C-SSRS Suicide Screening Tool

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Student's Legal Name:	**Date:** Click or tap to enter a date.
Person(s) Conducting the Suicide Risk Screening:	**ID & DOB:**

SUICIDE IDEATION DEFINITIONS & PROMPTS (Read questions as written)	**Current**	
SUICIDAL THOUGHTS		
1. Do you wish you were dead or wish you could go to sleep and not wake up?	☐ **YES**	☐ **NO**
2. Do you have any thoughts of killing yourself?	☐ **YES**	☐ **NO**
If *YES* to Question # 2, ask questions 3, 4, 5, and 6. If *NO* to 2, go directly to question 6.		
INTENT:		
3. **Are you having thoughts about how you might hurt yourself or kill yourself?** (e.g., "*I thought about taking pills, 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.*")	☐ **YES**	☐ **NO**
4. **Are you having these thoughts and have the intention of acting on them?** *As opposed to "I have the thoughts, but I definitely will not do anything about them."*	☐ **YES**	☐ **NO**
PLAN & MEANS		
5. **5A - PLAN:** How would you do it? How would you end your life? ***Describe in the youth's words:*** *(example: student stated "I plan to take pills tonight, I have rope at home, I plan to…")*	☐ **YES**	☐ **NO**
5B - PLAN (Behaviors): Have you started to work out the details of how to kill yourself?	☐ **YES**	☐ **NO**
5C – MEANS (Access): Do you have access now to whatever you need to carry out your plan? If yes: Where?	☐ **YES**	☐ **NO**
ALWAYS ASK QUESTION 6 – Past Behaviors		
SUICIDE BEHAVIOR QUESTION		
6. In the past, have you ever done anything, started to do anything, or prepared to do anything to end your life?	☐ **YES**	☐ **NO**
If ***YES*** to question 6, ask: Was this in the past three months?	☐ **YES**	☐ **NO**
Examples of suicidal behaviors: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but did not swallow any, etc. **Sample questions:** Have you made a suicide attempt? Have you done anything to harm yourself? Have you done anything dangerous where you could have died? Did you do it purely for other reasons / without ANY intention of killing yourself (like to relieve stress or feel better.		
NOTE: Follow the C-SSRS Support Process flowchart when you have a *Yes* to questions number *2, 3,* and/or *4*. Reference the back of this form for additional considerations.		

This version of the C-SSRS was adapted from the original version provided by The Research Foundation for Mental Hygiene, Inc.
AUHSD | Educational Services, School Mental Health & Wellness. Office#: 714-999-7734
Form SP1 – *Internal document only. Do not distribute copies for parents, students, or community providers.* Rev. July 2023

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ACTIONS TAKEN BY THE SITE

➢ Any ***YES*** indicates the need for further care. However, a ***YES*** answer to 4, 5 requires a call for an assessment.

RESPONSE TO RISK SCREENING AND ASSESSMENT		LOCAL AND COUNTY FIRST RESPONDERS
Items 1, 2, and 3	Mental Health Referral, Wellness Plan, and Call Parent/Caregiver	• ***Be Well OC: Youth Exodus Program:*** 714-410-3500 *(13 years & older, admitted by referral only, parent must go w/student)* • ***Centralized Assessment Team (CAT):*** 17 and under - 866-830-6011 • ***Psychiatric Emergency and Response Team (PERT):*** 18 and older - 866-830-6011 • ***Child Protective Services (CPS)*** - 714-940-1000 or 800-207-4464 • ***Be Well Mobile Response Unit:*** The unit is dispatched through the non-emergency police line or 911; can assist with non-medical transportation; a parent or school representative must accompany the student. Supports Anaheim, Garden Grove, Huntington Beach, and Irvine only.
Item 4	Student Safety Precautions and Further Assessment	
Item 5	Student Safety Precautions and Further Assessment	***Welfare Check Request:*** (student is at home or other location) • Anaheim Police Department: 714-765-1900 • Buena Park Police Department: 714-562-3902 • Stanton Police Department: 714-647-7000 • Cypress Police Department: 714-229-6600 • La Palma Police Department: 714-690-3370 Ask for the incident report number. This will make it easier to call back and request an update.
Item 6	Mental Health Referral, Wellness Plan, and Call Parent/Caregiver	

WHEN CALLING A COMMUNITY AGENCY (i.e., CAT, Be Well Center) TO REQUEST A CRISIS EVALUATION or SUPPORT WITH ADMISSION – *Document the name(s) of the person(s) taking the call or coming to the site. Take note of the time you called.*

Name of Community Provider(s): _____

1. Inform parents/caregivers of the actions you plan to take.
2. Have the child's legal name (with correct spelling), birth date, address, phone number, and parent/guardian name ready.
3. State that you are requesting a formal assessment or supporting the parent with admission to the Be-Well Center.
4. Make sure the youth and the parent are accessible at the time you place the call.
5. **Be prepared with the following:** Is the student a flight risk? Are parents informed? Does the parent and/or the youth agree with the actions you are taking or your recommendations? Are they willing to drive the student to the hospital? Any recent or previous hospitalizations?
6. Is the student transgender? If yes, use correct names and make sure you inform the clinician.

OUTCOMES OF THE SCREENING			
☐	The administrator checked the student's backpack.	**Actions Taken by the Centralized Assessment Team**	
		☐	The youth was not placed on a psych hold or hospitalized.
☐	No or low risk: The youth was released to the parent/legal guardian	☐	Transported by ambulance or police to the hospital for a psychiatric hold - Name of the hospital: _____
☐	The local police department responded to the home for a Welfare Check.	☐	In-home-crisis services offered by CAT clinicians
☐	The parent transported the student to the hospital. Name of the hospital: _____	☐	Other:

Actions taken with parent/legal guardian: *(All are required)*		**Actions that were taken with the youth:**	
☐	**Item 1, 2, & 3 - Calling Home:** Parent/legal guardian was informed of the risk screening, given guidance on what to do when they are concerned for student's safety, given resources, and reviewed the parent acknowledgment form	☐	Covered and completed the "Wellness Plan and Coping Strategies."
☐	**Items 4 & 5 – In person:** Parent/legal guardian signed the ***Parent Acknowledgment*** form*. (Parent was given the original, and a copy was retained for school records)*	☐	Discussed "Positive Self Talk" coping strategies
☐	The parent/Legal Guardian was given a copy of the ***Parents Guide to Helping.***	☐	Informed the youth about the ***Re-Entry*** meeting to support the transition back to school
☐	Informed parent of the required ***Re-Entry*** meeting		

Additional Notes: _____

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