIPTION	Stressors, changes in behaviors, mental health/substance use symptoms that are present, symptoms are manageable with the use of wellness tools and are able to remain in the school. Changes in behavior may look like: • Refusing directions • Refuses to complete work/task • Withdrawal • Increase or decrease in voice volume • Elopement to seek support or escape a stressful environment		Student is demonstrating verbal aggression but has not demonstrated physical aggression Child is at risk of becoming a danger to self or others. Behaviors for aggression may look like: • Yelling/Swearing • Spitting • Destroying property: ripping items off walls, knocking over desk or chairs • Throwing objects without intent to harm • Threatening harm to self which may include suicidal threats • Threatening peer or adults • Elopement with the goal to run away or hide • Elopement to seek conflict with another student or adult • Exiting the school without regard to safety or potential		Child is at imminent risk of danger to self or others.		**Child has been hurt or others have been hurt**
CRISIS STAGE	**AGITATION STAGE:** Does not elevate to the need for crisis intervention	**Goal:** To de-escalate student back to baseline and return to classroom	**AGGRESSION STAGE:** May not elevate to the need for crisis intervention	**Goal:** To de-escalate student back to baseline and return to classroom **This stage may require additional time and supports*	**OUTBURST/ VIOLENCE:** Child is at imminent risk of danger/harm to self or others	**Goal:** To keep the student safe from harm to self or others	**CALL 911**
CRISIS RESPONSE/INTERVENTION	Provide student with internal school supports such as: • Give student space and time • Offer a break • Connect the student to a trusted adult / support coach in the building • Avoid interaction with other staff members who are not involved in the situation • Use active listening strategies, reflect the student's feelings, reassure your support • Avoid statements of blame or threat of consequences or discipline • Respond based on any crisis or behavior plan specific to the child • Remove demand(s) • Find a quiet location if needed • Communicate with student and/or family after the event		Provide student with internal school supports such as: • Continue to support the student with strategies used in the Agitation Stage • Respond based on any crisis or behavior plan specific to the child • Provide short statements that are easily understood and give student time to process and respond • Manage the environment to neutralize potential triggers such as removing student from location OR remove audience from location. • If removed to an alternate location, maintain student in a safe location in the school building where the environment can be controlled (free of objects/ items that could be used as weapons or present a safety hazard to student or others) • Adults should stay in control of their emotions: use a calm voice and use non-threatening body language • Seek additional adult support as needed • Complete suicide rating scale as appropriate	Some of these cases may be appropriate for Mobile Crisis with the following criteria: • School staff have followed the strategies listed above but student has remained in crisis for an extended period of time • Parent/Guardian has been called to inform them that their child has been in crisis and parent/guardian cannot be reached and/or is unable to come to the school • Parent/guardian has also been unable to deescalate the student. Parent/guardians should not be called in cases of disclosure of abuse/neglect. • Suicide risk assessment has been completed and the student is deemed at high risk	• Continue to support the student with strategies used in the Agitation and Aggression Stages • In cases of suicidal ideation, a risk assessment has been completed and the student is deemed at high risk of lethality • Maintain the student in a safe location in the school building where the environment can be controlled (free of objects/items that could be used as weapons or present a safety hazard to student or others) • Contact parent/guardian or designated emergency contact and release child to that person so that they may be taken for an evaluation. If unable to reach caregiver or designated emergency or caregiver denies evaluation contact Call mobile crisis team at 315-251-0800. • Parent/guardians should not be called in cases of disclosure of abuse/neglect		**Contact caregiver or designated emergency contact to notify them of the situation**

CRISIS ACUITY PLAN TEMPLATE

Student Name _____ DOB _____

School _____ Grade _____ Date _____

Person(s) completing form _____

Describe the behavior in observable terms

BASELINE	**Student Behavior**	**Triggers**	**Daily Prevention Strategies**
	What is the student doing? What does the behavior look like?	*What is likely to set off the behavior?*	*What can staff do to ensure the behavior doesn't occur?*
AGITATION	**Student Behavior**	**Triggers**	**Prevention Strategies**
	How do you know the student is starting to become distressed?	*What contributes to or worsens the student's behavior?*	*How should staff respond to prevent further problems?*
AGGRESSION	**Student Behavior**	**Triggers**	**Prevention Strategies**
	What are the lower-level behaviors? What does it look like?	*What contributes to or worsens the student's behavior?*	*How should staff respond to de-escalate the situation?*

OUTBURST/ VIOLENCE	**Student Behavior**	**Co-Regulating Strategies**
	What is the student doing? What does the behavior look like?	*How should staff respond to support with the student's recovery?*
RECOVERY	**Student Behavior**	**Recovery Strategies**
	What is the student doing? What does the behavior look like?	*How should staff respond to speed up recovery and preserve relationships?*

REQUESTING TRANSLATION SERVICES DURING AN EMERGENCY

In the event of a crisis where immediate language translation is required, staff members with access to Language Line and the appropriate access code should be contacted to assist in securing an interpreter.

Building-Level Contacts:

- Principal
- School Nurse
- ENL (English as a New Language) Teacher

District-Level Contacts:

- Director of Student Support Services
- Director of Mental Health Services
- Department of Multilingual and Cultural Education

Important Notes:

- Ensure that the Language Line access code is readily available to designated staff.
- In urgent situations, prioritize contacting the building principal or nurse for immediate assistance.
- For ongoing or complex translation needs, district-level contacts can provide additional coordination and resources.

EMERGENCY MOBILE SUPPORT REQUEST: CALL READINESS GUIDE

In an emergency situation requiring mobile support, being prepared before making the call is critical to ensure an effective response. When contacting support services, have the following information ready:

Key Contacts:

- SCSD District Response Team: 315-706-2662
- Crisis Connect Initial Triage: 315-251-0800
- Emergency Services: 911

Before Calling, Be Ready to Provide:

1. **Your Identity & Location**
   Clearly state that you are a school staff member and specify your school building.
2. **Your Contact Information**
   Provide your full name, position, and a direct phone number where you can be reached.
3. **Student Information**
   Share the child's full name and date of birth.
4. **Type of Support Needed**
   Indicate the nature of the support required:
   - ☐ De-escalation
   - ☐ Risk assessment
   - ☐ Transport to hospital
5. **Students Mental and/or Behavioral Health Status**
   Describe the nature of the student's mental health crisis.
   - Is the student responding to school's intervention attempts?
   - Has the student caused physical injury to themselves or others?
   - Is the student dysregulated and unable to reach baseline despite intervention and supports?
6. **Guardian Communication**
   State whether you have contacted the guardian and if they are in route to the school.

PROTOCOL FOR VOLUNTARY/INVOLUNTARY TRANSPORT

This protocol will be used when a Youth/Child has been deemed in crisis by individuals on the Crisis Team or trained in Crisis Intervention. The steps listed below should be followed after other measures have been implemented and de-escalation has not occurred. School administration may determine to contact mobile crisis as another intervention in which mobile crisis would respond to the person's preferred location to further assess the need of the youth.

1 Appointed personnel will contact guardian/ parent. If guardian/parent agrees, the child will be dismissed to parent/guardian, and/or designated emergency contact and transported (by family member) to CPEP for evaluation. This will be constituted as a VOLUNTARY admission.

- Parents are responsible for the transportation of their student to the hospital (University Pediatric Emergency Room or St. Joe's CPEP)
- In the event that the family is unable to transport, the building principal will designate a staff member to transport the child and communicate with the hospital. The Syracuse City School District Department of Public Safety may assist with the transport.

2 In the event the youth/child along with parent/ guardian denies evaluation, OR parent/ guardian is unreachable, this will constitute as an INVOLUNATRY admission. The steps below should be followed:

- Syracuse City School District Personnel must attempt to complete a Columbia Screen
- The appointed personnel will contact Mobile Crisis Outreach Team for a second opinion.
- Mobile Crisis Outreach Team will complete an assessment and IF determined that an evaluation is needed, a 9.58 will be initiated. The 9.58 will order police or an ambulance to transport the child.
- The primary means of transportation for a student in crisis should be an ambulance.
- If mobile crisis does not determine based on its own assessment that a child meets criteria for emergency admission, the mobile crisis team will work together with the building crisis team to discuss next steps and/or develop the safety plan.
- Syracuse City School District staff will notify the hospital (St. Joes or Upstate) before transport that police are transporting youth for evaluation. (Custody)
- An SPD officer will arrive at the location. SCSD designated personnel from the school site will accompany the student and SPD will transport youth/child to appropriate emergency room/ facility for evaluation. School personnel stay with the child until they can communicate with the hospital nurse and are able to leave. School staff must come with the contact information of family/caregivers/emergency contacts. SPD will only provide transportation to emergency room /or facility with youth and designated personnel from school sites.
- In the event that the student will not de-escalate, SPD will follow their policy and procedure with respect to use of force (i.e., additional time and space). In the event that additional time and space is needed, the mobile crisis team and/or police will work together with the building crisis team to discuss the next steps and/or develop the safety plan.

PLEASE NOTE: According to the NY State Emergency Admission the following can be available for transport:

- Ambulance services
- Peace or Police officer

NYS MENTAL HYGIENE LAW EMERGENCY ADMISSION POWERS:

Criteria Emergency Admission:

- A substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to him/herself.
- A substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm.

9.45 Emergency admission-DCS or Designee

- 9.45 of the NYSMHL allows Power to direct the removal of any person, within his/her jurisdiction to a hospital or CPEP. If an authorized person reports that the person has a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious harm to self or others.

9.41 Peace or Police officer

- 9.41 of the NYSMHL allows a police officer to take into custody any individual for evaluation if the person appears to be mentally ill and is conducting themselves in a manner which is likely to result in serious harm to themselves or others, and when there is a substantial risk of physical harm.

9.58 Mobile Crisis Outreach Team, physician, or qualified mental health professional

- A physician or qualified mental health professional who is a member of an approved mobile crisis outreach team shall have the power to remove, or pursuant to subdivision to direct the removal of any person who appears to be mentally ill and is conducting themselves in a manner which is likely to result in serious harm to themselves or others, to a hospital or CPEP.

Identifying Students At-Risk and Supports

Use the following materials to support during and following a crisis to assist with identifying students that might be ask risk of being traumatically impacted by the event and how to support them.

SUGGESTED CRITERIA FOR IDENTIFYING STUDENTS "AT-RISK" AS A RESULT OF A CRISIS EVENT

1. **Known previous suicide attempt.**

2. **Verbal or written expression of wish to die, fascination with suicide, excessive preoccupation with dying – sometimes expressed indirectly through artwork or creative writing assignments.**

3. **Students who show extreme reaction to news of the crisis situation (e.g., uncontrolled crying, laughter, etc.).**

4. **Friends of the victim.**

5. **Students in an organized group with the victim (e.g., sports team, chorus, class, etc.).**

6. **Students who have undergone a recent loss, humiliating experience, stress, etc. (e.g., the break-up of a relationship; death of a friend, parent, relative; recent family divorce; move to a new location or school; pregnancy; family problems; school problems; etc.)**

7. **Students who:**
   - Appear to be socially isolated;
   - Express that they have consistent difficulty sleeping;
   - May be known or suspected drug or alcohol abusers;
   - Appear to take excessive risks for fun; and/or
   - Have had a dramatic change in mood or behavior within the last few months.

AT-RISK TRIAGE SUMMARY SHEET

CONFIDENTIAL, FOR SCHOOL CRISIS TEAM ONLY

Date	Name	Teacher	Risk Rating[1]	Risk Category[2]	Crisis Intervener	Crisis Intervention(s) Provided	Parental Contact[3]	Status[4]
	1.							
	2.							
	3.							
	4.							
	5.							
	6.							
	7.							
	8.							
	9.							
	10.							
	11.							
	12.							
	13.							
	14.							
	15.							
	16.							
	17.							
	18.							
	19.							
	20.							

Note. This form is used to assist in the documentation of psychological triage decisions; also for use in conjunction with the Primary Risk Screening Form in Handout 17. From Preparing for Crises in the Schools (p. 140), by S. E. Brock, J. Sandoval, and S. Lewis, 2001, New York, NY: Wiley. Copyright 2001 by John Wiley & Sons. Adapted with permission.

[1] Record initial risk screening rating from the Primary Risk Screening form.

[2] Record the risk category(ies) that is (are) likely to have caused psychological trauma. Category Codes: V = Victim; I = directly involved; W = witness; F = familiarity with victim(s); MI = preexisting mental illness; DIm = developmental immaturity; TH = trauma history; R = lack of resources; Em = severe emotional reactions; PT = perceived threat.

[3] Record information regarding parental contact. Parental Contact Codes: SM = attended school meeting; HV = home visit; Ph = phone contact.

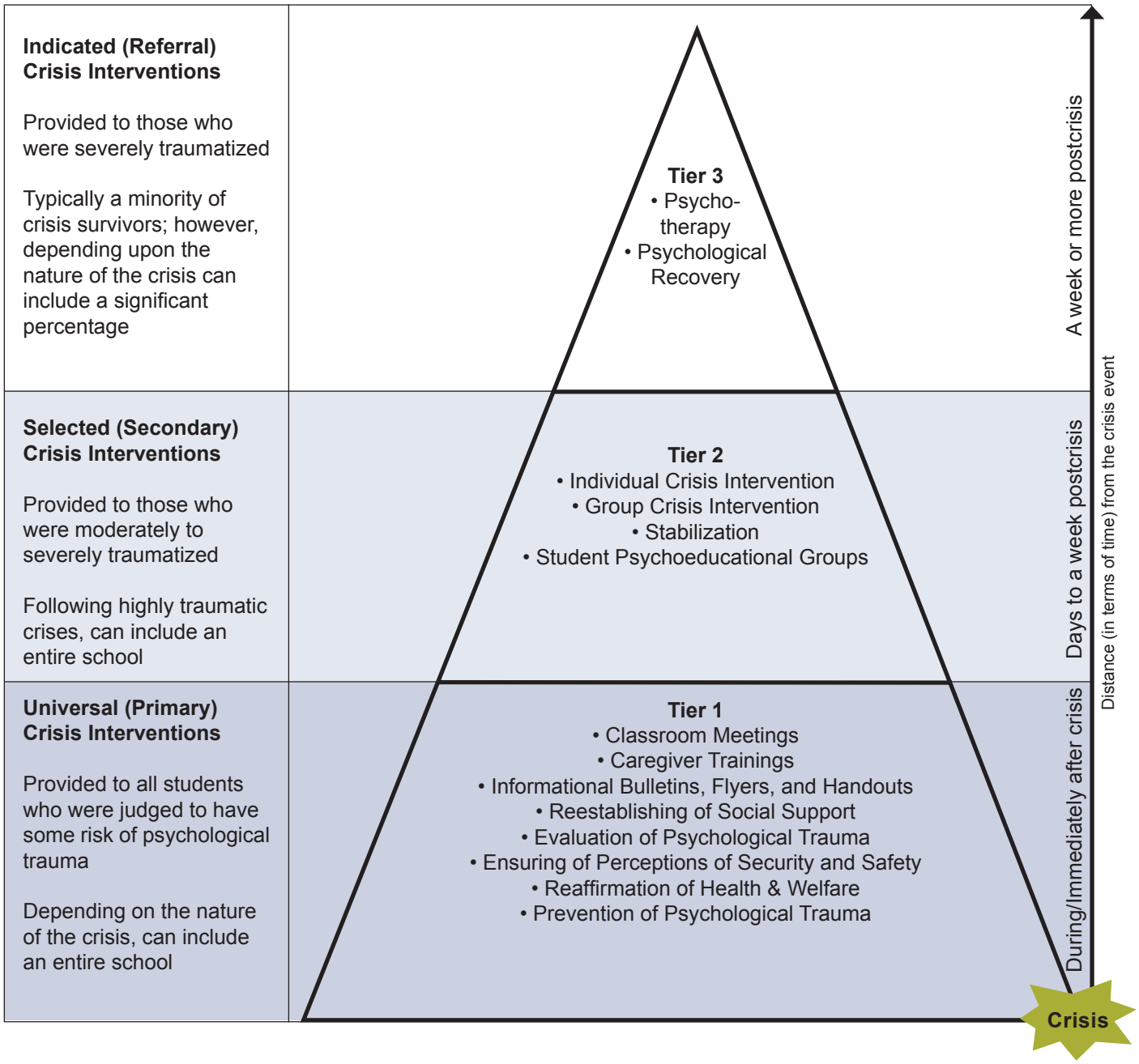
[4] Record information regarding the current need for crisis intervention services and support. Status Codes: A = active (currently being seen); W/C = watch and consult (not currently being seen); F↑ = needs follow-up; I/A = inactive (not being seen and no follow-up is judged to be needed); PT = community-based psychotherapeutic treatment referral (immediate crisis intervention not sufficient).

PSYCHOLOGICAL TRAUMA RISK CHECKLIST

Low Risk	Moderate Risk	High Risk
Physical distance from trauma ☐ Out of vicinity of crisis site	☐ Present on crisis site	*Physical closeness to trauma* ☐ Crisis victim or eyewitness
Emotional distance from trauma ☐ Did not know victim(s)	☐ Friend of victim(s) ☐ Acquaintance of victim(s)	*Emotional closeness to trauma* ☐ Child or sibling of victim(s) ☐ Relative of victim(s) ☐ Best friend of victim(s)
Internal resilience ☐ Active coping style ☐ Mentally healthy ☐ Socially connected ☐ No trauma history ☐ High developmental level ☐ Good sense of self-efficacy ☐ Low psychophysiological arousal level ☐ Optimistic outlook on life	☐ No clear coping style ☐ Questions exist about precrisis mental health ☐ Some difficulties with social connectedness ☐ Trauma history ☐ At times appears immature ☐ Marginal sense of self-efficacy ☐ Moderate psychophysiological arousal level ☐ Ambivalent outlook on life	*Internal vulnerability* ☐ Avoidance coping style ☐ Precrisis psychopathology ☐ Socially withdrawn ☐ Significant trauma history ☐ Low developmental level ☐ Poor sense of self-efficacy ☐ High psychophysiological arousal level ☐ Pessimistic outlook on life
External resilience ☐ Living with nuclear family members ☐ Good family functioning ☐ No parental traumatic stress ☐ No family trauma history ☐ Parent(s) mentally healthy ☐ Good social resources/relations ☐ Acknowledges multiple social resources	☐ Living with some nuclear family members ☐ Family functioning at times challenged ☐ Some parental traumatic stress ☐ Some history of family trauma ☐ Possible parental psychopathology ☐ Social resources/relations at times challenged ☐ Acknowledges few social resources	*External vulnerability* ☐ Not living with any nuclear family members ☐ Poor family functioning ☐ Significant parental traumatic stress ☐ Family history of PTSD ☐ Parental psychopathology ☐ Poor or absent social resources/ relations ☐ Perceived lack of social support
Immediate reactions during the crisis ☐ Remained calm during the crisis event	☐ Displayed mild to moderate distress during the crisis event	*Immediate reactions during the crisis* ☐ Displayed acute distress (e.g., fright, panic, dissociation) during the crisis event
Current/ongoing reactions & coping ☐ Only a few common crisis reactions displayed ☐ Coping is adaptive (i.e., it allows daily functioning at precrisis levels)	☐ Many common crisis reactions displayed ☐ Coping is tentative (e.g., the individual is unsure about how to cope with the crisis)	*Current/ongoing reactions & coping* ☐ Mental health referral indicators displayed (e.g., acute dissociation, hyperarousal, depression, psychosis) ☐ Coping is absent or maladaptive (e.g., suicidal/homicidal ideation, substance abuse)
TOTAL LOW:	**TOTAL MODERATE:**	**TOTAL HIGH:**

Note. The checklist is used to classify psychological trauma risk factors and warning signs into low-, moderate-, and high-risk categories. From "Best Practices in School Crisis Intervention" (p. 785), by S. E. Brock and J. Davis. In A. Thomas and J. Grimes (Eds.), *Best Practices in School Psychology V*, 2008, Bethesda, MD: National Association of School Psychologists. Copyright 2008 by the National Association of School Psychologists. Adapted with permission.

LEVELS OF SCHOOL MENTAL HEALTH CRISIS INTERVENTIONS



Note. Adapted from "Best Practices for School Psychologists as Members of Crisis Teams: The PREPaRE Model" (p. 1495), by S. E. Brock, A. B. Nickerson, M. A. Reeves, & S. R. Jimerson. In A. Thomas & J. Grimes (Eds.), *Best Practices in School Psychology V,* 2008, Bethesda, MD: NASP. Copyright 2008 by the National Association of School Psychologists. Adapted with permission.

Community Resources

SYRACUSE CITY SCHOOL DISTRICT RESOURCE LIST OF COMMUNITY MENTAL HEALTH SERVICES

Facility	Phone Number	Address
988 Suicide and Crisis Lifeline	988	National Suicide Prevention Lifeline
CNY Crisis Network	(315) 251-0800	
Onondaga County Sherriff's Office	(315) 435-3044 or 911	(In extremely dangerous situations, the police should be called first to secure the safety of the student)
CONTACT Community Services, Inc.	(315) 251-1400 (315) 251-0600 - 24-hour hotline	6311 Court Street Rd. East Syracuse, NY 13057
211 CNY	(315) 251-1400 (315) 251-2218	6311 Court Street Rd. East Syracuse, NY 13057
Access CNY	(315) 455-7591	1603 Court Street Syracuse, NY 13208
Helio Health	(315) 434-5333	329 N. Salina St. Syracuse, NY 13203
UPSTATE Psychiatric High-Risk Program	(315) 464-3117	719 Harrison St, 3rd Floor Syracuse, NY 13210
NAMI (National Alliance on Mental Health)	(315) 464-3117	719 Harrison St, 3rd Floor Syracuse, NY 13210
St. Joseph's Health Hospital Comprehensive Psychiatric Emergency Program (CPEP)	(315) 448-6555	301 Prospect Ave., 2nd Floor, Syracuse, NY 13203
Syracuse Community Health Center	(315) 476-7921	930 South Salina Street Syracuse, NY 13202
Liberty Resources	(315) 472-4471	1045 James Street Syracuse, NY 13204
Arc of Onondaga	(315) 432-0628	2309 James Street Syracuse, NY 13206
McMahon Ryan Child Advocacy Center	(315) 701-2985	601 E. Genesee St. Syracuse, NY 13202
Hope for Bereaved, Inc.	(315) 475-9675 (315) 475-4673	4500 Onondaga Blvd. Syracuse, NY 13219

http://www.ongov.net/mentalhealth/localproviders.html Click "Mental Health One Page Resource Directory" NOTE: In talking with the parent, counselors may provide the names of other community counseling resources if appropriate and offer to facilitate the referral

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The Syracuse City School District hereby advises students, parents, employees and the general public that it is committed to providing equal access to all categories of employment, programs and educational opportunities, including career and technical education opportunities, regardless of actual or perceived race, color, national origin, Native American ancestry/ethnicity, creed or religion, marital status, sex, sexual orientation, age, gender identity or expression, disability or any other legally protected category under federal, state or local law.

Inquiries regarding the District's non-discrimination policies should be directed to:

Civil Rights Compliance Officer
Syracuse City School District
725 Harrison Street • Syracuse, NY 13210
(315) 706-2662
CivilRightsCompliance@scsd.us