

School-Based Suicide Risk Assessment Procedures

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School Based Suicide Risk Assessment

Providing a safe, positive, and welcoming school climate and ensuring that students have trusting relationships with adults serves as the foundation for effective suicide prevention efforts. All school personnel have a legal and ethical responsibility to recognize and respond to suicidal thinking and behavior.

Per Assembly Bill 2246, all school districts must have policies in place to address student suicide prevention, intervention, and postvention. These procedures specifically address suicide risk assessment and serve to supplement (rather than replace) existing comprehensive district policies within each of the SELPA's member LEAs.

Steps in School Based Suicide Risk Assessment

School personnel should engage in the following steps each time it is suspected that a student may be at risk of suicide:

1. Identify and Report Student At-Risk of Suicide

When school staff become aware of a student exhibiting potential suicidal behavior, they shall immediately report the concern and ensure the student is escorted to a mental health professional¹. School personnel that do not by training or job responsibility possess the skills necessary to screen for suicide risk shall ensure that the risk of suicide is directly reported to a mental health professional².

If a mental health professional is unavailable for any reason, the school shall contact another school within the district or a neighboring local educational agency (LEA) for assistance.

If an appropriate mental health professional is not available, the Marin County Mobile Crisis Unit³ or 911 should be called.

Typically, it is best to inform the student what you are going to do every step of the way. Solicit the student's assistance where appropriate. Under no circumstances should the student be allowed to leave school or be alone (even in the restroom).

2. Supervise Student

School personnel are responsible for providing consistent adult supervision of the student until a suicide risk screening has been conducted. If the report is made near the

¹ Hereafter, the use of the term mental health professional is inclusive of all school based trained professionals who can conduct suicide risk screenings.

² For after-hours direct communication of suicidal intent from a student or regarding a student, school personnel may contact the Mobile Crisis Unit at 415 473-6392 or 415 473-6666 (unless the situation is an emergency, in which case 911 should be called).

³ Marin County Mobile Crisis Unit can be reached at 415 473-6392 or 415 473-6666.

end of the school day, the student shall not be dismissed until a suicide risk screening has been conducted by a mental health professional and an appropriate plan has been established based upon the results of the suicide risk screening.

Although the student's parent/guardian are typically contacted at the conclusion of the suicide risk screening, in situations in which the student is held at school due to being screened for suicide risk, it may be appropriate for the site administrator to contact the parent/guardian during the suicide risk screening to communicate the current situation and the circumstances surrounding the student's delay.

Reassure and supervise the student until a 24/7 caregiving resource (e.g., parent, guardian, health and human services representative, law enforcement representative, etc.) can assume responsibility.

3. Conduct Suicide Risk Screening

The mental health professional shall initiate the suicide risk screening using the *Marin County Schools Wellness Collaborative Suicide Severity Scale*⁴ (Appendix A⁵). Results of the screener shall be recorded and all actions made as a result of the screener shall be documented.

The *Marin County Schools Wellness Collaborative Suicide Severity Scale* may be administered in collaboration with another school based mental health professional, if needed⁶. Co-facilitation may be helpful if there is another mental health professional available that has a better rapport with the student and/or an additional qualified perspective may be needed to analyze the results of the assessment and determine next steps.

Third Party Reports

In situations in which a third party (e.g., another student, teacher, etc.) has shared information with school personnel about a suicidal statement, it may be appropriate for the mental health provider to gather relevant facts before contacting the student. The collection of as many relevant details as possible prior to screening the student for

⁴ The Marin County Schools Wellness Collaborative Suicide Severity Scale is grounded heavily in the Columbia Suicide Severity Rating Scale Screener (C-SSRS).

⁵ Please note that Appendix A-K referenced within these procedures are documents and resources that were created and developed by the Marin County Schools Wellness Collaborative. Any updates, alterations or modifications to these documents is governed by the Marin County School Wellness Collaborative and not the Marin County SELPA Operational Steering Committee.

⁶ Additionally, the Marin County Schools Wellness Collaborative Suicide Severity Scale: Supplemental Inquiries (Appendix I) may be utilized to collect additional information related to a student's response to questions 1 and 7. The application of supplemental inquiries is discretionary and the appropriateness of their application shall be determined by the school based mental health professional(s) conducting the suicide risk screening.

suicide risk will help to provide a clearer picture of the circumstances surrounding the statement(s). Any discrepancies can be readily addressed. Relevant facts may include but are not limited to the following:

- Verbatim statements or social media posts made by the student;
- Names of individuals who overheard the statement or saw the social media post; and/or
- The context in which the statement was made.

Danger to Others

Should issues related to threats against or by the student emerge during the suicide risk screening, the mental health professional is responsible for notifying a site administrator so that the specific threat(s) can be investigated, the threat can be classified and appropriate responses to reduce the risk of violence can be determined.

Bullying

If issues related to bullying of the student emerge during the suicide risk screening, the mental health provider is responsible for notifying a site administrator so that the issue of bullying can be addressed, including conducting a threat assessment if warranted, and the application of appropriate parental notification(s).

Previously Screened Students

The *Marin County Schools Wellness Collaborative Suicide Severity Scale* shall always be completed the first time a mental health professional is made aware of potential suicidal ideation in a student. However, in previously screened students with chronic suicidality that is known to the parent, the school, and in which the student is actively receiving services from a licensed mental health provider, formal rescreening may not be warranted. Instead, the mental health professional may elect to work with the student and parent/guardian to examine and assess the student's current level of suicidal ideation outside of using the screener to determine appropriate next steps and the need for a clinical suicide assessment (see Appendix J – *Safety Planning: Previously Screened Students*).

Determination

The *Suicide Severity Rating Scale Decision Guidance* (Appendix A) provides considerations related to recommendations for next steps following the completion of a suicide risk assessment.

Notification

The mental health professional shall notify the site administrator that a suicide screening was conducted as soon as feasible, but no later than the end of the day.

4. Contact Parent/Guardian

The mental health professional is responsible for contacting the parent/guardian following the administration of a suicide risk screener.

When the parent/guardian is notified, the mental health provider shall initiate the call and provide the following information:

- Name and position in the school;
- Status of the student and assurance that the student is currently safe;
- An explanation for why a suicide screening was conducted and a review of the results of the screener; and
- A recommendation for at least one of the following based on the screening results:
 - Assessment by an individual authorized to determine the need to initiate a psychiatric hospitalization
 - If an external mental health assessment to determine the need for a psychiatric hospitalization is warranted, provide the parent/guardian with the following possible providers:
 - Marin County Mobile Crisis Unit
415 473-6392
 - County of Marin's Crisis Stabilization Unit (CSU)
415 473-6666
 - Marin Health Medical Center
415 925-7214
 - The student's medical doctor or mental health provider, as appropriate
 - Consultation and/or counseling with a licensed mental health professional
 - If consultation and/or counseling with a licensed mental health professional is warranted, provide the parent/guardian with the following possible providers:
 - Early Periodic Screening, Diagnostic and Treatment
888 818-1115
 - Access Line
888 818-1115
 - Marin County Mobile Crisis Unit
415 473-6392
 - County of Marin's Crisis Stabilization Unit (CSU)
415 473-6666

- The student’s medical doctor or mental health provider, as appropriate

If the student is currently under the care of a licensed mental health professional, offer to contact this provider to facilitate the sharing of relevant suicide screener data, as appropriate.

- Consultation with a school based mental health professional to discuss wellness and ongoing needs.
 - Consultation with a school based mental health professional will be warranted following the conclusion of every suicide risk screener regardless of identified risk level. Provide the parent/guardian with information regarding the purpose of the consultation (check-in and share appropriate wellness resources) and the contact information for the school based mental health professional. If possible, work to schedule the meeting to occur as soon as is permissible for the student’s and school based mental health professional’s schedule.

Initial safety planning for all students that have expressed suicidal ideation, are engaging in self-harm, and/or are to receive a clinical psychiatric evaluation and/or be hospitalized shall be developed in collaboration with the student’s input and should emphasize strategies that are practical and be updated as needed. The following definitions below serve as a guide to assist with the development of a student safety plan (see Appendix F):

Activators

Any situation, person, place, or thing that may elicit a negative reaction or cause the student to engage in maladaptive behaviors/self-harm.

Warning Signs

Actions, behaviors, and observations that inform adults/staff that a student might be feeling suicidal and needs help. These can be thoughts, images, moods, situations, and/or behaviors.

Coping Skills/Healthy Behaviors

Positive actions and behaviors that a student engages in to help them cope and regulate their behavior daily.

Places I Feel Safe

Places that the student feels most comfortable. The location(s) are a safe, healthy, and generally supportive environment.

Support

Health adults that the student feels connected to and trusts during a time of crisis.

Safety At Home

When a student indicates suicidal intent, a discussion with the parent/guardian regarding safety at home to include limiting the student's access to mechanisms for carrying out a suicide attempt (e.g., guns, knives, pills, etc.) shall occur. When discussing student safety and their access to lethal means, it is crucial to ask the parent/guardian whether the student has access to firearms, medication or other lethal means in the home setting. Information collected during the suicide risk assessment should be utilized to inform safety planning with the parent/guardian and student (i.e., placing primary but not sole focus on the access to knives if the student disclosed information regarding intent with a plan that centered on the use of a knife).

Safety planning that focuses on reducing the student's access to lethal means should include a discussion of the following:

Firearms

- Inquiring of the parent/guardian whether firearms are kept in the home or are otherwise accessible to the student. If firearms are present, the parent/guardian should be encouraged to store all guns away from home due to the student's reported levels of emotional distress (e.g., store their gun(s) with a relative or friend, gun shop, shooting range, or police). Explain that in-home locking is not as safe as offsite storage, as children and adolescents sometimes locate the keys or get past the locks. Discuss any concerns and help problem solve. Be sure to avoid projecting any negative attitudes about firearms and accept the parent/guardian where they are, but let them know offsite storage is an effective and immediate way to protect the student. The goal of the discussion is not to interrogate. Rather, the goal of the discussion is to let the parent/guardian know about steps they can take to improve safety for the student. Sample language may include, "Until [student name] is better, would storing the guns away from your home be a plan that will work for your family?"
 - If there are no firearms at home ask about firearms in other residences (e.g., joint custody situation, access to firearms in the homes of friends or other family members) and plan accordingly.

Medications

- Recommending the parent/guardian lock up all medications (except rescue meds like inhalers or EpiPens), either with a traditional lockbox or a daily pill dispenser. Sample language may include, "Now let's make sure there is

nothing in the medicine cabinet that could do serious harm to [student name] if they took them all at once.”

- If parent/guardian will not or cannot lock medication, advise that they prioritize and seek specific guidance from a doctor or pharmacist regarding the student’s access to the following:
 - Prescriptions, especially for pain, anxiety or insomnia;
 - Over-the-counter pain pills;
 - Over-the-counter sleeping pill; and
 - Maintaining non-lethal doses of all medications within the home setting.

- Recommending the parent/guardian dispose of expired and unneeded medications, especially any prescription pain pills.
- Recommending the parent/guardian maintain possession of the student’s medication, only dispensing one dose at a time under supervision.
- Recommending only keeping small quantities of over-the counter medication on hand

Other Means

If the student had thoughts about using another method (particularly one that is highly lethal), discuss a plan for reducing the student’s access to that method.

Seek parent/guardian consent to communicate with the student’s medical or mental health provider(s) regarding safety at home and the student’s access to lethal means by utilizing the *Release and Exchange of Confidential Information* (Appendix D).

Authority to Screen for Suicidality

If the parent/guardian requests a justification for parental notification of suicidal ideation, cite the legal requirement (see California Education Code 49602(c)) and determine the parent /guardian’s intent to seek appropriate services for the student depending on the screening results.

Parent Consent

In situations in which the recommendation is to conduct a clinical suicide assessment by a licensed mental health professional (based on the results of the screening) and the parent/guardian indicate that they have no intention of seeking services of any type, the parent/guardian shall be informed of the district’s legal obligation to contact Child and Family Services (415 473-7153) as a mandated reporter under the concern of medical neglect.

When a parent/guardian insists on the application of intervention(s) outside of the professional mental health arena, provide at minimum a recommendation that the identified supportive intervention(s) include a safety plan and an issues-based intervention procedure that will keep the student safe and address the presenting issue(s).

Upon completion of the discussion, the mental health provider shall complete the *Parent Contact by School Personnel: Notification of Suicidal Thoughts or Feelings* form (Appendix B) to record the following information:

- The time and date of the call;
- The name of the individual contacted;
- The parent's/guardian's response; and
- Any required follow-up.

If the mental health provider is unable to contact the parent/guardian by the end of the school day, then he/she shall contact the site administrator to discuss the school's crisis management plan for seeking treatment for a student without the parent's authorization.

Children and Family Services

When the reason for the student contemplating suicide is related to parental abuse or neglect, the mental health provider shall notify the site administrator; however, parental/guardian contact shall NOT be made. The mental health provider shall immediately report the information to the site administrator and contact Children and Family Services⁷ to make and complete a *Suspected Child Abuse Report*⁸. The information reported to Child and Family Services shall include the following:

- Emphasis of the fact that immediate action is required to prevent harm to the student;
- Name and position in the school;
- Name and identifying information of the student; and
- Legal requirements for the call, citing California Penal Code Section 11165.7.

⁷ Marin County Children and Family Services can be reached at 415 473-7153.

⁸ Suspected Child Abuse Report can be downloaded from <https://www.marinhhs.org/children-family-services-emergency-response>.

Upon completion of the call, the mental health service provider shall document the phone call to Children and Family Services. The documentation shall include:

- Time and date of the call;
- Name of the individual contacted;
- Identified response plan; and
- Any required follow-up.

5. Release Student

In situations in which the results of the suicide risk screener are recommending a clinical suicide assessment by a licensed mental health professional, the student must remain under constant and direct adult supervision until a parent/guardian is contacted and a mutually agreed upon decision is made regarding the student's release. Under no circumstances should the student be allowed to leave school or be alone (even in the restroom). Consider using this time to engage in a discussion regarding existing protective factors with the student. *The Suicide Severity Scale: Protective Factors* (Appendix H) may be utilized to support the collection of supplemental information related to safety planning, reentry into school and/or to help inform a clinical suicide risk assessment.

The timing of the release is dependent upon the individual circumstances of the situation. In some situations, it may be in the student's best interest to stay at school until the end of the day. Regardless of whether the student is dismissed early or picked up by a parent/guardian at the end of the school day, the school based mental health professional is to ensure that the parent/guardian does the following prior to student release:

- Signs the *Parent Acknowledgement of Need for Suicide Risk Assessment* (Appendix C);
- Signs a *Release and Exchange of Confidential Information Form* (Appendix D);
- Receives a copy of the completed *Marin County Wellness Collaborative Suicide Severity Scale* and is encouraged to share the document with the licensed mental health professional(s) working with the student; and
- Reviews the *Safety Plan* (Appendix F) that may have been developed for all students that have expressed suicidal ideation, are engaging in self-harm, and/or are to receive a clinical psychiatric evaluation and/or be hospitalized.

6. Plan Reentry to School

For students who have been determined to need a clinical suicide risk assessment conducted by licensed mental health professional, a follow-up meeting shall be scheduled to discuss the results of the assessment and what, if any, educational programming needs to be adjusted as a result of the clinical suicide risk assessment.

The school based mental health professional shall contact the parent/guardian and invite the parent/guardian, student and relevant school staff to attend a follow-up meeting prior to the student's return to school. The *Suicide Screener Follow-Up Meeting Notes* (Appendix E) shall be used to document the student's recommended follow-up care. The following information should be shared with the parent/guardian regarding the purpose of the meeting:

- The meeting is intended to be a constructive, collaborative effort to ensure the best interests of the student are met;
- Parent/guardian involvement is essential to the meeting;
- The follow-up meeting is a team effort that includes the school, the parent/guardian, the student, and the student's mental health provider(s), if applicable; and
- The meeting will focus on identifying actions to be taken to create a "safety net" around the student within the school setting.

It is the responsibility of the school based mental health provider to hold a follow-up meeting with relevant school staff even if the parents/guardians are not cooperative or refuse to be involved. The meeting will serve as a forum to discuss the following:

- Determine the student's status
 - How is the student now?
 - Is the student receiving mental health treatment?
 - Have all recommendations regarding the student's care been implemented? If not, what remains and what is the plan for implementation?
- Facilitate an exchange of information
 - What recommendations were made by the clinical mental health provider?
 - Were there any specific recommendations to assist the student in school?
 - How will the school handle the issue of make-up work and/or the implementation of academic accommodations/modifications?
- Discuss available resources
 - Do the parents need assistance?

- Can the school assist in identifying community resources?
- What actions need to take place to connect the student/parent/guardian to resources?
- Specify recommendations as to how the student will make a smooth transition back to school
 - What schoolwork has been missed?
 - What timelines/strategies will be employed for making up missed work?
- Specify recommendations as to how the student's absence(s) will be addressed
 - Include the student in the discussion to determine how questions about the student's absence will be answered in a way that is comfortable to the student

Share *Best Practice Guidance for Supporting a Student's Return to School Following Suicide Ideation/Attempt* (Appendix K) with relevant school staff.

7. Maintain Documentation

Documentation that the student was assessed for suicide risk shall be maintained in the district's student information system under a district identified tab (e.g., Intervention) with appropriate access protections enabled. Information that is recorded within this tab could include the following:

Student was screened for suicide risk by [mental health professionals name] on [month/day/year] and found to be [XXXX] for suicide. Parent/Guardian was contacted on [month/day/year] by phone and provided the screener results. Student was released to [first and last name/relationship to student].

All documents completed during the suicide risk screening process shall be maintained and subject to destruction during the third school year following a determination that their usefulness has ceased, or the student has left the district. Destruction shall be in accordance with Title 5 CCR § 16027.

Information Collected and Adapted From:

Columbia Lighthouse Project, *Columbia-Suicide Severity Rating Scale Screener with Triage for Schools*

Loudon County Public Schools, *Suicide Prevention Screening Guidelines*

Napa Valley Unified School District, *Suicide Assessment Protocol*

National Association of School Psychologists, *Preventing Suicide: Guidelines for Administrators*

Novato Unified School District, *Suicide Risk Assessment*

San Diego Mission Academy, *School Policy on Suicide Prevention*

Suicide Prevention Resource Center, *Harm Reduction*