

Marin County SELPA
Special Education Advisory Committee (SEAC)

November 10, 2021
6:00 pm – 7:30 pm
Interpreter available upon request
(48-hour notice is required)

Via Video Conference
<https://us06web.zoom.us/j/83694545551?pwd=TzhJNEg5b0E1UjdRNFVNZjc5a3JsUT09>
Passcode: 947700

Telephone: 1 669 900 6833
Webinar ID: 836 9454 5551

1. Call to Order
2. Establishment of a Quorum
3. Public Comment
Government Code § 54954.3 provides that the public will have an opportunity to address the committee on any item described on a regular or special meeting agenda either before or during the consideration of the item. Per MCOE Board Policy 8566, each person shall limit comments to five (5) minutes.
4. Action Items
 - 4.1 Approval of Minutes from September 22, 2021 SEAC Meeting
 - 4.2 2021 – 2022 Marin County SELPA SEAC Goals
5. Member's Report
 - 5.1 Member's Report
6. Director's Report
 - 6.1 School Based Suicide Risk Assessment Procedures
 - 6.2 Special Education Eligibility Roadmap: Update
 - 6.3 Parent Education Workshops: Legal Series with Carl Corbin
 - 6.4 Special Education Programming: Adaptive Physical Education
 - 6.5 2021 – 2022 Marin County SELPA Goals
7. New Business
 - 7.1 SEAC Member Nomination(s) – Standing Item(s)
 - 7.2 SEAC Meeting Format: Spring 2022
 - 7.2 Parent Education Opportunities: Updates and Next Steps
8. SEAC Recommendations to SELPA Governing Board
9. Agenda Items for March SEAC Meeting
10. Adjournment

**Marin County SELPA
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September 22, 2021

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<https://us06web.zoom.us/j/83694545551?pwd=TzhJNEg5b0E1UjdRNFVNZjc5a3JsUT09>

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MINUTES

1. Call to Order

Meeting called to order at 6:02 pm.

2. Establishment of a Quorum

The following members were in attendance: Keely Hamilton, Alicia Ncho Oguie, Birgit Switenki, Stacey Tachiki.

3. Public Comment

Government Code § 54954.3 provides that the public will have an opportunity to address the committee on any item described on a regular or special meeting agenda either before or during the consideration of the item. Per MCOE Board Policy 8566, each person shall limit comments to five (5) minutes.

No public comment.

4. Action Items

4.1 Approval of Minutes from May 12, 2021 SEAC Meeting

The consent agenda was approved as presented.

Motion: Birgit Switenki

Second: Alicia Ncho Oguie

Carried: Unanimous

4.2 Election of Officers

The Marin County SELPA Special Education Advisory Committee nominated Keely Hamilton as the SEAC Chairperson, Alicia Ncho Oguie as the Vice Chairperson, and Birgit Switenki as the ASC Liaison for the 2021 – 2022 school year.

Motion: Birgit Switenki

Second: Alicia Ncho-Oguie

Carried: Unanimous

5. Member's Report
 - 5.1 Member's Report

No Member's Report presented.

6. Director's Report
 - 6.1 Marin County SELPA Local Plan Revision: Section B

The Marin County SELPA Local Plan Revision: Section B was presented for review. The Director explained that the Lincoln Union School District closed effective June 30, 2021 which requires the Marin County SELPA to revise the Local Plan to reflect a decrease of one Local Educational Agency in the SELPA.

- 6.2 Assembly Bill 130: Independent Study, Learning Recovery Plan, & Alternative Dispute Resolution Plan

The Director shared information regarding Assembly Bill (AB) 130 related to Independent Study, Learning Recovery, and Alternative Dispute Resolution. Under AB 130, Independent Study (IS) is available to students for the 2021 – 2022 school year. Districts are required to offer IS or submit a waiver in which a student may access IS through an inter-district transfer or the County Office. Students with disabilities may participate in IS if the IEP team determines it provides educational benefit and is a Free and Appropriate Public Education.

The Director provided information about the Learning Recovery Plan. The SELPA will be allocated one-time funds to provide learning recovery supports to pupils with disabilities associated with impacts to learning due to school disruptions stemming from the COVID-19 public health emergency.

The Director provided information regarding the Alternative Dispute Resolution (ADR) Plan. The SELPA will be allocated one-time funds to support member local educational agencies (LEAs) in conducting dispute prevention and voluntary ADR activities to prevent and resolve special education disputes resulting from school disruptions stemming from the COVID-19 public health emergency.

Both the Learning Recovery Plan and Alternative Dispute Resolution Plan need to provide a clear understanding of the intended use of the funds, include the demographic information of the pupils served through the learning recovery supports, including, but not limited to: disabilities of the pupils, family income, English learner classification, and parents' primary language.

- 6.3 Professional Development Opportunities

The Director shared the 2021 – 2022 professional development opportunities for educators and parent workshops hosted by the SELPA.

6.4 Marin County SELPA Policy Amendments

The Director shared two amended Marin County SELPA policies for review and discussion: Marin County SELPA Policy and Procedures for Serving Pupils with Disabilities Enrolled by Their Parents in Private School and Marin County SELPA Policy and Procedures: Independent Evaluations. Under the revised policy for serving pupils enrolled in private schools, students that are parentally placed in private schools and reside in Marin who request an assessment for special education eligibility will be assessed by the district in which they reside. Students that are parentally placed in private schools and reside in a county other than Marin who request an evaluation will be assessed by the district in which the private school is located. Under the revised policy for independent educational evaluations, the policy now aligns the qualifications of assessors with the same requirements a district must consider when selecting an assessor to conduct an evaluation.

6.5 SEAC Subcommittee Update: Special Education Process

The Director shared the final Special Education Eligibility Roadmaps. The graphics are posted on the Marin County SELPA website. The graphics will be translated in Spanish, and the SELPA is exploring the format for converting the digital document to a paper document for distribution.

7. New Business

7.1 SEAC Member Nomination(s) – Standing Item(s)

The Director shared the Miller Creek School District nomination – Arwen Brown with the SEAC. The SEAC recommends moving the nomination forward for approval.

7.2 Discuss 2021 – 2022 Goals

The Director reviewed the 2020 – 2021 SEAC goals with the committee and progress toward the goals. The committee discussed the goals and provided input in the development of goals for this school year. The committee agreed to the following goals for the 2021 – 2022 school year: Increase parent representation from Marin County SELPA’s member LEAs, increase awareness of SEAC’s role and responsibilities in Marin County, and develop accessible parent education opportunities and resources.

7.3 Parent Education Opportunities

The SEAC reviewed the scheduled parent education opportunities for the 2020 – 2021 school year, and discussed topics for future parent education opportunities. The SEAC identified the following topics as potential parent workshops: Special Education Eligibility, Procedural Safeguards, the Continuum of Special Education Services and Placement Options, Transition Planning, and Alternative Dispute Resolution strategies.

8. SEAC Recommendations to SELPA Governing Board

The SEAC had no recommendations for the SELPA Governing Board.

9. Agenda Items for November 10, 2021 SEAC Meeting

The SEAC recommended adding parent education opportunities to the next agenda.

10. Adjournment

The meeting was adjourned at 7:28 pm.



Marin County SELPA SEAC Goals

- DEVELOP AND ENHANCE ACCESSIBLE PARENT RESOURCES
- PROVIDE RELEVANT PARENT EDUCATION WORKSHOPS
- INCREASE PARENT AWARENESS OF THE SEAC'S ROLE IN MARIN COUNTY

2021 - 2022

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.

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 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.

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.

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 SELPA Suicide Severity Scale*⁴ (Appendix A). Results of the screener shall be recorded and all actions made as a result of the screener shall be documented.

The *Marin County SELPA Suicide Severity Scale* may be administered in collaboration with another school based mental health professional, if needed⁵. 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 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.

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

⁵ Additionally, the Marin County SELPA Suicide Severity Scale: Supplemental Inquires (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 if discretionary and the appropriateness of their application shall be determined by the school based mental health professional(s) conducting the suicide risk screening.

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 SELPA 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 Services⁶ to make and complete a *Suspected Child Abuse Report*⁷. 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.

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.

⁶ Marin County Children and Family Services can be reached at 415 473-7153.

⁷ Suspected Child Abuse Report can be downloaded from <https://www.marinhhs.org/children-family-services-emergency-response>

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 Assessment* (Appendix C);
- Signs a *Release and Exchange of Confidential Information Form* (Appendix D);
- Receives a copy of the completed *Marin County SELPA 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 has 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 J) 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.

Draft

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*

Appendix A

Name:

Date: Click or tap to enter a date.

Mental Health Professional:

SUICIDE SEVERITY RATING SCALE			
All questions below are bolded , <i>italicized</i> , and <u>underlined</u> .	Past Month		
Ask Questions 1, 2, and 3 and mark the appropriate response.	YES	NO	
1) Build Rapport: Engage the person in order to attempt to build a deeper level of trust and understanding. <u><i>Tell me what happened.</i></u>	YES	NO	
2) Wish to be Dead: Student endorses thoughts about a wish to be dead or not alive anymore or wish to fall asleep and not wake up. <u><i>Have you wished you were dead or wished you could go to sleep and not wake up?</i></u>	☐	☐	
3) Suicidal Thoughts: General non-specific thoughts of wanting to end one’s life/die by suicide. <i>“I’ve thought about killing myself”</i> without general thoughts of ways to kill oneself/associated methods, intent or plan. <u><i>Have you actually had any thoughts of killing yourself? For younger students – Have you had any thoughts of wanting to hurt yourself on purpose?</i></u>	☐	☐	
If YES to question 3, ask questions 4, 5, 6, and 7. If NO to question 3, go directly to question 7.	YES	NO	
4) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Student endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. <i>“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.”</i> <u><i>Have you been thinking about how you might do this?</i></u>	☐	☐	
5) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u> , as opposed to <i>“I have the thoughts, but I definitely will not do anything about them.”</i> <u><i>Have you had these thoughts and had some intention of acting on them? For younger students – Have you had these thoughts and wanted to actually do it?</i></u>	☐	☐	
6) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <u><i>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan? For younger students – Have you started planning how you are going to hurt or kill yourself? Would you do it?</i></u>	☐	☐	
7) Suicide Behavior Question: <u><i>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</i></u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, 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; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. <u><i>If YES, ask: Were any of these in the past 3 months?</i></u>	Lifetime		
	☐	☐	
	Past 3 Months		
	☐	☐	
Low Risk	Moderate Risk	High Risk	No Current Ideation

SUICIDE SEVERITY RATING DECISION GUIDANCE



No Current Ideation - "No" to questions 2, 3, 4, 5, 6 and 7.

- Parent/guardian notification that a suicide risk assessment was conducted.
- Provide an explanation of results and recommendation for consultation by a licensed mental health professional.
- When explaining the results of the screening to the parent/guardian share that their child denied both current and past suicidal ideation, suicidal behaviors, and non-suicidal self-injury.
- Consider a recommendation for consultation with a mental health provider if there are concerns about the validity of the screening results because the student may not have been willing to accurately share their feelings.

Low Risk - "Yes" to questions 2 and/or 3, "no" to 4, 5, 6 and 7.

- Parent/guardian notification that a suicide risk assessment was conducted.
- Provide an explanation of results and recommendation for consultation by a licensed mental health professional.
- If a student has expressed any ideation, even if risk is low, parent/guardian should be notified of the expressed ideation.
- Schedule a follow-up meeting with student within one week to check-in.
- Complete a detailed Safety Plan (Appendix F) to identify coping strategies - share and seek input from the parent/guardian to complete plan.
- Provide mental health resources to student (Appendix G).
- Obtain a signed Release and Exchange of Confidential Information (Appendix D) in order to speak with the student's mental health provider or medical doctor.
- Connect with student's mental health provider, as appropriate or connect the student to any appropriate wellness services.

Moderate Risk - "Yes" to 2, 3 and 4 ("no" to 5 and 6), has not made preparations in past 3 months

- Parent/guardian notification that a suicide risk assessment was conducted.
- Provide an explanation of results and recommendation for consultation by a licensed mental health professional.
- Explain to the parent/guardian that their child has indicated a wish to die within the past month and/or active suicidal thoughts within the past month (but without any intent to act on these thoughts) but denies any suicidal behavior within the past 3 months or explain that their child has engaged in non-suicidal self-injury within the past 3 months.
- Explain to the parent/guardian that passive or active suicidal thoughts within the past month, even without intent to act on these thoughts, indicates a level of emotional distress that warrants contact with a licensed mental health professional.
- In situations in which only non-suicidal self-injury is reported, explain to the parents that this is a risk factor for future suicidal ideation/attempts and that their child is likely engaging in this behavior to relieve psychological pain and for this reason needs to see a licensed mental health professional.
- Schedule a follow-up meeting with student within one to two days to check-in.
- Complete a detailed Safety Plan (Appendix F) to identify coping strategies - share and seek input from the parent/guardian to complete plan.
- Provide mental health resources to student (Appendix G).
- Obtain a signed Release and Exchange of Confidential Information (Appendix D) in order to speak with the student's mental health provider or medical doctor.
- Connect with student's mental health provider, as appropriate or connect the student to any appropriate wellness services.

SUICIDE SEVERITY RATING DECISION GUIDANCE

High Risk - "Yes" to questions 5 or 6 at a minimum and has made preparations in the past 3 months

- Contact the Mobile Crisis Unit or law enforcement to inform them that a student requires a clinical suicide assessment. Suicide Severity Rating Scale findings can be shared without parent/guardian consent.
- Immediately to inform the parent/guardian that a suicide screening was conducted and that you believe the student is at high risk of suicide and requires a clinical suicide assessment by a licensed mental health provider.
- When explaining the results to the parent/guardian share that their child has indicated active suicidal thoughts with at least some intent to act on these thoughts within the past month and/or that their child has actively engaged in suicidal behavior within the past 3 months.
- Explain to the parent/guardian how the clinical suicide assessment can be completed.
- If the student is in treatment with a licensed mental health provider, this may be the appropriate professional to conduct the suicide assessment.
- Stay with the student and Continue to monitor/supervise the student at all times until the student is released to the parent/guardian or appropriate authorities.
- Complete Protective Factors component of the Suicide Severity Rating Scale with the student, as appropriate.
- Obtain a signed Release and Exchange of Confidential Information (Appendix D) in order to speak with the student's mental health provider or medical doctor.
- Schedule a re-entry meeting if the student is hospitalized to support reentry into school.
- Obtain discharge documents and coordinate care with family and mental health provider(s).
- Engage in reentry planning to support the student's return to school.



Parent Contact by School Personnel: Notification of Suicidal Thoughts or Feelings

Student's Name:	Date of Contact: Click or tap to enter a date.
Parent's/Guardian's Name:	Time of Contact:
School Team Member:	School:
<p>When contacting the student's parent/guardian:</p> <ul style="list-style-type: none"> • Provide your name and position in the school; • Provide status of the student and assurance that the student is currently safe; • State that you have conducted a suicide screening has been conducted, the reason for doing so, and thoroughly explain the results of the screener; • Recommend at least one of the following based on the screening results: <ul style="list-style-type: none"> ○ Outside clinical suicide assessment by a licensed mental health provider; ○ Consultation and/or counseling with a licensed mental health provider; or ○ Consultation with a school based mental health professional to discuss wellness and ongoing needs. • Offer to facilitate the referral by contacting an appropriate provider, if needed – Mobile Crisis Unit, law enforcement, student's licensed mental health provider, etc. • Determine the parent's intent to seek appropriate services for the student depending on the screening results (see <i>School Based Suicide Risk Assessment Procedures – Parent Consent</i> if concerns arise during the conversation that the parent may not seek appropriate services) • Discuss the need to obtain consent to share and release confidential information <ul style="list-style-type: none"> ○ Complete a Release and Exchange of Confidential Information, as needed 	
Parent's/Guardian's Response:	
Notes:	
Follow-Up Activities:	



Appendix C

Parent Acknowledgement of Need for Suicide Assessment

I/We _____, the parents of _____, have met with school personnel _____ on Click or tap to enter a date. concerning my child’s suicidal ideation.

I/We have been notified that our child is experiencing suicidal thoughts and may be in danger of harming himself/herself.

In signing this form, I/we acknowledge that I/we have been advised that, at minimum, I/we should immediately seek a suicide assessment by a licensed or certified mental health professional because the results of the suicide screening indicate that my/our child is having active suicidal thoughts with at least some intent to act on these thoughts within the last month, and/or has engaged in suicidal behavior within the last three (3) months.

I/we have been advised to seek the services of a mental health agency or therapist immediately.

Parent/Guardian Date

Parent/Guardian Date

If you have an immediate concern for your child’s safety, please call 911, go to the nearest hospital emergency room, or call the National Suicide Prevention Lifeline (1-800-273-8255). Counselors are available 24 hours a day and can advise you on the most appropriate action to keep your child safe. If you have questions or concerns or need further assistance from the school, please contact: _____ Phone: _____



Follow-Up Meeting Notes

Student's Name:	Date of Meeting: Click or tap to enter a date.
Parent(s)/Guardian(s) in Attendance:	
School Personnel in Attendance:	
Student's status including any current mental health services:	
Status of <i>Release and Exchange of Confidential Information</i> (signed, pending, shared, etc.):	
Recommendations by mental health provider(s) to assist the student in school:	
Strategies for handling make-up work or academic accommodations/modifications:	
Messaging for student's absence, as appropriate:	
Assistance for parent/guardian:	
Referrals to community-based service providers:	
Future meeting dates (if needed):	
Action items (to be completed and by whom):	



Student Safety Plan

Name: DOB: Grade: Select Grade School:

Plan developed with (name/title):

Activators

Situations or circumstances that make me feel uneasy or agitated are

Warning Signs

I need to use my safety plan when I notice these warning signs

Coping Skills/Healthy Behaviors

Things I can do to calm are

Places I Feel Safe

Locations that make me feel better and safe are

Support

Healthy adults that I trust and can support me in a time of crisis are:

School

Name: _____	Role: _____	Number: _____
Name: _____	Role: _____	Number: _____

Community

Name: _____	Role: _____	Number: _____
Name: _____	Role: _____	Number: _____

Home

Name: _____	Role: _____	Number: _____
Name: _____	Role: _____	Number: _____

Professional

Clinician: _____	Number: _____
National Suicide Prevention Lifeline	1-800-273-TALK
National Hopeline Network	1-800-784-2433
911	Tell the operator you are in suicidal danger

The one thing that is most important to me and worth living for is:

Suicide Severity Scale: Protective Factors

Protective Factors ¹	Yes	No
Ask: What extracurricular activities do you participate (work, clubs, athletics, hobbies, etc.)?		
Ask: Do you feel connected with, either in or out of school?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you can have a candid conversation with him or her?	<input type="checkbox"/>	<input type="checkbox"/>
Is this someone who is supportive of you and you trust?	<input type="checkbox"/>	<input type="checkbox"/>
Ask: Do you have an adult at school to whom you can go for help? Who?	<input type="checkbox"/>	<input type="checkbox"/>
Ask: Do you have an adult outside of school, such as home or in the community, to whom you can go for help? Who?	<input type="checkbox"/>	<input type="checkbox"/>
Ask: What are your plans for the future?		
Assess: Can the student readily name plans for the future, whether short or long-term, indicating a reason to live?	<input type="checkbox"/>	<input type="checkbox"/>

¹To be completed, as needed, to support the collection of supplemental information related to safety-planning, reentry into school, or to help inform a clinical suicide risk assessment

Direct Questions to Ask¹

After question 1:

Tell me how you are feeling - On a scale of 1 to 10, 1 being the happiest you have ever felt and 10 being you are going to walk out of this room and end your life, what number are you? Select

How long have you felt this way?

Does anyone know how you are feeling?

What is the highest number you have ever felt before? Select

If yes to question 7:

When was that and how did you do it?

What happened after?

If no to question 7:

Why not? Tell me more about the reasons you chose to stay alive.

Do you care if you die?

Are you careful with your safety (e.g., do you look for moving cars before crossing the street, do you wear a seatbelt in the car, do you use substances, etc.)

What are the reasons you would not kill yourself now?

What are the reasons you would not want to die?

What is your reason for living?

Do you have anything you are looking forward to?

Assess

What is the student's concept of death?

What does the student mean when they say (student's statement about suicide)?

Does the student have future plans?

¹ To be completed, as needed, to support the collection of supplemental information related to a student's present level of social/emotional functioning and identified needs during the administration of the *Suicide Severity Scale*. Queries identified above are to be asked following a student's response to Question 1 and Question 7 on the *Suicide Severity Scale*.

Safety Planning: Previously Screened Students

Student: _____ DOB: _____ School: _____ Grade: Select

On [Click or tap to enter a date.](#), a school staff member became aware of _____ exhibiting potential suicidal behavior. In response to the concern, it was determined that the student had previously been screened for suicidal ideation on the following dates: _____. The student presents with chronic suicidality that is known to the parent/guardian and school and the student is actively receiving mental health services. Plans are currently in place to support the student’s safety and wellness. Given the student’s well-documented history of chronic suicidality, the student was not screened for potential suicide risk. Rather, in consultation with the parent/guardian, the student’s current level of suicidal ideation was examined and assessed to determine appropriate next steps. The process included the following:

- Student was contacted on [Click or tap to enter a date.](#) to “check-in” due to referral concern(s).
- Student was interviewed to determine suicide risk
 - Questions centered on current suicide thoughts and the existence of a suicide plan.

Based upon the information collected in the interview and an examination of the student’s responses the following risk level was determined:

- Low Risk
 - Current thoughts of suicide, but no suicide plan, acknowledges helping resources
- Moderate Risk
 - Prior attempt, thoughts of a plan for behavior or no helping resources, but no timeframe for behavior
- High Risk
 - Thoughts of suicide, plan for behavior, timeframe for behavior specified and no acknowledgement of helping resources

Based upon the student’s current needs the following was recommended:

All relevant forms from the *School Based Suicide Risk Assessment Procedures* are attached.

s Safety Plan will be updated on [Click or tap to enter a date.](#).

Best Practice Guidance for Supporting a Student's Return to School Following Suicide Ideation/Attempt

A student's return to school following the need for a clinical suicide risk assessment and/or hospitalization requires careful attention and support. The following considerations and guidance will help to support the student's successful reentry into school:

- Welcome the student's return to school as you would any other student returning from an extended absence.
- Let the student know you are glad they are back (e.g., "Good to see you");
- Keep the reason for the student's absence confidential;
- Respect the student's wishes for the way in which the absence is discussed. The messaging around the student's absence has been developed with the support of the school based mental health professional supporting your site. Please connect with this staff member to discuss the message, if needed;
- Discuss missed classwork and homework and make arrangements for completion. Adjust expectations if needed. Provide alternative assignments whenever possible that permit the student to demonstrate completion of any missed work;
- Keep an eye on the student's academic performance as well as social/emotional wellbeing. If you see that the student is isolating or being shunned by peers or is falling further behind in assignments, please follow-up with the student's school contact person and/or the parent(s);
- Pay close attention to further absences, lateness and requests to be excused during classes. If you are concerned, please alert the appropriate staff at school;
- Encourage the student to use the mental health professional supporting your school for additional support; and
- Closely monitor the student's behavior and report concerns to the designated school contact person.

SPECIAL EDUCATION ADVISORY COMMITTEE PARENT SERIES

PRESENTED BY CALIFORNIA
SCHOOL AND COLLEGE LEGAL
SERVICES

ALL WORKSHOPS 6:00 PM - 7:00 PM

- December 7th
Procedural Safeguards & Parents
Rights
- January 4th
Special Education Eligibility & The
Continuum of Services/Placements
- February 1st
Special Education Questions &
Answers

SPECIAL EDUCATION Q&A
12:00 PM - 1:00 PM MARCH 3RD

SERIES REGISTRATION:

<https://seacparents.eventbrite.com>

Q&A REGISTRATION:

<https://seacqa.eventbrite.com>

Virtual
Webinar
Series



Carl D. Corbin
General Counsel
School and College Legal Services



Marin County SELPA 2021 – 2022 Annual Goals

Domain: Conflict Resolution

Goal: *In collaboration with the SELPA's member LEAs, determine how to enhance and expand the Alternative Dispute Resolution (ADR) program to meet the needs of the SELPA's member LEAs.*

Task/Activity: Examine the strengths and weaknesses of the current Marin County SELPA ADR program.

Timeline: September 2021

Evidence of Completion: Alternative Dispute Feedback Data/Programming Analysis

Responsibility: SELPA Office/Director

Task/Activity: Determine the 2021 – 2022 operational priorities of the Marin County SELPA ADR program that will be supported through the ADR Fiscal Allocation Plan (FAP).

Timeline: September 2021 – October 2021

Evidence of Completion: Marin County SELPA ADR FAP

Responsibility: SELPA Director

Task/Activity: Build the capacity of the Marin County SELPA ADR program through targeted professional development, program expansion, and parent education.

Timeline: October 2021 – June 2022

Evidence of Completion: Workshop and meeting materials

Responsibility: SELPA Office/Director

Domain: Professional Development

Goal: *Make available relevant, timely, and engaging professional development for new Directors of Special Education in the SELPA's member LEAs.*

Task/Activity: Connect with experienced Directors of Special Education to identify priority areas for onboarding and support.

Timeline: September 2021

Evidence of Completion: Meeting Notes

Responsibility: SELPA Office/Director

Task/Activity: Develop relevant, effective, and timely monthly trainings for new Directors of Special Education in the SELPA's member LEAs.

Timeline: September 2021 – April 2022

Evidence of Completion: Training materials

Responsibility: SELPA Office/Director

Task/Activity: Create a community of practice for new Directors of Special Education to review, discuss and develop best practices with support from the Marin County SELPA office.

Timeline: October 2021 – May 2022

Evidence of Completion: Meeting schedule/notes

Responsibility: SELPA Office/Director

Domain: *Fiscal Management*

Goal: *Ensure prudent use of the SELPA's 2021 – 2022 Learning Recovery allocation.*

Task/Activity: Present the 2021 – 2022 Learning Recovery plan requirements and associated timelines to the standing SELPA committees (SEAC, BAC, ASC, OSC).

Timeline: September 2021

Evidence of Completion: Meeting materials

Responsibility: SELPA Office/Director

Task/Activity: Identify and record eligible learning recovery activities that do not supplant existing LEA expenditures and/or obligations.

Timeline: October 2021

Evidence of Completion: Meeting materials

Responsibility: SELPA Office/Director

Task/Activity: Monitor the SELPA's Learning Recovery FAP and amend the plan, as needed.

Timeline: October 2021 – June 2022

Evidence of Completion: Adopted Learning Recovery FAP

Responsibility: SELPA Office/Director

Why would you like to be a member of the SEAC?

I would like to nominate Ashley Wood, a parent of a 7th grade special education student within our district. Ashley is a very involved and caring parent of a student with special needs. She cares very much about this community and wants to help students and parents with similar needs. Ashley is passionate about educating the community on what Special Ed is, how to get involved and how to support your children who are in need. Ashley would thrive in this position and would positively impact the Marin community by being a voice of support for special needs students and their families. Please consider Ashley Wood as a parent representative to the SEAC committee.

FOR DISTRICT OFFICE USE ONLY

SUBMITTED TO: Michael McDowell, Ed.D.
Michael McDowell, Ed.D. (Nov 9, 2021 10:26 PST)

DATE RECEIVED: _____

DATE RECEIVED BY THE MARIN COUNTY SELPA OFFICE: 11/9/2021