

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

July 20, 2020

M E M O R A N D U M

TO: CHILDREN'S DIVISION AND CONTRACTED STAFF  
FROM: DAVID WOOD, DIRECTOR  
SUBJECT: SIGNS OF SUICIDE POLICY AND TRAINING REQUIREMENT

DISCUSSION:

The purpose of this memorandum is to introduce policy and a training requirement to address and support staff's role in responding to youth who may be at risk of suicide.

Nationally, suicide is the second most common cause of death for youth aged 15-24 years (CDC, 2017). In Missouri, suicide is the leading cause of death for youth aged 10-17 years and the second leading cause of death for 18-34 year-olds (DHSS, 2018). Research shows youth involved in the child welfare and juvenile justice systems have many risk factors associated with suicide. Additionally, children in foster care have increased rates of considering suicide and attempting suicide over their peers with no foster care history. Children's Division staff interface with countless teens and young adults across all program lines each year. This new training requirement and policy are intended to support staff in recognizing warning signs of youth in need, and knowing how to connect youth to appropriate mental health professionals when necessary.

**Signs of Suicide® Prevention Program – Trusted Adult Training Requirement**

The Signs of Suicide (SOS) Prevention Program is an evidence-based prevention model developed for middle school and high school students and taught in the school setting. The curriculum aims to increase awareness about behavioral health, help students learn to identify warning signs of suicide and depression, and encourages students to ACT (Acknowledge, Care, Tell) when they have worries about themselves or their peers.

The SOS Trusted Adult Training complements the students' curriculum by educating parents and school staff about the signs and symptoms of adolescent depression and suicide, enabling them to "ACT" on behalf of a youth in need. The SOS Trusted Adult curriculum was modified by the Children's Division Training Unit to help staff identify warnings signs of depression and suicide, and to provide steps to take to address safety

and well-being when a youth exhibits symptoms or asks for help, including engaging mental health professionals.

The SOS Trusted Adult Training is a web-based training located on the Employee Learning Center (ELC), Course # CD000607. The training is required to be completed by all frontline practitioners and supervisors. Current staff must complete the course within three (3) months of the publication of this memo. Staff hired after publication of this memo must complete the training within one (1) year of hire. The course will be added to staff's ELC Training Plan to be completed every three (3) years.

A *Resources Tab* is located at the end of the training course. Staff should review and download the resource materials to help guide difficult conversations and to make available to families in need of support. Resource materials available:

- Youth Depression & Suicide Myths & Facts
- Risk Factors, Warning Signs, and Precipitating Events
- Choosing the Right Mental Health Therapist
- Common Questions About Depression
- Getting Help – Treatment Works
- Supporting LGBTQ Students
- Youth Suicide: Populations at Elevated Risk
- Helping Youth Who Self-Injure
- Your Role in Preventing Youth Suicide
- Contact Information for: Suicide Prevention Resource Center, Suicide Prevention Lifeline, Suicide Text Line

### **Ensuring Safety and Documentation**

When staff suspect a youth is at risk of suicide or has unmet mental health needs, based on direct observation or reports from others, staff shall take steps to ensure the youth's safety by ensuring direct supervision of the youth by a trusted adult, while immediately engaging appropriate mental health professionals. There should be a deliberate transfer of intervention from staff to the mental health professionals trained to assess and manage the crisis. This may include the youth's therapist, if applicable and available, or it may involve contacting a crisis line for direction.

- Contact 9-1-1 if the youth has made a suicide attempt, or has verbalized suicide plans and has access to lethal means.

There may be more subtle signs of suicide that still require prompt attention. In this case:

- If the youth is already working with a mental health professional – a therapist, or a community behavioral health center worker – staff should make contact with this individual first due to the existing professional relationship.
  - If contact is made, staff shall follow the guidance provided by the mental health professional.

- If the youth does not have a current working relationship with a therapist or community behavioral health center worker - or they are unavailable at the point of attempted contact - staff shall contact:
  - Access Crisis Intervention (ACI) Hotline, see Department of Mental Health’s webpage for a [county map](#): A statewide, 24-hour crisis line that provides assistance or appropriate intervention, performing a mental health screening to render a clinical disposition for next steps, or
  - Suicide Prevention Lifeline, 1-800-273-TALK (8255): A national 24-hour hotline for individuals experiencing a suicidal crisis or emotional distress.

If it is believed a youth is at risk of suicide, the **youth must not be left alone** until contact is made with a mental health professional and guidance received for next steps. When applicable, staff must work with family members, resource providers, and other stakeholders to develop a plan for immediate and constant supervision. The discussion and plans made with the family to address safety issues and consultation from a mental health professional must be clearly documented in a contact note within the FACES case record.

<b>NECESSARY ACTION</b>	
<ol style="list-style-type: none"> <li>1. Review this memorandum with all Children’s Division staff.</li> <li>2. Review revised Child Welfare Manual chapters as indicated below.</li> <li>3. All questions should be cleared through normal supervisory channels and directed to:</li> </ol>	
<b>PDS CONTACT</b> Lori Masek 573-592-1007 <a href="mailto:Lori.L.Masek@dss.mo.gov">Lori.L.Masek@dss.mo.gov</a>	<b>MANAGER CONTACT</b> Ivy Doxley 573-526-1422 <a href="mailto:Ivy.C.Doxley@dss.mo.gov">Ivy.C.Doxley@dss.mo.gov</a>
<b>CHILD WELFARE MANUAL REVISIONS</b>	
Section 1 (Missouri Practice Model ), Chapter 9 ( Safety Planning), Subsection 6	
<b>FORMS AND INSTRUCTIONS</b>	
N/A	
<b>REFERENCE DOCUMENTS AND RESOURCES</b>	
<a href="#">Department of Mental Health, Suicide Prevention Resources</a>	
<b>RELATED STATUTE</b>	
N/A	