Texas Department of
Family and Protective Services

Form K-908-3002
Revised April 2023

SUICIDE PREVENTION AND INTERVENTION PLAN

Purpose: Use this form to make a suicide prevention and intervention plan when there is an immediate risk of suicide, or a risk of suicide in the near future, of a child in a Foster and Adoptive Home Development (FAD) home.

Directions: The FAD worker and FAD parent (or both FAD parents, if applicable) must use this form when a child answered "yes" to any of the five questions on the *ASQ Youth Suicide Risk Screening Tool*. Additionally, if the child answered "yes" to question 5, the child requires medical attention within 24 hours. The FAD worker sends a copy of this completed form to the child's conservatorship (CVS) caseworker, who must document it in the child's case record. Also, each person who signs this form receives a copy of the signed form.

PLAN INFORMATION		
Child's Name:	Name of FAD Home:	Effective Date of Plan:

ACTIONS		
Actions that will be taken immediately to keep the child safe:	***Each person responsible for ensuring that the FAD home takes each action***:	***Time frame for completing each action:***
Immediately refer the child to a mental health professional for a suicide risk assessment (within 24 hours if the child answered "yes" to question 5).		
Do not leave the child alone until a mental health professional assesses the child.		
Remove any harmful objects, chemicals, or substances that the child could use to carry out a suicide attempt.		
Alert each person responsible for the child's care or supervision of the risk of suicide and this new or updated plan.		
Discuss coping strategies with the child.		
When the mental health professional has completed the suicide risk assessment, follow through with the mental health professional's recommendations and update this plan and the child's plan of service (CPOS) accordingly.		

ACTIONS		
Hold a staffing (meeting) to discuss whether to continue the child's placement in the FAD home.		
If the child is returning post-hospitalization: Conduct weekly suicide risk screenings for the first 30 days or until the child is no longer reporting suicidal thoughts, whichever is longer.		
Other (specify):		
Other (specify):		

STATEMENTS OF UNDERSTANDING		
I understand that DFPS may review this plan at any time, if either the FAD worker or one of the FAD parents decides that a modification is needed because of a change in the FAD home's circumstances.	Initials of FAD parent 1:	Initials of FAD parent 2 (if applicable):
I understand that this plan does not prevent Health and Human Services Commission (HHSC) Child Care Regulation (CCR) from taking any enforcement or judicial action that HHSC deems necessary to protect the health or safety of children. If CCR determines that a child or children in the FAD parent's care are unsafe because the FAD parent failed to follow the plan successfully or because the plan otherwise does not successfully address risk, CCR may ask HHSC to take appropriate enforcement or judicial action.	Initials of FAD parent 1:	Initials of FAD parent 2 (if applicable):

SIGNATURES	
Signature of DFPS FAD worker: **X**	Date signed:
Signature of FAD parent 1: **X**	Date signed:
Signature of FAD parent 2 (if applicable): **X**	Date signed:
Signature of additional person 1 involved in the development of this plan (if applicable): **X**	Date signed:
Signature of additional person 2 involved in the development of this plan (if applicable): **X**	Date signed: