"A tradition of quality education"
Conway School District
19710 State Route 534
Mount Vernon, WA 98274
Phone: 360-445-5785
Fax: 360-445-4511

# Plan for Prevention and Intervention in Emotional and Behavioral Crisis and Postvention After a Student Death or Other Crisis

## Updated March 2024

In our state, an average of two young people under 25 die by suicide every week and as many as one out of five students have seriously considered suicide in the last year. About a third of Washington students report signs of depression within the last year. All of these problems have a greater impact among more vulnerable populations of students, such as those experiencing poverty, contact with the child welfare system and identity-based discrimination. These issues have a serious impact on students and families in schools and communities across the state of Washington.

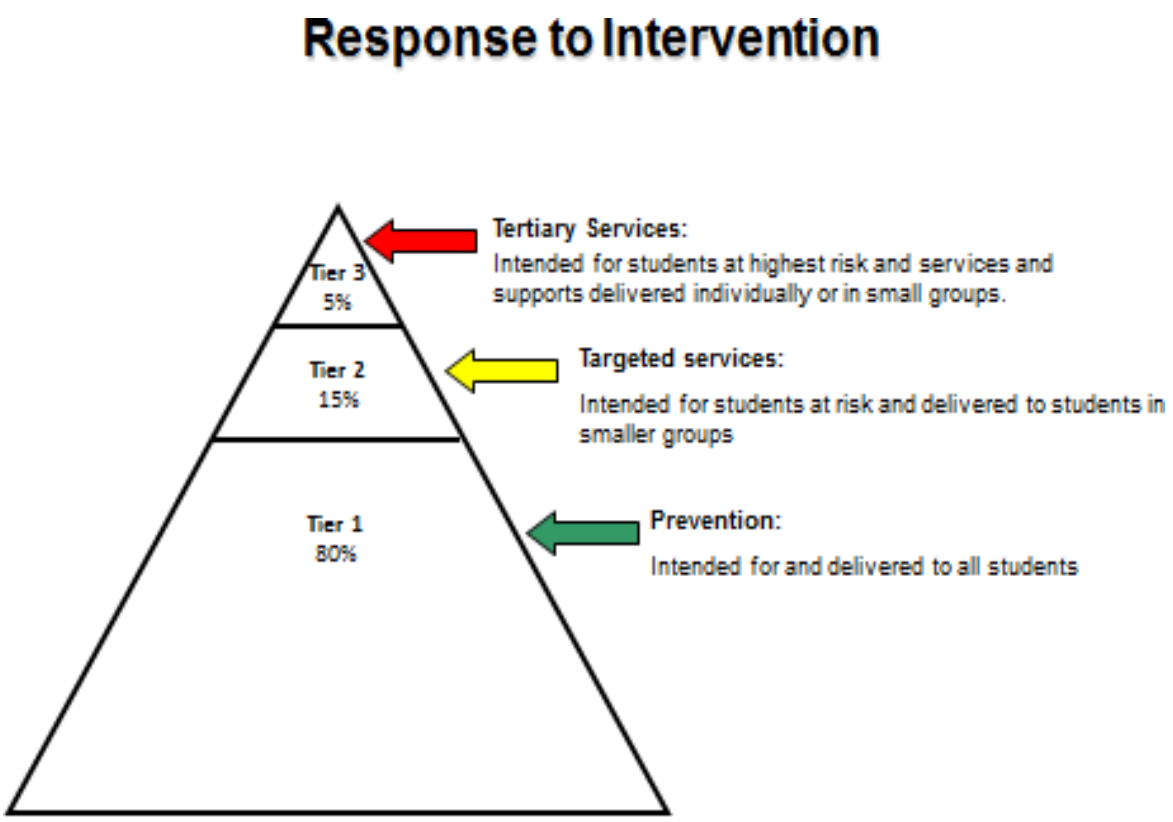
Conway School participates in the Healthy Youth survey and uses that data along with CEE & PBIS surveys, academic and counseling program data to adapt our intervention programs each year.

This plan outlines Conway School's approach to prevention of and support for students experiencing emotional and behavioral distress and plans for supporting our school communities after a student's death. This plan shall be available to all staff and reviewed and updated as needed. The district requires all staff to attend suicide training upon hiring and every other year for experienced staff.

Plans for recognition screening and responding is in the attached document.

**THE RTI TRIANGLE**

We can think of suicide and violence prevention, intervention and postvention using the Response to Intervention triangle. Prevention activities fall into Tier 1 and are intended for all students, whether at risk or not. Intervention activities, depending on the situation and level of risk, fall into Tier 2 or Tier 3. Postvention activities engage all three levels, with some actions targeting the entire staff and student body, others focusing on those more affected by the crisis, and some interventions targeting students in an emergency after the loss of a classmate or friend.



# CONTENTS

# INFRASTRUCTURE

The following is a list of staff and others at the district and in each school building who have expertise in mental health, substance abuse, threat assessment and crisis response. This list includes counselors, school psychologists, and the mobile response team.

| Position | Name | Office |
|---|---|---|
| Superintendent | Jeff Cravy | 360-445-5785 ext. 5508 |
| Principal / Threat Assessment Coordinator | Andrea Clancy | 360-445-5785 ext. 1114 |
| Counselor | Sallie Miller | 360-445-5785 ext. 5526 |
| Communications Officer | Austin Hight | 360-445-5785 ext. 5510 |
| SPED/Special Services | Amanda Lewis | 360-445-5785 ext. 5506 |
| School Psychologist | Jennifer Moyer | 360-445-5785 ext. 2121 |

## Other Resources

| Program | Name | Phone |
|---|---|---|
| Law Enforcement Officer | Sheriff's Office | 360-428-3211 |
| Certified Mental Health Provider | Kelly Fitzgerald | 360-445-5785 Ext. 5505 |
| State Mental Health Local Crisis Line | | 911 or 1-800-584-3578 |
| Skagit Valley Hospital | | 360-424-4111 |

To respond to a crisis, administrators can seek support from the following:

Mobile Response Team

| Position | Name | Office | Email |
|---|---|---|---|
| Counselor | Sallie Miller | 360-445-5785<br>Ext. 5526 | smiller@conway.k12.wa.us |
| Superintendent | Jeff Cravy | 360-445-5785<br>Ext. 5508 | jcravy@conway.k12.wa.us |
| Principal | Andrea Clancy | 360-445-5785<br>Ext. 1114 | aclancy@conway.k12.wa.us |
| Mental Health Counselor | Kelly Fitzgerald | 360-445-5785<br>Ext. 5505 | kfitzgerald@conway.k12.wa.us |

# PREVENTION

Conway School recognizes that prevention of youth suicide, violence and substance abuse and the early identification and treatment of mental health disorders are most effective when students, staff, parents, and community members have access to prevention information and resources. With this in mind, the following will occur:

## Conway School Staff

Mandatory training in suicide awareness will be provided for **all staff** (teachers, classified, bus drivers, food service, etc.) through Safe Schools and/or staff meetings on an annual basis.

Annual mandatory training in harassment, intimidation and bullying will be provided for **all staff our opening staff meeting in August.**

School counselor, psychologist, principal, and superintendent attend training that may include:

- Background and scope of emotional and behavioral issues affecting students and their impact on the school environment, including review of school and district Healthy Youth Survey data;
- Information about the signs of stress, depression, and other mental health issues;
- Information on risk factors and warning signs for youth violence;
- Information about youth substance abuse, how to identify signs of substance abuse, and where to send students for help;
- Information on risk factors for suicide and signs of suicidal thinking;
- Information about steps to intervene when a student presents signs of suicidal thinking;
- Information about the district's policies and procedures for responding to emotional and behavioral distress among students; and
- Identification of school safety and support team members and their roles in a crisis.

We continue to emphasize creating strong school cultures, positive behavior interventions, and reducing exclusionary discipline.

Conway School has a licensed School Based Mental Health Counselor and partner with the NWESD and Skagit Behavior Health for additional support and services.

We believe that peers are often the first to notice suicidal tendencies. We will continue to use Sources of Strength as our curriculum.

The district will continue to emphasize listening to and caring for our LGBTQA students,

with staff being trained through the Common Sense Project.

Parent and staff training opportunities for depression and anxiety will be offered.

An annual review of this plan and plan revisions will occur in the fall of the school year, during the time that other safety information is reviewed. The review will be done by the district leadership team which includes the school counselor, principal, and superintendent.

The following tasks should be completed as part of the review and revision process:

- Update contact and community resource lists to confirm accuracy.
- Update any Memoranda of Understanding between the district and local agencies.
- Update in-school and in-district resources to ensure that names, roles, and contact information are current.
- Update contact information in all print and electronic copies of this plan.
- Update contact information in all communications and educational materials.

Access to online copies of this plan will be on the Conway School District website and through Google Drive for staff.

We will continue to use the following programs that include mental health awareness, depression, sexual and substance abuse:

| Title | Topic | Publisher | Grade(s) |
|---|---|---|---|
| K-12 Health and Fitness Curriculum | 3-12 per year | Various | K-8 |
| 2nd Step<br><br>FLASH | Sexual Abuse and Reporting<br><br>Sexual Abuse and Reporting | | K-5<br><br>4-8 |
| Safeschools Online Training | Sexual Abuse and Harassment<br><br>Suicide Prevention<br><br>Mandatory Reporting<br><br>Depression<br><br>HIB | Vector | Staff |
| SafeTalk | Suicide Prevention | Living Works | Parents |
| Safeschools for Students | Sexual Abuse and Harassment<br><br>Depression and Suicide<br><br>Substance Abuse | Vector Solutions | 6-8 |
| Sources of Strength | | Sources of Strength | 3-6 |
| Life Skills | Substance Abuse | | 4-8 |
| PBIS and Conscious Discipline | S.E.L. Skills<br><br>HIB | Various | K-8 |
| Signs of Suicide | Suicide Prevention | Mindwise | K-8 |

More information on evidence-based programs and practices can be found in SAMHSA's National Registry of Evidence-Based Programs and Practices.

Prevention of harassment, intimidation and bullying will be taught in compliance with Washington State law and policy. See the OSPI School Safety Center website for more information.

A list of resources and curricula following best practices in suicide prevention can be found on the Suicide Prevention Resource Center's Best Practices Registry.

# INTERVENTION

The following process should be followed when a staff member becomes aware that a student is experiencing a crisis that may involve risk of harm to self or others.

## UNDERSTANDING THE SCOPE OF THE CRISIS AND THE RISK OF SUICIDE

If the information comes directly from the student to a member of the school staff, expressed either verbally or through behavior, the staff member will:

- □ 1. Obtain basic information from the student about the crisis, such as what stressors the student is facing and what they are thinking and doing in response.
- □ 2. Refer the situation to a student support team member before the end of the school day or at the beginning of the next school day if this information is shared outside school hours.
- □ 3. The school counselor/social worker/intervention prevention specialist will complete the suicide assessment form.
- □ 4. Complete the student resource form if needed. (Page 12)
- □ 5. Ensure adequate supervision for the student at school.

Upon completion of the suicide assessment form:

- Contact parent/guardian and agree upon an intervention plan using the suicide intervention form. (If parent/guardian cannot be reached, police will be contacted to transport to the emergency room.)
- Contact Skagit County designated mental health professional as needed.
- If trained and qualified to do further evaluation of risk, administer a district-approved screening tool to further explore the student's risks.
- Inform an administrator of the situation and the intervention plan.
- Send a copy of the intervention plan and assessment form to student services.

Screening tools used in the district are as follows:

- Suicide Assessment Form (page 10)
- Suicide Intervention Form (page 11)
- Student Resources Form (page 12) (If needed.)
- Suicide Risk Assessment Checklist (page 34) (If needed. This is a more detailed checklist that you can use if you want more detailed information.)

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# SUICIDE ASSESSMENT

*Conway School Counselor*

Student's Name: _____ Date: _____ Interviewer: _____

Reason for assessment:

_____
_____
_____
_____

| | | |
|---|---|---|
| 1. Are you thinking about suicide? | Yes | No |
| 2. Do you have a plan? | Yes | No |
| a. If, YES, where/when/how? _____ | | |
| b. Do you have access to the necessary materials for the plan? | Yes | No |
| 3. Do you really want to die? | Yes | No |
| 4. Have you ever attempted suicide in the past? | Yes | No |
| a. If, YES, where/when/how? _____ | | |
| 5. Do you think about suicide often? | Yes | No |
| 6. Have you taken steps to say goodbye to your loved ones? | Yes | No |
| 7. Have you made arrangements to give away anything special to you? | Yes | No |
| 8. Has anyone you care about attempted suicide? | Yes | No |
| 9. Are there people who would miss you, if you were no longer around? | Yes | No |
| 10. Do you want your problems to go away? | Yes | No |

*Notes*:

_____
_____
_____

**********

Consult with: _____ Date: _____

Risk Assessment: Low Moderate High

Next Steps: *Check all that apply*

___ No further action at this time *(Save assessment in counselor file)*
___ Notify parent/guardian *Name*: _____ *Date/Time*: _____
___ Notify Police *Name:* _____ *Date/Time*: _____
___ Notify DCYF (CPS) *Name:* _____ *Date/Time*: _____
___ Contact MHP *Name:* _____ *Date/Time*: _____
___ Student Resources Plan *Copies to*: _____
___ Contact Therapist *Name*: _____ *Date/Time*: _____
___ Other:

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# CONWAY SCHOOL
## Suicide Intervention Form

| | | |
|---|---|---|
| Student's Name: | | Grade: Gender: |
| School: | Referral Date: | Time: |
| Person Recording Data: | | Occupation: |
| ***REASON FOR REFERRAL:*** | | |
| ***INTERVENTION CONFERENCE:*** | | |
| ***FOLLOW-UP PLAN:*** (If the student is working with a mental health therapist, include this person in the plan. Also include a copy of the follow-up agreement with parent(s). | | |

| **Plan of Action:** | **Name of Person Contacted:** | **Date:** | **Time:** | **By Whom:** |
|---|---|---|---|---|
| Notification of Parents | | | | |
| Administrator Notified | | | | |
| Agencies Notified | | | | |
| Other | | | | |

**This form is to be completed by a school counselor or social worker only.**

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# Student Resources Form

**NAME: _____ DATE: _____**

**Things that I can <u>say to myself</u> to make me feel better:**

**Things that <u>I can do</u> to make me feel better:**

**I can call these adults who care about me to talk with them when I feel overwhelmed:**

| NAME | RELATIONSHIP | NUMBER |
|---|---|---|
| | | |
| | | |
| | | |

**Hotlines that I can call- I will put these numbers in my phone right now so I have them if I need them:**

**<u>National Suicide Prevention Lifeline</u>**
1-800-273-TALK
(1-800-273-8255)
Open 24 hours a day, 7 days a week

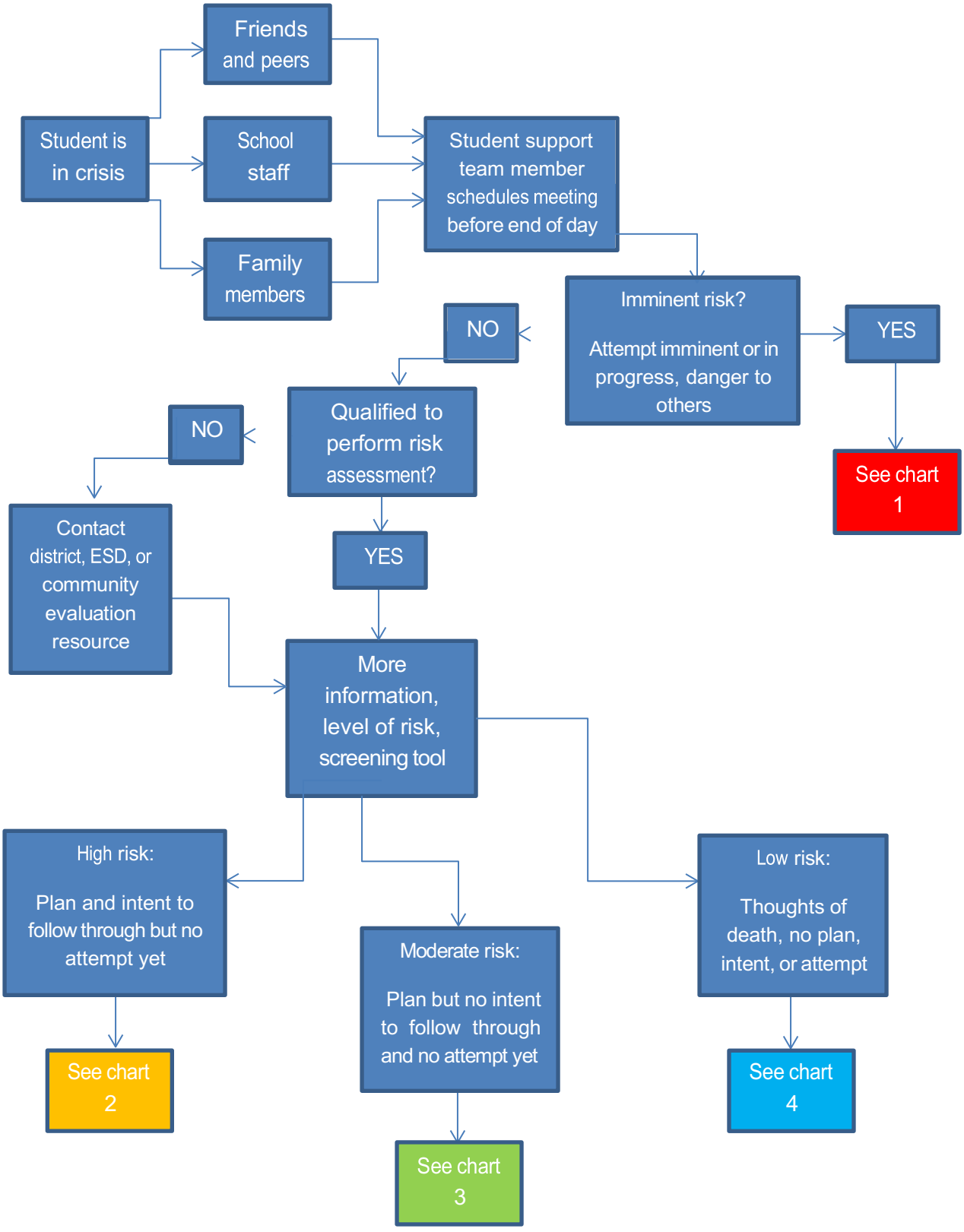
**<u>National Hopeline Network</u>**
1-800-SUICIDE
(1-800-784-2433)
Open 24 hours a day, 7 days a week

***** *<u>You can always call **911** to ask for help if you are feeling suicidal.</u>*

Copy to student and copy in working file.

# RESPONSE TO IDENTIFIED RISK

Procedures will differ based on the level of risk revealed by this risk assessment. All actions taken need to be documented and documentation placed in the student's file.



IMMINENT RISK

- There is immediate danger to the student's self or others (for example, possible presence of a weapon or other means the student intends to use to harm self or others).
- There is a suicide attempt in progress (for example, the student has taken a drug or medication overdose).

The support team member or other staff will do the following:

- Provide for continuous supervision of the student at risk until an emergency responder arrives, keeping personal safety in mind.
- Call 911 or designate a person to call. Be mindful that in the presence of a weapon or danger to others, emergency medical personnel will need the scene secured by law enforcement personnel before they can intervene.
- Notify the building administrator or their proxy.

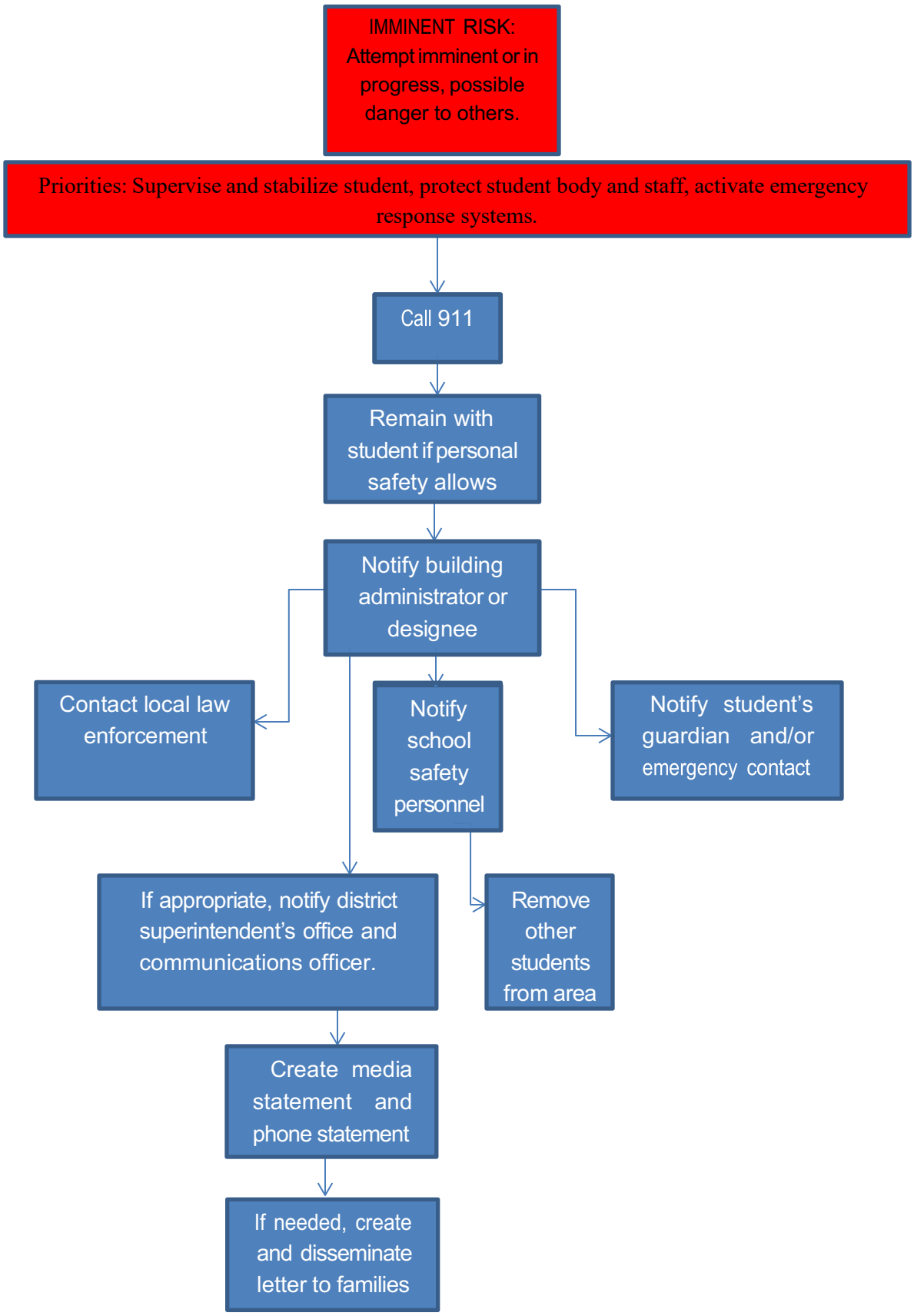
Depending on the situation, the support team member, building administrator or proxy will:

- Notify the person(s) responsible for security within the building to ensure the safety of the student at risk and the staff and student body. Even with no danger to others, if a suicide attempt is imminent or in progress, other students need to be removed quickly and calmly from the vicinity.
- Notify the student's guardian and/or emergency contact by telephone and document the time and content of the conversation.
- Fill out the district's incident report forms.
- Notify the district superintendent and the communications office of the situation.

If necessary, the Department of Communications and Community Relations media contact will:

- Draft a statement to be given to any media who approach or call the school;
- Draft talking points for office staff answering calls from families at the school and the district;
- Create or help the administrator create a statement for students' families, summarizing:
  - Factual information about what occurred, steering clear of details.
  - What the school did to ensure safety and what will happen next.
  - Reactions families might expect from their children.
  - Re-assurances that the school remains open and remains safe.
- If communication with families is necessary, the letter will be developed for families by the communications office within one school day of the incident.

CHART 1: IMMINENT RISK



HIGH RISK

- The student is in severe distress due to mental health symptoms or a serious stressor.
- The student has identified a realistic suicide plan and intention to follow through on it but has not yet acted.

The support team member will do the following:

- Remain with the student and provide support, safety, and continuous supervision.
- Obtain information from the student as to whether substance abuse is a concern and whether possibility of harm to others is a concern.
- Notify the building administrator.
- Notify the student's guardian(s) by telephone that they should come to the school.
- With the student's guardian, the support team member may call the local crisis line to request a mobile crisis evaluation. The guardian may instead choose to bring the child to the nearest hospital for evaluation. The building administrator must be notified if the student will be leaving school grounds.

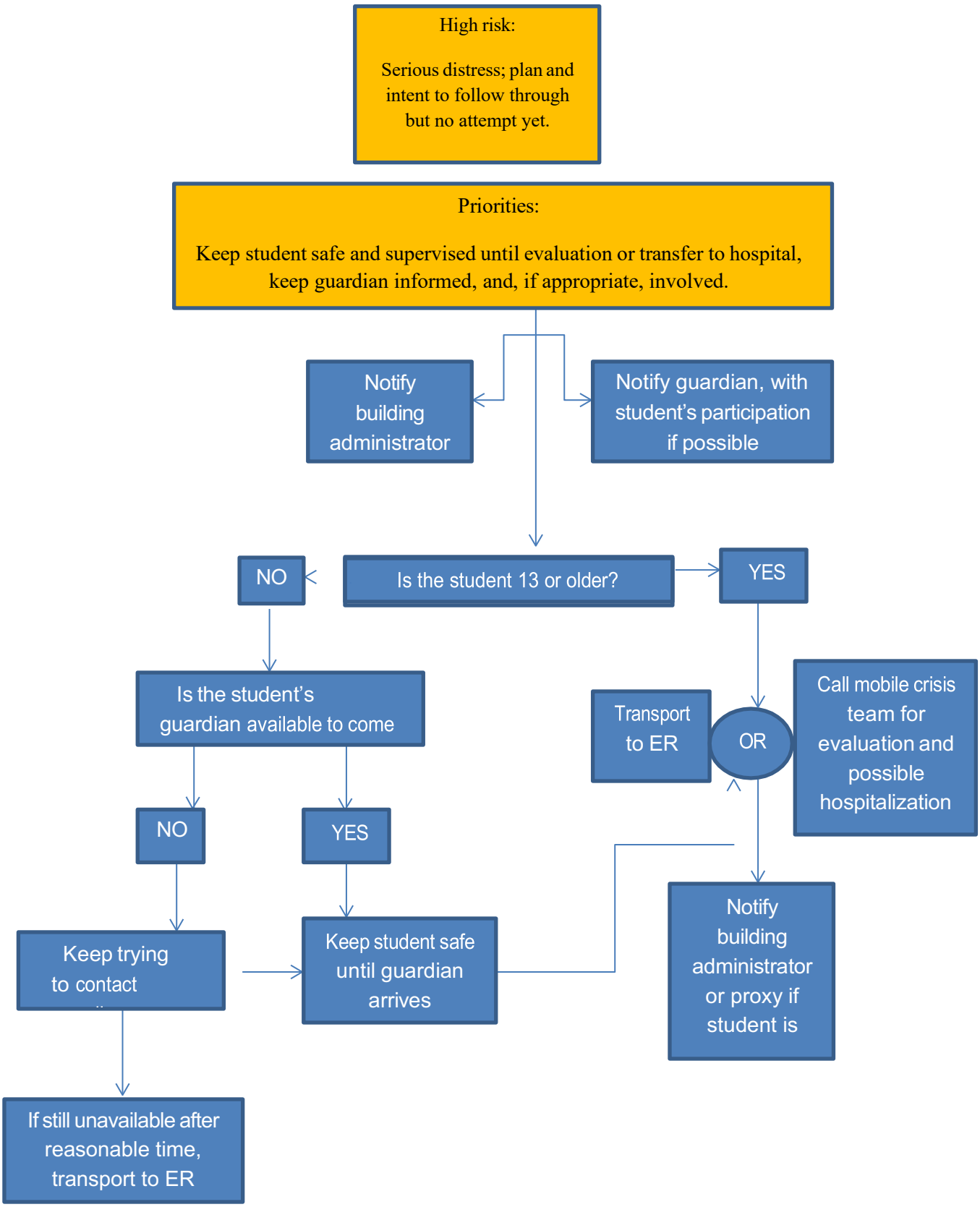
**If the student's guardian(s) are unavailable or unable to come to the school:**

- According to Washington State law (RCW 71.34.530), a student aged 13 or older may independently consent for a range of mental health services without parental consent or notification. These include evaluation from mobile crisis outreach teams.
- **If the student is 13 or older, the school can ask for a mobile crisis evaluation by contacting:**

| Organization | Phone number |
|---|---|
| Compass Health | **425-349-8200 or 844-822-7609** |

- If the student is 12 or under, the student may remain under observation while continued efforts are made to contact her or his guardian or emergency contact.
- If a guardian for a student under 13 cannot be located within a reasonable amount of time, the student may be transported to the nearest Emergency Room (ER) for evaluation by a member of the student support team or an administrator. At no time should the transport be done with less than two staff. Or, 911 contacted if staff are uncomfortable transporting student.
- At the time of referral, a release of information form allowing communication between the school and the provider should be signed by the guardian and student.

## CHART 2: HIGH RISK



MODERATE RISK

- The student is thinking about suicide and has identified a plan.
- The student has no intention of following through on the plan and has made no suicidal gestures.

The support team member will do the following:

- Remain with the student and provide support, safety and continuous supervision.
- Obtain information from the student as to whether substance abuse is a concern and whether possibility of harm to others is a concern.
- Request that the student's guardian(s) come to the school before the end of the school day.
- With the student's guardian, the support team member may request a mobile crisis evaluation. The guardian may instead bring the child to the hospital for evaluation. To request evaluation, contact:

| **Organization** | **Phone number** |
|---|---|
| Skagit Valley Hospital | 360-424-4111 |

- If the crisis team's assessment is that the student does not need to go to inpatient care, discuss with the student's guardian the importance of outpatient mental health care and provide a list of appropriate referrals, considering:
  - The family's language, religious beliefs, and culture.
  - The student's stressors and needs.
  - Barriers to receiving care such as transportation, health insurance, cost and how they can be mitigated.
  - The district's policies on referrals that protect the district from undue liability or risk.

At the time of referral, a release of information form allowing communication between the school and the provider should be signed by the guardian and student.

- A student at moderate risk who does not need to go to inpatient care should also create a safety plan. (One best-practice-adherent framework for a safety plan comes from the Suicide Prevention Resource Center. For younger students, the language will need to be adjusted to be developmentally appropriate and the guardian intimately involved in creating the plan. Even older adolescent students may need these questions to be asked in more appropriate language.)
- Copies of the safety plan should be given to those named in it as resources.

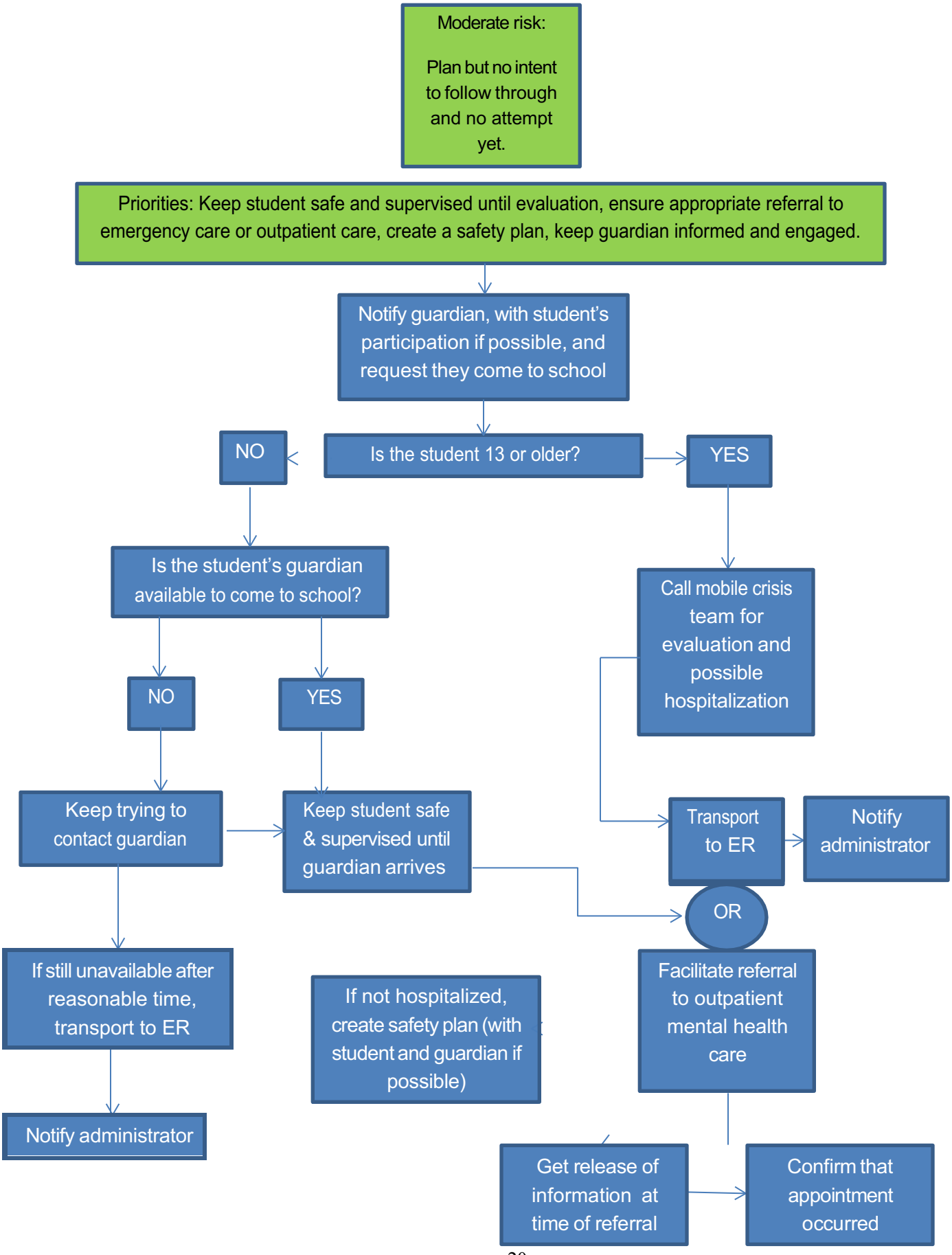
**If the student's guardian(s) are unavailable or unable to come to the school:**

- According to Washington State law (RCW 71.34.530), a student aged 13 or older may independently consent for a range of mental health services without parental consent or notification. These include evaluation from mobile crisis outreach teams.
- If the student is 13 or older, the school can ask for seek a mobile crisis evaluation by contacting:

| Organization | Phone number |
|---|---|
| Compass Health | **425-349-8200 or 844-822-7609** |

- If the student is 12 or under, the student may remain under observation while continued efforts are made to contact her or his guardian or emergency contact.
- If a guardian for a student under 13 cannot be located within a reasonable amount of time, the student may be transported to the nearest ER for evaluation by the SRO, a member of the student support team or an administrator.
- A student at moderate risk who does not need to go to inpatient care should also create a safety plan. (One best-practice-adherent framework for a safety plan comes from the Suicide Prevention Resource Center. For younger students, the language will need to be adjusted to be developmentally appropriate and the guardian intimately involved in creating the plan. Even older adolescent students may need these questions to be asked in more appropriate language.)
- Copies of the safety plan should be given to those named in it as resources.
- Confirm that the appointment occurred.

## CHART 3: MODERATE RISK



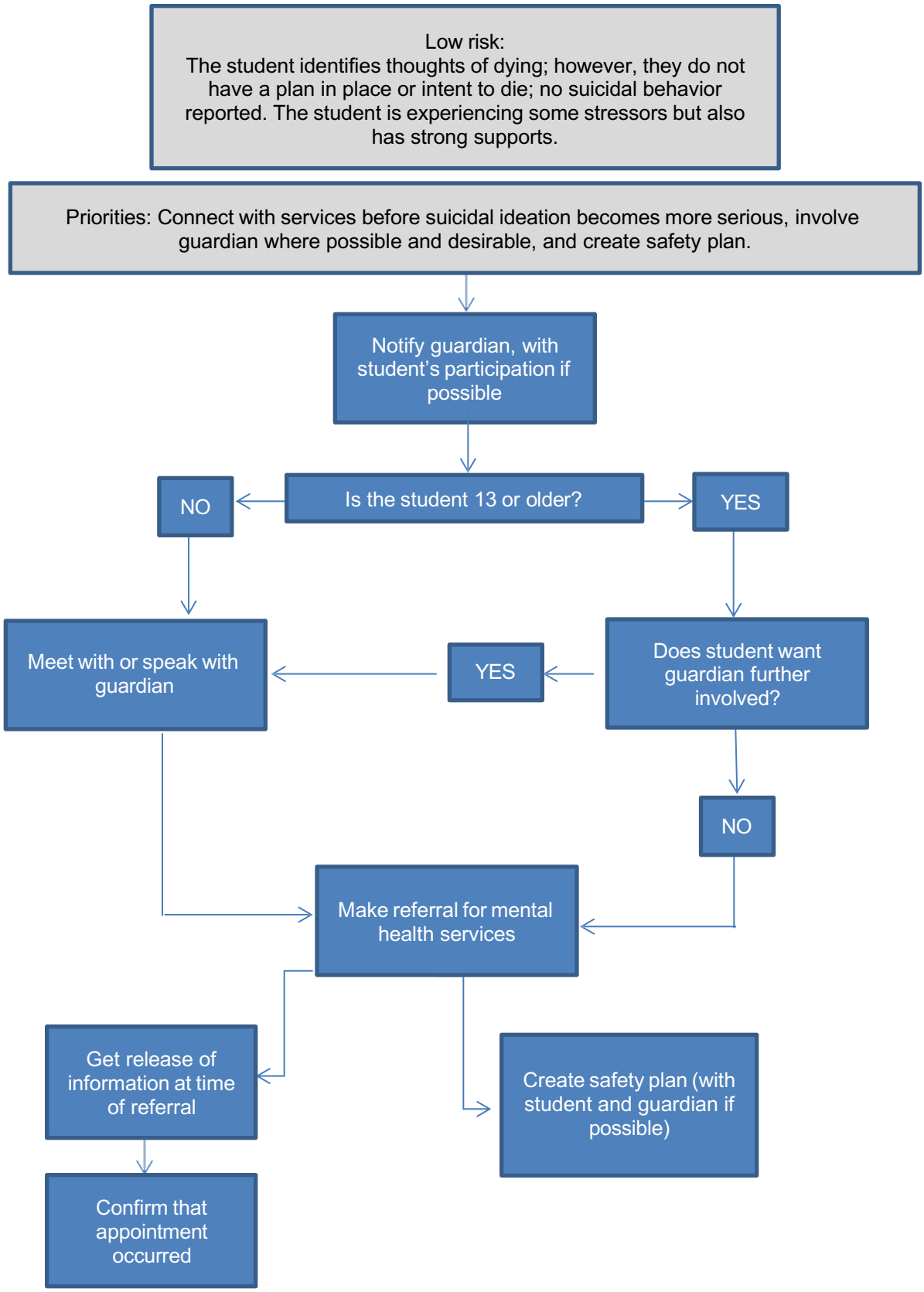
LOW RISK

- The student identifies thoughts of death but has no plan, intent to die or suicidal behavior.
- The student is experiencing some stressors but also has strong supports.

The support team member will:

- Obtain information from the student as to whether substance abuse is a concern and whether possibility of harm to others is a concern.
- Help the student create a safety plan. (One best-practice-adherent framework for a safety plan comes from the Suicide Prevention Resource Center. For younger students, the language will need to be adjusted to be developmentally appropriate and the guardian intimately involved in creating the plan. Even older adolescent students may need these questions to be asked in more appropriate language.)
- Copies of the safety plan should be given to those named in it as resources.
- Work with the student to describe the situation to her or his guardian(s) by phone or, if appropriate, in person. Discuss with the guardian(s) the situation and the terms of the safety plan.
- Discuss with the student's guardian(s) the importance of preventive mental health care and provide a list of appropriate referrals, considering:
  - The family's language, religious beliefs, and culture.
  - The student's stressors and needs.
  - Barriers to receiving care such as transportation, health insurance, and how they can be mitigated.
  - The district's policies on referrals that protect the district from undue liability or risk.
  - Confirm that the appointment occurred.

## CHART 4: LOW RISK



# RE-ENTRY

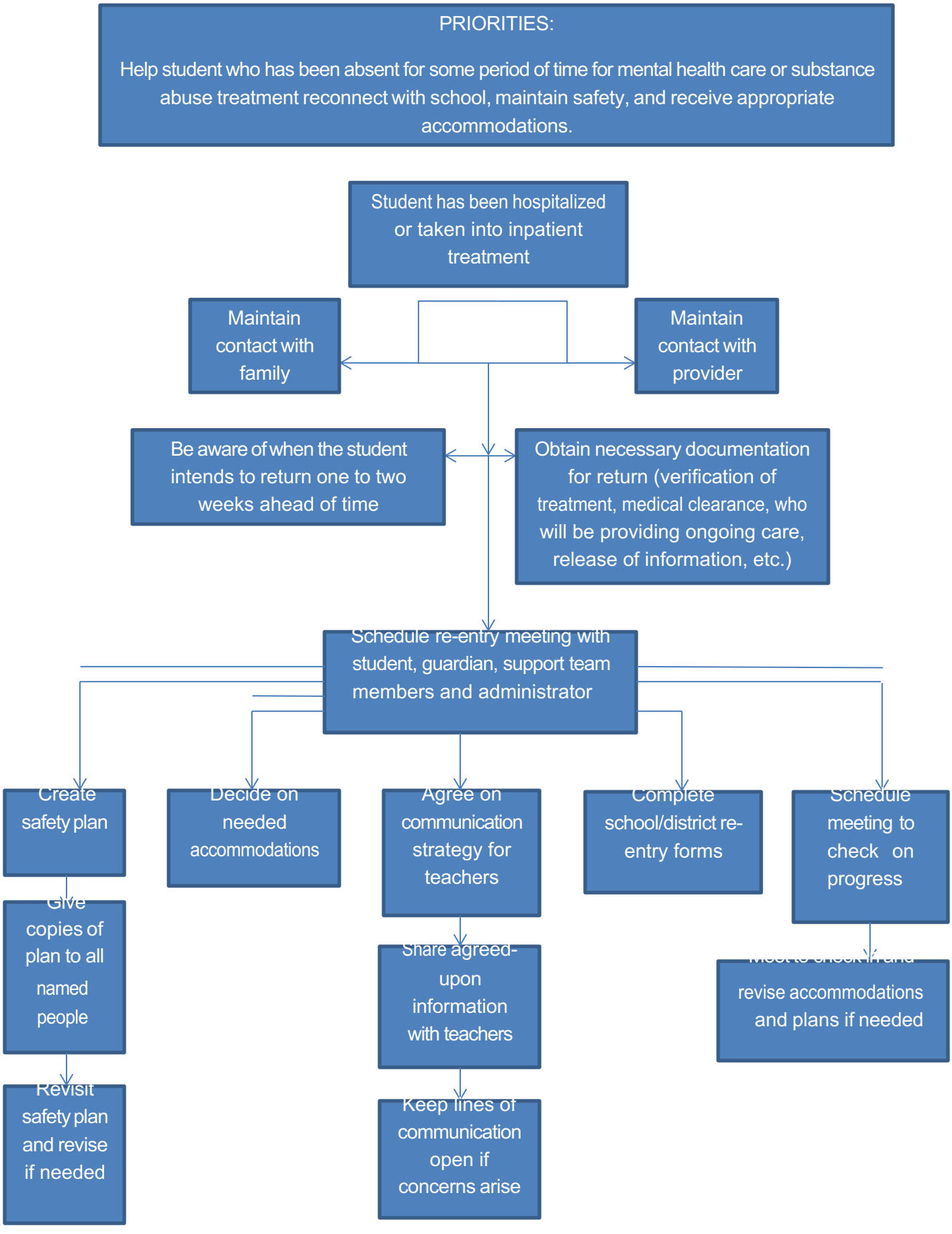
If a student has missed one or more days of school because of a crisis (for example, because of inpatient hospitalization or substance abuse treatment):

- Remain in touch with the family and the provider during the student's absence.
- If possible, get notification of the student's return to school one to two weeks ahead of time. Especially after a long absence or an absence after a dramatic crisis, students may be very fearful and hesitant about returning to school, and more planning and processing time can ease the stress of this difficult transition.
- If the student needs medical or psychiatric clearance to return to school or to participate in normal school activities (for example, physical education classes) upon return, obtain these documents as soon as possible after being notified of the student's plans to return.
- If the student's care is being transferred to an outpatient care provider, work with the guardian and provider to obtain a release of information so that the school can communicate with this provider.
- Schedule a re-entry planning meeting a few school days before the student's return date.
    - The re-entry meeting will be attended by the student's guardian(s), appropriate support team members, the building administrator and, for at least part of the meeting, the student.
    - During the meeting, the team will discuss how to support the student in phasing back into normal school life. Depending on the student's situation, this could include accommodations such as beginning with a lighter course load or workload.
    - Along with re-entry paperwork, a safety plan will be filled out at the re-entry meeting. This will be revisited on a schedule the team determines and adjusted as needed.
    - One best-practice-adherent framework for a safety plan comes from the Suicide Prevention Resource Center. For younger students, the language from a tool like this will need to be adjusted to be developmentally appropriate and the guardian intimately involved in creating the plan. Even older adolescent students may need these questions to be asked in more appropriate language. Copies of the safety plan should be given to those named in it as resources. Decisions will be made in this meeting, with the input of the student and, if applicable, the student's guardian, what should be shared with teachers. This may include the nature of the crisis, accommodations made in the safety plan and what support the student will need. This information should be shared with the student's teachers in a confidential manner that will not be seen or overheard by other students or staff.
- Depending on the student, other re-entry accommodations may be appropriate. These could include exemption from classes with potentially triggering content (for example, a student who has been hospitalized for an eating disorder may need to be excused from the eating disorder unit in health class), adjustments in examination schedules or other accommodations.
- Again, depending on the situation, it could be appropriate to engage the student's friends in helping with the transition. Appropriate roles for friends include working to quash rumors or bullying in the school and on social media, helping the student understand when to seek help and finding ways to be supportive within appropriate peer boundaries.
- Necessary accommodations may not be clear until the student has returned to school. During the student's first several days at school, a support team member should check in

with the student daily and remain in contact, if appropriate, with the student's guardian and care providers.

- A check-in meeting with the student and guardian should be scheduled about a week after return or as concerns arise to review accommodations and safety plan content and make necessary adjustments.

## CHART 5: RE-ENTRY AFTER INPATIENT CARE FOR MENTAL HEALTH OR SUBSTANCE ABUSE



# POSTVENTION

Bellingham Public Schools recognizes that the death of a student, whether by suicide or other means, is a crisis that affects the entire school and community. In the event of a student's death, it is critical that the school's response be swift, consistent, and intended to protect the student body and community. In the case of a death by suicide, other concerns such as the prevention of suicide contagion will be taken into account.

## CONFIRMING THE NEWS AND CONVENING THE CRISIS TEAM

Upon receiving news of a student's death, including an unconfirmed rumor, a staff member must immediately contact the building administrator or designee. Contact must be made whether this is during or outside school hours.

The building administrator will confirm the veracity of the information. This could include communication with the deceased student's family.

- Consider the family's language, religion, culture, and relationship with the school. Will you need the assistance of a translator or community leader? How will you ensure cultural competency and a compassionate, supportive stance?
- Discuss with the family how they want the death described to the school community. (For example, are they uncomfortable with it being referred to as a suicide? Is an ongoing investigation hampering communication?)

Upon confirming that the information is correct, the building administrator or designee will notify all staff that there has been a student death and there will be a staff meeting of at least an hour before school the next morning.

The administrator or designee will activate the Mobile Response Team. Staff that are part of the Mobile Response Team:

| Title | Contact Person | Phone Number | Cell Phone |
|---|---|---|---|
| Superintendent | Jeff Cravy | 360-445-5785 ext. 5508 | 360-969-1008 |
| Principal | Andrea Clancy | 360-445-5785 ext. 1114 | 360-421-3123 |
| Counselor | Sallie Miller | 360-445-5785 ext. 5526 | 425-583-9562 |
| 8th Grade Teacher | Ann Penry | 360-445-5785 ext. 5518 | 360-770-6462 |
| School Psychologist | Jennifer Moyer | 360-445-5785 ext. 2121 | |

The administrator and Mobile Response Team contact will discuss:

- The team's feedback on how to handle the crisis.
- Who from the mobile response team will attend the morning staff meeting and what their roles will be.
- The Mobile Response Team's presence in the school and role in Safe Room coverage.
- The needs of other district schools, such as feeder schools and family members' schools.

All media inquiries will be directed to the District Office. Students and staff will be directed not to speak with any representatives of the media.

The District Office will:

- Prepare a statement for media and a bulleted list of talking points.
- Prepare a short statement for office staff answering phones at the school and district.

Additionally, if the student has siblings at the neighboring high school, the District Office will notify the appropriate district's principal and Superintendent.

## CHART 6: UPON HEARING OF A STUDENT'S DEATH: BEFORE THE NEXT SCHOOL DAY

## BEFORE SCHOOL BEGINS ON THE FIRST DAY

- The deceased student's name will be immediately removed from the school's attendance roster, automated call system, and any other place that a call home could be initiated.
- A staff meeting (about an hour long), will be held and conclude before students arrive for the school day. ALL staff should attend, including instructional staff, health staff, available transportation staff, school security staff, food service workers, maintenance staff, and any contractors or outside workers present in the building (for example, construction workers working on the building).

The staff meeting agenda will include the following:

- Verifiable facts about the death and information about the family's needs and preferences.
- Time for staff to ask questions and express feelings.
- Information about grief counseling and support available through the Employee Assistance Program and procedures for accessing it.
- Review of the school and district's postvention plans.
- Identification of Mobile Response Team members and introductions if they are not known to staff.
- Dissemination of statement to be read by teachers during the first period of the day.
- Location of the Safe Room and what will take place there.
- Discussion of students who immediately come to mind as at risk during this crisis.
- Discussion of roles:
  - Safe room staffing and counseling support until the end of the school day.
    - At least two adults should be in the Safe Room at all times. At least one should be a person with advanced training in suicide prevention.
  - Which support team member will follow the deceased student's schedule for the day.
    - This person's role will be to help facilitate discussions in the classroom and provide 1:1 support for any student in crisis.
  - Extra patrols of the halls and grounds.
  - Telephone coverage at the school and who will instruct student volunteers not to answer school phones today.
  - District media contact; what staff and students should do if approached by media.
- Discussion of procedures:
  - How to refer a student affected by the crisis to the Safe Room.
  - Whom to notify and how if a student is behaving suspiciously or attempting to leave.

Documentation of each staff member's role during the day will be completed at the end of this meeting.

## DURING THE SCHOOL DAY ON THE FIRST DAY

- Each homeroom teacher will read the same statement to their classroom. This statement should *not* be made in an assembly or over the school's public address system. The statement will summarize the facts of the situation, the school's response plan and the importance of seeking immediate help from an adult if a student or their peer is in crisis.

  For more information about tailoring a statement to the situation and what topics to avoid in this conversation see the Suicide Prevention Resource Center's publication, *After a Suicide: A Toolkit for Schools*.
- Communication will go to students' families. Communication with parents is dependent on the wishes of the deceased student's family and might include the following:
  - Brief factual information about the crisis, avoiding focus on details of the death or means.
  - The school's condolences to the deceased student's friends and family.
  - Messages about grieving, such as that other students may feel regret, guilt, anxiety or fear.
  - Mention of existing support and suicide prevention resources in the school.
  - Discussion of the school's crisis response.
  - Discussion of suicide contagion, including signs of a crisis and intervention strategies.
  - Encouragement to contact the school if there is any indication their child needs extra support.
  - An invitation to be in touch with resources within the school with questions or concerns and contact information for a point person.

If a family meeting is scheduled close to the suicide, presenters' content will be the same as above. The administrator should be mindful of the fact that people beyond the student's immediate families will be affected by the crisis and that community members should be included in the meeting.

- A continuing effort will be made during this school day to keep listing students who may be in need of extra support or at risk of suicide contagion. The following should be considered:
  - Students who are having an unusually strong reaction to the death.
  - The deceased student's friends.
  - The deceased student's dating partners.
  - Students related to the deceased student.
  - Teammates, members of the same clubs and other associates.
  - Other students with a history of suicidal thoughts or behaviors.
  - Other students who have dealt with a recent crisis or loss.
  - Students experiencing mental health problems or other vulnerabilities.
  - Where possible, parents may be encouraged to add their children to the list if they have concerns.
- Mobile response team members will reach out to each student on this list for a one-on-one meeting and needs assessment within one to two school days after the crisis. Intervention procedures (see above) will be followed in these meetings.
- At the conclusion of this first school day, there will be another all-staff meeting to debrief the day. Content of this meeting will include:
  - How did implementation of the plan work during the day? What worked well? What was difficult?
  - What student needs or concerns arose during the day? How were they handled and what outstanding next steps remain?

- Has any new information about the incident surfaced during the day?
- What is the plan for the following day? The staff responsibilities form will be filled out again if necessary.

## AFTER THE FIRST DAY

- For at least the day after the first day, there should be before-school and after-school staff meetings focusing on the following:
  - Review of and adjustments to crisis plan implementation.
  - Any emerging needs among the student body or community.
  - Discussion of students identified as at risk and what they need.
  - Appreciations to helpful colleagues and self-care strategies.
  - Next steps.
- Staff meetings may be limited to the Mobile Response Team after the need for all-staff meetings ends. This decision will be made by the administrator and MRT.
- The school will return to a normal schedule as quickly as possible, with accommodations available for students who have been identified as at elevated risk. Accommodations should be discussed on a case-by-case basis and provided in accordance with the district's intervention procedures.
- Students may wish to attend the deceased student's funeral. It is appropriate to make information about the date, time and location of the funeral available to students. Guardians will be encouraged to accompany students to the funeral. Having extra counseling staff available in the school the day of and the day after the funeral is recommended.
- Removal of the deceased student's desk or chair from classrooms must be done sensitively and with clear communication to students. Considerations:
  - It is best to remove the chair or rearrange the classroom during a weekend, school break, or other time that the student body will be away from the school for multiple days.
  - A member of the student support team may wish to be present during the first-class period after the chair has been removed or the seating chart rearranged.
  - Messages to students will emphasize that the action is not meant to erase or disrespect the student but to help the class adjust to the "new normal." A class discussion facilitated by the support team member may be necessary at this time.
- Removing and returning the deceased student's personal items:
  - It will be important to empty the student's locker, gym locker, cubbies or other places personal items are stored in a timely fashion.
  - A member of the Mobile Response Team, ideally the building administrator, will consult with the student's family about who should do this and what should be done with the items.
- The district recognizes that it is not a safe practice to hold a candlelight vigil, hold a memorial service or erect a permanent memorial (such as a plaque, bench, or tree) at the school in the case of a suicide, as these practices could contribute to sensationalizing of suicide or students considering suicide a means to gain admiration or attention. Acceptable "living memorials" that decrease the risk of suicide contagion include:
  - A student-led suicide prevention initiative supervised by one or more faculty members.
  - A donation or fundraiser for a local crisis service or mental health care provider.
  - Participation as a school in a local suicide awareness event.
  - Hosting a suicide prevention or postvention training for students, staff and/or families.
  - Placing printed prevention resources in the school.
- Well after the loss of a student to suicide, the school will be mindful of anniversaries, such as the anniversary of the death, the student's birthday, the date the student would have graduated, etc. Students identified as at risk will receive extra support and observation during these times as well.

# POST-CRISIS ACTIONS

- Crisis debriefing:
  - Debriefing after a crisis helps staff, students and Mobile Response Team members reflect on the successes and challenges of the school and district's responses.
  - Debriefing is critical to handling the next crisis better.
  - Debriefing should be approached with humility and an emphasis on quality improvement rather than the assessment of blame.
- Cycling back to prevention:
  - One outcome of quality postvention will be enhanced and improved prevention.
  - When postvention in the aftermath of the crisis has been completed, a task force including members of the building's support team and the district Mobile Response Team will convene to determine whether adjustments need to be made in the school's prevention plan moving forward.

Risk Assessment Checklist

| Performance/Degree | RISK PRESENT, BUT LOWER | MEDIUM RISK | HIGH RISK |
|---|---|---|---|
| **1. Suicide Plan** a. Details | □ vague | □ some specifics | □ well thought out, knows when, where, how |
| b. Availability of Means | □ not available, will have to get | □ available, have close by | □ have in hand |
| c. Time | □ no specific time or in future | □ within a few hours | □ immediately |
| d. Lethality of Method | □ pills, slash wrists | □ drugs and alcohol, car wreck, carbon monoxide | □ drug, gun, hanging, jumping |
| e. Chance of Intervention | □ others present most of the time | □ others available if called upon | □ no one nearby, isolated |
| **2. Previous Suicide Attempts** | □ none or one of low lethality | □ multiple of low lethality or one of medium lethality, history of repeated threats | □ one high lethality or multiple of moderate lethality |
| **3. Stress** | □ no significant stress | □ moderate reaction to loss and environmental changes | □ severe reaction to loss or environmental changes |
| **4. Symptoms** **a.** Changes in Behavior | □ daily activities continue as usual | □ some daily activities disrupted; disturbance in eating, sleeping, schoolwork | □ gross disturbances in daily functioning |
| **b.** Depression | □ mild, feels slightly down | □ moderate, some moodiness, sadness, irritability, loneliness and decrease of energy | □ overwhelmed with hopelessness, sadness and feels worthless |
| **5. Resources** | □ help available; significant others concerned and willing to help | □ family and friends available but unwilling to consistently help | □ family and friends not available or are hostile, exhausted, injurious |
| **6. Communication Aspects** | □ direct expression of feelings and suicidal intent | □ inter-personalized suicidal goal ("They'll be sorry – I'll show them") | □ very indirect or nonverbal expression of internalized suicidal goal (guilt, worthlessness) |
| **7. Lifestyle** | □ stable relationships, personality and school performance | □ recent acting out behavior and substance abuse, acute suicidal behavior in stable personality | □ suicidal behavior, unstable personality, emotional disturbance, repeated difficulty with peers, family and teachers |
| **8. Medical Status** | □ no significant problems | □ acute but short term or psychosomatic illness | □ chronic debilitating or acute catastrophic illness |

# Suicide Intervention Resources

● **Compass Health**

**-Description:** The Compass Health Crisis Prevention and Intervention Team (CPIT) is a 24-hour, community-based outreach team with the ability to respond to and provide services in the community (e.g., homes, schools, or hospitals). CPIT serves adults, adolescents, and children who are located in Whatcom, Skagit, and Snohomish Counties, and who are experiencing a behavioral health crisis. Offers short term crisis intervention and prevention services, urgent walk-in appointments during business hours, community outreach, urgent follow up appointments, and care planning services for up to 2 weeks.

| Organization | Phone number |
|---|---|
| Compass Health | **425-349-8200 or 844-822-7609** |

● **Volunteers of America Western WA 24-hour Crisis Line**

**-Description:** Volunteers of America 24 Hour Crisis Line offers emotional support and crisis intervention to individuals in crisis or considering suicide. They also offer crisis services through their Care Crisis Chat if people prefer communication online rather than by telephone.
Crisis Line: **988** Care Crisis Chat: http://www.imhurting.org/

**Suicide Prevention**

● **NWYS:**

**-Description:** A non-profit organization serving young people ages 13-24 experiencing homelessness in Whatcom and Skagit Counties. NWYS support youth in identifying goals and building the skills necessary to reach their own sense of stability. Northwest Youth Services offers housing, street outreach, help finding a job or enrolling in school, connection to mental health services, support for LGBTQ youth, restorative justice for juvenile offenders, and referrals to other services in the community. The Queer Youth Project is a NWYS program dedicated to supporting and advocating for at-risk and homeless LGBTQ youth.

**-Contact:**

Maverick (Director of Community & Healing Services)
maverickt@nwys.org

● **NAMI:**

**-Description:** NAMI Whatcom is an affiliate of NAMI, the National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. We provide free support groups, educational classes, and education forums to the community. NAMI Whatcom is fully inclusive of individuals with mental illness and their families of all backgrounds and cultures. Our affiliate collaborates with others to advocate for system change and public policies that best serve to support recovery and resiliency for those whose lives are affected by mental illness.

**-Contact:**

NAMI Skagit: 360-313-7080
Danita Gilbert (board member): 360-941-6270 or danitag@live.com
Pauline Lowman (board member): pollylowman@gmail.com

● **Western Washington University Suicide Prevention Program:**

**-Description:** WWU's Suicide Prevention Program provides a systematic approach to preventing suicide and promoting emotional well-being on campus. We work to promote "upstream" approaches to emotional well-being and suicide prevention. Among the approaches we utilize are programs that assist students in developing life skills, strengthening relationships, improving wellness and academic performance. We also collaborate with campus partners to end the stigma associated with mental illness. Counseling and Wellness Center: 360-650-3164
https://cwc.wwu.edu/suicide-prevention

● **Cover Me Veterans:**
**-Description:** A nonprofit organization partnering in the fight to address the disproportionately high rate of suicide in the Veteran population. They offer Veterans and current service members the opportunity to have a personally relevant and meaningful image placed directly on their firearm(s) with the hope that seeing this image will prompt them to "think twice," should they have thoughts of suicide and the firearm within reach. Seeing this image is likely an effective way to intervene at this incredibly dangerous time.
**-Contact:**
Heidi Sigmund (President): admin@CoverMeVeterans.org

● **Adolescents Coping with Depression:**
**-Description:** A cognitive behavioral treatment intervention that targets issues typically experienced by adolescents with depression. These issues include discomfort, anxiety, irrational/negative thoughts, poor social skills, and limited experiences of pleasant activities. The program consists of 16 two-hour sessions conducted over an eight-week period. Organized by Kaiser Permanente Center for Health Research.
To purchase the program:
http://www.saavsus.com/store/adolescent-coping-with-depression-course

● **Signs of Suicide**
**-Description:** A suicide prevention program designed for middle school or high school students. The goals are to decrease suicide and suicide attempts by increasing student knowledge and adaptive attitudes about depression, encourage personal help-seeking and/or help-seeking on behalf of a friend, reduce the stigma of mental illness, engage parents and school staff, and encourage community-based partnerships to support student mental health. Implemented using educational DVDs and group discussions. Organized by Screening for Mental Health non-profit organization that provides educational programs for mental health conditions.
To purchase the program:
https://shop.mentalhealthscreening.org/collections/youth-programs

● **Good Behavior Game**
**-Description:** The Good Behavior Game (GBG) is a universal classroom-based behavior management strategy for elementary school that teachers use along with a school's standard instructional curricula. GBG uses a classroom-wide game format with teams and rewards to socialize children to the role of student. It aims to reduce aggressive, disruptive classroom behavior, which is a shared risk factor for later problem behaviors, including adolescent and adult illicit drug abuse, alcohol abuse, cigarette smoking, antisocial personality disorder (ASPD), violent and criminal behavior, and suicidal thoughts and behaviors. Organized by American Institutes for Research.
To purchase the program
http://www.blueprintsprograms.com/program-costs/good-behavior-game

● **Animals as Natural Therapy**
**-Description:** offers healing programs for at-risk youth & veterans based on the knowledge that animals can teach humans important life skills: respect for self and others, trust-building, and clear communication. ANT's equine-based experiential methods are highly effective in helping overcome many personal challenges in areas such as impulse control, anger management, attachment, PTSD, grief and anxiety. ANT's projects successfully aid in preventing school dropouts; avoiding repeated incarcerations; circumventing gang, prostitution, or drug involvement; and preventing suicide attempts.
(360) 671-3509

● **Washington 2-1-1**

**-Description:** When you dial 2-1-1, trained Information and Referral Specialists answer your questions and get you connected with the resources you need. Whether you're in need of help with rent assistance, job training, food, shelter, or support groups, these are just some of the hundreds of social services and health and wellness programs that 2-1-1 can help you access. Our Information and Referral Specialists are here when you need them, available 24/7 for your convenience.

● **Sources of Strength**

**-Description:** A best practice youth suicide prevention project designed to harness the power of peer social networks to change unhealthy norms and culture, ultimately preventing suicide, bullying, and substance abuse. The mission of Sources of Strength is to prevent suicide by increasing help seeking behaviors and promoting connections between peers and caring adults. Sources of Strength moves beyond a singular focus on risk factors by utilizing an upstream approach for youth suicide prevention. This upstream model strengthens multiple source s of support (protective factors) around young individuals so that when times get hard, they have strengths to rely on. The program implements peer advisors within each school as contact people for anyone expressing interest in talking about mental health and suicide. These student advisors are overseen by adult supervisors for the program.
https://sourcesofstrength.org/

# REFERENCES

House Bill 1336
Bill as passed in the state legislature in April 2013 is available at http://apps.leg.wa.gov/documents/billdocs/2013-14/Pdf/Bills/House%20Passed%20Legislature/1336- S.PL.pdf

**Other states' plans**

The Louis de la Parte Florida Mental Health Institute at the University of South Florida's *Youth Suicide Prevention School-based Guide Checklists* are a useful best-practice resource. *http://theguide.fmhi.usf.edu/*

The Crisis Management Institute's Crisis Response Manual (based in Oregon) is used by several districts in Washington this to inform their postvention work. The manual and other resources are available at http://www.cmionline.org/.

**Resources on evidence-based and best-practice programs**

SAMHSA's National Registry of Evidence-Based Programs and Practices: NREPP is a searchable online registry of more than 320 substance abuse and mental health interventions. NREPP was developed to help the public learn more about evidence-based interventions that are available for implementation. You can search for specific programs or types of program at https://www.samhsa.gov/resource-search/ebp

SPRC best-practice registry http://www.sprc.org/bpr. The purpose of the Best-Practices Registry (BPR) is to identify, review and disseminate information about best-practices that address specific objectives of the *National Strategy for Suicide Prevention*.

**Resources from OSPI**

*The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success* by Ray Wolpow, Mona Johnson, Ron Hertel, and Susan Kincaid. This book, available in full at https://www.k12.wa.us/sites/default/files/public/compassionateschools/pubdocs/theheartoflearningandteaching.pdf, and was written by veteran educators and addresses how schools can be most supportive of youth who have experienced trauma.

School Safety Center Bullying and Harassment (HIB) Toolkit—**The Washington HIB Prevention and Intervention Toolkit** provides background information, best-practice materials for program planning, classroom implementation, staff training and additional resources for HIB prevention and intervention for districts, schools, students, families and others across Washington. https://www.k12.wa.us/student-success/health-safety/school-safety-center/harassment-intimidation-and-bullying-hib

School Safety Center Threat Assessment page—The primary purpose of a threat assessment is to prevent targeted violence. The threat assessment process is centered upon on analysis of the facts and evidence of

behavior in a given situation. The appraisal of risk in a threat assessment focuses on actions, communications, and specific circumstances that might suggest that an individual intends to mount an attack and is engaged in planning or preparing for that

event. http://www.k12.wa.us/safetycenter/threat/default.aspx

The Student Assistance Prevention-Intervention Services Program (SAPISP) is a comprehensive, integrated model of services that fosters safe school environments, promotes healthy childhood development, and prevents alcohol, tobacco, and other drug abuse. SAPISP supports the Office of Superintendent of Public Instruction's mission to ensure the success of all learners through safe, civil, health, and engaging learning environments. https://www.k12.wa.us/PreventionIntervention/

**Prevention programming**

Suicide Prevention Resource Center Safe Messaging Guidelines
http://www.sprc.org/library/safemessagingfinal.pdf.

Developed through a contract with the National Association of State Mental Health Program Directors in collaboration with Education Development Center, Preventing Suicide: A Toolkit for High Schools aims at reducing the risk of suicide among high school students by providing research-based guidelines and resources to assist school personnel and leadership, providers, and others to identify teenagers at risk and take appropriate measures to provide help. Drawing on key elements of evidence-based programs, the toolkit offers information on screening tools, warning signs and risk factors of suicide, statistics and parent education materials that are easily adaptable to any high school setting. https://www.sprc.org/resources-programs/preventing-suicide-toolkit-high-schools

**Intervention resources**

Contact numbers for the local crisis lines in each county in Washington can be found here: https://www.namiskagit.org/crisis-lines

Safety plan template: This is a best-practice framework for a safety plan. For younger students, the language will need to be adjusted to be developmentally appropriate and the guardian intimately involved in creating the plan. Even older adolescent students may need these questions to be asked in more appropriate language.
https://www.sprc.org/resources-programs/stanley-brown-safety-plan

*The Use of No-Suicide Contracts* by Stacey Freedenthal, PhD, LCSW: Concise explanation of why it is best to use safety planning instead of no-self-harm contracts with individuals thinking about suicide.
http://www.speakingofsuicide.com/2013/05/15/no-suicide-contracts/

**Screening tools**

GAIN SS: The five-minute Global Appraisal of Individual Needs Short Screener (GAIN-SS) is primarily designed for three things. First, it serves as a screener in general populations to quickly and accurately identify clients who would be flagged as having one or more behavioral health disorders on the GAIN-I, suggesting the need for referral to some part of the behavioral health treatment system. It also rules out those who would not be identified as having behavioral health disorders. Second, it serves as an easy-to- use quality assurance tool across diverse field-assessment systems for staff with minimal

training or direct supervision. Third, it serves as a periodic measure of change over time in behavioral health. http://www.gaincc.org/GAINSS

SAFE-T: Assists clinicians in conducting a suicide assessment using a 5-step evaluation and triage plan to identify risk factors and protective factors, conduct a suicide inquiry, determine risk level and potential interventions, and document a treatment plan. https://www.samhsa.gov/resource/dbhis/safe-t-pocket-card-suicide-assessment-five-step-evaluation-triage-safe-t-clinicians

**Postvention**

*After a Suicide: A Toolkit for Schools* includes an overview of key considerations, general guidelines for action, dos and don'ts, templates, and sample materials, all in an easily accessible format applicable to diverse populations and communities. https://www.sprc.org/resources-programs/after-suicide-toolkit-schools

*Suicide Clusters and Contagion* by Frank Zenere: This article addresses how to recognize and address risk of suicide contagion in the school setting. https://www.nasponline.org/Documents/Resources%20and%20Publications/Handouts/Families%20and%20Educators/Suicide_Clusters_NASSP_Sept_09.pdf

# *Conway School District Student Social, Emotional and Behavioral, and Mental Health Recognition, Screening, and Response.*

**November 2022**

FOREFRONT SUICIDE PREVENTION

SMART School Mental Health Assessment Research & Training Center
UNIVERSITY of WASHINGTON

Washington Office of Superintendent of PUBLIC INSTRUCTION

# *Student Social, Emotional and Behavioral, and Mental Health Recognition, Screening, and Response*

This program and process is adapted from OSPI's Model Manual

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Washington Office of Superintendent of
PUBLIC INSTRUCTION

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# Introduction

Revised Code of Washington (RCW) 28A.320.127 requires that all K–12 school districts adopt a plan to screen, recognize, and respond to indicators of social, emotional, behavioral, and mental health (SEBMH) such as, but not limited to, sexual abuse, substance use, violence, or youth suicide.

This document guides districts to carry out the screening process for students and to refer and respond for appropriate intervention in a manner that is consistent with research-based practices and compliant with the law.

# RCW 28A.320.127 Compliance Checklist

| RCW 28A.320.127 Compliance Checklist | |
|---|---|
| ☒ | 1. Adopt the Model District Template (pages 9–19 of this document) to screen SEBMH indicators such as, but not limited to:<br>a. Emotional or behavioral distress<br>b. Sexual abuse<br>c. Substance use<br>d. Suicide risk<br>e. Violence |
| ☒ | 2. Annually provide this school's Student Social, Emotional and Behavioral, and Mental Health Recognition, Screening, and Response Plan to all staff |
| ☒ | 3. Identify community partners for health, mental health, substance use, and social support services |
| ☒ | a. At minimum one Memoranda of Understanding (MOU) with such agency or organization |
| ☒ | 4. Identify how to use expertise of staff trained in screening, referral, and response |
| ☒ | 5. Identify plan for postvention after an incident of violence, report of sexual abuse, or suicide |
| ☒ | 6. Identify required staff training on duty to report physical abuse or sexual misconduct |
| ☒ | 7. Identify supplemental staff training in areas related to SEBMH |
| ☒ | 8. Procedure for crisis response if a student is imminent danger to self or others |
| ☒ | 9. Procedure for staff to recognize and respond to concerns or warning signs of SEBMH distress |
| ☒ | 10. Procedure for staff to respond to reports of sexual contact by staff, volunteer, or family member |
| ☒ | a. Protocols for staff interaction child protective services, parents/guardians, law enforcement |
| ☒ | b. Protocols for guardian notification after allegation of sexual misconduct |

# Definitions and Terms

Common language and shared understanding of terms are foundational to the success of the SEBMH screening process. The following are referenced frequently throughout this document:

- Interconnected Systems Framework (ISF)
- Mental Health (MH)
- Multi-Tiered Systems of Support (MTSS)
- Positive Behavioral Interventions and Supports (PBIS)
- Social, Emotional, Behavioral, Mental Health (SEBMH)
- Social-Emotional Learning (SEL)

## Screening

In the context of SEBMH, the screening process serves to identify students at risk of or experiencing MH conditions, and to provide schools with the opportunity to respond with appropriate referrals and evidence-based interventions

### Universal v. Focused Screening

Districts may plan screening to be universal, focused, or indicated.

- Universal—All students at all schools
- Focused—Select groups by classroom, grade, or special program status
- Indicated—Individual factors
    - For example: exposure to trauma, history of substance use

### Formal v. Informal Screening

Question 20 of the Model District Template guides districts to select formal screening tools.

- A ***formal*** screening tool is typically a structured set of criteria (checklist, questionnaires, rating scales) with standard scoring.
- ***Informal*** screening is typically less structured and may consist of open-ended interviews and/or observations.

### Comparison to Existing Screening Practices

K–12 districts should already be familiar with the screening process in the contexts of dyslexia, hearing, and vision. In the context of vision, school nurses or trained adults may administer screening to a focused group (by grade) or indicated students (recognized signs of vision deficits). If the results reflect that a student may need further support, then school personnel notify the parent/guardian to recommend further assessment by a physician or optometrist and refer for services beyond the scope of education (glasses or contacts). The school may also implement supports such as preferred seating at the front of the classroom or printed copies of handouts and presentations.

In the context of SEBMH, districts may administer screening tools (such as those in Appendix C) to be completed by students, parents/guardians, and/or school staff, to assess emotional or behavioral indicators. Districts may choose to screen universally, select a focused group, or indicated individuals. If results indicate that a student may be at-risk of or experiencing distress, then school personnel may notify the parent/guardian and recommend further assessment by a physician or MH specialist and refer for services beyond the scope of education (individual or family therapy, mental health treatment). The school may also implement supports such as check-ins or mentoring with staff, classroom breaks to cope with distress, or creation of safe spaces.

## Recognition, Referral, and Response

Upon recognizing that a student is at risk of or experiencing SEBMH concerns (whether by results from screening, or signs of emotional or behavioral distress) schools may notify the parent/guardian and refer

the student for school-based services or to community services. If a student is an imminent danger to self or others (indicators of self-harm, suicidal ideation, or act of violence) schools must immediately respond with appropriate assessment and referral. Select examples of referral/response mechanisms include:

- Check-ins or mentoring with school personnel
- Individual meetings with students/families
- Referral to community organizations for health, MH, and/or social services
- Referral to school personnel (counselor, nurse, psychologist, social worker)
- Small group interventions for students

When referring families to community organizations, it is recommended that districts establish effective referral pathways with clear procedures for managing referrals that allow for exchange and sharing of information.

## Ethical and Legal Considerations

Screening must be completed in a manner consistent with federal and state laws. The process may raise ethical or legal concerns around communication, confidentiality, and family/student rights. Consider:

- Confidentiality and storage of documents and screening results, and who will access the information
- District capacity to follow-up with all students identified to be at-risk or in need of response
- District response if students are identified to be of imminent risk of harm to themselves or others

### Consent

Before the screening process, legal guardian(s) must consent, either actively (in writing) or passively (notice with an option to decline). The Protection of Pupil Rights Amendment (PPRA) protects the rights of students participating in "protected information surveys," including those concerning mental or psychological problems of the student or student's family. Appendix E and Appendix F are sample consent forms.

### Privacy and Protected Information

The Family Educational Rights and Privacy Act (FERPA) protects students' education records and personally identifiable information (PII). If school districts partner with medical or mental health organizations, there are additional considerations regarding health records which are protected by the Health Insurance Portability and Accountability Act (HIPAA). Prior parental consent is required before sharing education records or PII.

Districts and community partners may enter MOUs to address sharing students' records while still maintaining their rights to confidentiality, to and create policies for how documents will be sent and stored, and how partners will communicate relevant information.

For more information on this topic, see the US Department of Education (US DOE) Joint Guidance on the Application of FERPA and HIPAA to Student Health Records.

# Conway school district

## 1. Team-Driven Shared Leadership Section

Requirements:

- Identify the district leadership team responsible for this plan
- Identify how to use expertise of staff trained in recognition, screening, and referral

Recommendations:

- The team responsible for this plan can be an existing group rather than creating a new team

Resources:

- National Center for School Mental Health (NCSMH) School Mental Health Quality Guide: Teaming

### a. What district leadership team is responsible for adopting and leading this plan?

☐ An existing team:

- ☒ Crisis Response Team
- ☒ MTSS, or PBIS Team
- ☐ Restorative Practices Team
- ☒ Section 504 Team
- ☒ Special Education Team
- ☐ Other:

☐ A new multidisciplinary team:

- Jeff Cravy
- Sallie Miller
- Andrea Clancy
- DLT Members
- Jennifer Moyer
- Mandy Lewis

### b. Departments involved in developing and / or reviewing the plan

- ☐ Assessments and Testing
- ☒ Behavioral Health/Mental Health Services
- ☐ Business and Finance
- ☐ Career and Technical Education
- ☐ Communications
- ☐ Discipline
- ☐ Diversity, Equity, and Inclusion
- ☒ Enrollment
- ☒ Health Services and School Nurses
- ☒ Human Resources
- ☐ Information and Technology
- ☐ Risk Management/Legal
- ☒ School Administrators
- ☒ School Counseling and Guidance
- ☒ School Psychologists
- ☐ School Safety and Security
- ☐ School Social Workers
- ☐ Student or Youth Representative
- ☒ Special Education
- ☒ Superintendent
- ☐ Teachers Union
- ☐ Other(s):

### c. What is the district's capacity of Education Staff Associates (ESAs) with knowledge, experience, or training related to SEBMH screening, recognition, and response?

Requirements:

- RCW 28A.320.280, School counselors, social workers, and psychologists—Priorities

- ☒ School Counselor
- ☒ School Nurse
- ☒ School Psychologist
- ☒ School Based Mental Health Counselor

☐ Other:

**d. The district will utilize the expertise of ESAs and staff trained in screening, recognition, referral, and topics related to SEBMH?**

Requirements:

- RCW 28A.320.290, School counselors, social workers, and psychologists—Professional collaboration
    - Within existing resources, beginning in the 2019–20 school year, first-class school districts must provide a minimum of six hours of professional collaboration per year, preferably in person, for school counselors, social workers, and psychologists

Recommendations:

- Roles of ESA's often overlap; identify the position(s) responsible for each of the activities

Resources:

- Tiered Roles for ESAs (School Counselors, Social Workers, Psychologists and Nurses)

Utilization of ESA's:

☒ Administer SEBMH assessments
☒ Case management
☒ Facilitate communication between student, family, school, and outside providers
☒ Facilitate referral to community services
☒ Consult and collaborate with colleagues
☒ Counseling and therapy (individual and/or group) with evidence-based practices
☒ Crisis Assessment, Intervention, and Postvention
☒ Child abuse (emotional, physical, psychological, sexual) or neglect
☒ Postvention after crisis or emergency
☒ Suicide assessment
☒ Threat assessment
☒ Develop and Implement 504 and Individual Education Programs (IEP)
☒ Develop Behavior Intervention Plans (BIP) and related documents
☒ Facilitate classroom lessons for students
☒ Facilitate campus-wide activities for students
☒ Facilitate or participate in individual student-focused team meetings (504, IEP, discipline)
☒ Facilitate training and professional learning in areas related to SEBMH
☒ Receive and process SEBMH referrals
☐ Other:

**e. District required staff professional learning related to SEBMH?**

☒ RCW 28A.410.270, Washington professional educator standards board—Performance standards—Certification levels—Teacher effectiveness evaluations—Requirements for professional certificate and residency teaching certificate—Demonstration of educator preparation programs' outcomes (as amended by 2021 c 197)
☒ RCW 28A.410.035, Qualifications—Coursework on issues of abuse; sexual abuse and exploitation of a minor; and emotional or behavioral distress in students, including possible substance abuse, violence, and youth suicide
☒ RCW 28A.410.273, Washington professional educator standards board—Social-emotional learning
☒ RCW 28A.400.317, Physical abuse or sexual misconduct by school employees—Duty to report—Training

☒ RCW 28A.410.226, Washington professional educator standards board—Training program on youth suicide screening—Certificates for school nurses, social workers, psychologists, and counselors—Adoption of standards

☒ RCW 28A.310.515, School safety and security staff—Training program—Guidelines for on-the-job and check-in training

☐ Other:

**f. District supplemental staff professional learning related to SEBMH?**

Requirements:

- Identify opportunities for staff training related to SEBMH screening, recognition, and referral
- RCW 28A.415.445, Professional learning days—Mental health topics—Cultural competency, diversity, equity, and inclusion
    - School districts must use one of the professional learning days to train school district staff in one or more of the following topics: Social-emotional learning, trauma-informed practices, using the model plan related to recognition and response to emotional or behavioral distress, consideration of adverse childhood experiences, mental health literacy, antibullying strategies, or culturally sustaining practices
    - Beginning in the 2023–24 school year, and every other school year thereafter, school districts must use one of the professional learning days to provide to school district staff a variety of opportunities for training, professional development, and professional learning aligned with the cultural competency, equity, diversity, and inclusion standards of practice developed by the Washington professional educator standards board

Resources:

- See Appendix D for free and low-cost training and professional learning opportunities for staff

Topics Related to SEBMH:

☒ Child abuse or neglect
☐ Commercial sexual exploitation of children and youth
☒ Continuums of support framework: MTSS, PBIS
☒ Culturally responsive practices
☒ Crisis response (Right Response)
☒ De-escalation techniques (Right Response)
☒ Diversity, equity, and inclusion (DEI)
☒ Emotional or behavioral distress
☒ MH awareness and literacy
☒ Restorative justice principles and practices
☒ Secondary traumatic stress
☒ Sexual abuse prevention
☒ SEL
☒ Substance use prevention
☒ Suicide prevention
☒ Threat assessment and response/violence prevention
☒ Trauma, trauma-informed schools, adverse childhood experiences (ACEs)
☐ Other topic(s) related to SEBMH:

Methods to Provide Professional Learning and Training:

☒ In-service professional learning and technical assistance
☒ Approved clock hour providers
☒ Educational Service District (ESD)
☐ University of Washington (UW) School Mental Health Assessment, Research, and Training (SMART) Center Training and Technical Assistance Core (TACore)
☐ UW Forefront Suicide Prevention
☐ Other:
☒ Online Self-Paced Training
☐ Classroom Well-Being Information and Strategies for Educators (WISE)
☐ Psychological First Aid [PENDING NEW COURSE 2022]
☐ OSPI's Confident Action and Referral by Educators (CARE)
☐ OSPI's SEL Online Module
☐ Other:

## 2. Community Engagement and Participation Section

Requirements:

- Identify and partner with health, MH, substance use, and social support services agencies

Recommendations:

- Leverage community partners to maximize the resources and services for students and families
- Establish referral pathways, processes, and procedures to connect families with community partners

Resources:

- National Association of School Psychologists (NASP) and NCSMH Effective School-Community Partnerships to Support School Mental Health

### a. What community organization(s) and resource(s) are available for health, mental health, substance use? Attached plan has contact information.

Community Agencies for Health, MH, Substance Use, and Social Support:

☒ Behavioral or MH Organizations
☒ Department of Social and Health Services (Office Locator)
☒ Medical or Public Health Providers, School-Based Health Centers
☒ Substance Use Treatment
☒ Washington Mental Health Referral Service for Children and Teens
☐ Other:

Additional Programs and Resources:

☐ Before or after school programs
☒ City or local government
☐ Faith-based organizations
☒ Nonprofit and philanthropic organizations serving youth and families
☒ Organizations for basic needs (clothing, food, shelter)
☐ Other:

### b. Does the district have at least one MOU with community organization(s) for health, mental health, substance use, or social services?

Requirements:

- At least one MOU with such a community organization or entity

Recommendations:

- Address procedure for exchange of information and/or release of records (HIPAA/FERPA)
- Identify the activities, goals, purpose, roles, and responsibilities of entities under the agreement

Resources:
- Midwest PBIS Network Sample MOU
- OSPI Sample MOU

At least one MOU with community organization (Section 2.a.):

☒ Yes

☐ No

Skagit County Behavioral Health, NWESD
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**3. Family Engagement and Participation Section**

Requirements:
- Plan must include protocols and procedures for communication with guardians

Recommendations:
- Involve parents/guardians in selecting screening tools and planning and implementing screening

Resources:
- NASP School-Family Partnering to Enhance Learning

**a. How will the district communicate with parents/guardians about planning and implementing the screening process?**

☐ Add information to annual enrollment notifications
☒ Add information to newsletters and/or websites
☒ Direct communication with parents/guardians (e.g., email, letter, phone call)
☐ "One-Pager" handout
☐ Other:

**b. How will parents/guardians consent to screening?**

Requirements:
- PPRA: Legal guardians must consent (active or passive) before the student participates in screening

Recommendations:
- Consider the pros and cons of both active and passive consent

Resources:
- The Ethical and Legal Considerations section of this document
- See Appendix E and Appendix F for sample consent forms
- School Health Assessment and Performance Evaluation System (Shape) School Mental Health Quality Guide: Screening (pages 11–12)

District Protocol:

☒ Active Consent (Healthy Youth, Beisy Screener, FLASH)
☒ Passive Consent (Life Skills)

**c. How will the district involve students in SEBMH screening?**

Recommendations:
- Engage students with opportunities for input in selecting the screening tool

☐ Establish process for students to initiate SEBMH referrals for themselves or peers
☒ Invite student input to select screening tool
☒ Invite students to assent or consent to participate in screening
☐ Other:

## 4. Data-Based Decision-Making Section

### a. What are the existing data sources?

☒ School climate data
☒ The Washington State Healthy Youth Survey (HYS)
☐ Abuse (physical or emotional)
☒ MH: depressive symptoms
☒ MH: suicide attempts
☐ Sexual behavior
☐ Alcohol, tobacco, and/or other drug use
☐ Student information system (such as Gradelink, Powerschool, skyward) and academic history
☒ Absenteeism, truancy
☒ Academic data (grades, graduation status, GPA)
☒ Office discipline referrals (ODRs)
☒ School Counselor, Psychologist, Social Worker referrals or visits
☒ School Nurse referrals or visits
☐ OSPI School Report Card
☐ Other:

### b. How can existing data sources be utilized?

☒ Identify indicators for the district to prioritize for screening
☒ Utilize multiple data sources to inform decisions to selecting students for screening
☐ Other:

## 5. Screening: Exploration, Installation, and Implementation Section

Requirements:

- Adopt a plan for initial screening of indicators of emotional or behavioral distress including, but not limited to, sexual abuse, substance use, violence, and youth suicide

Recommendations:

- Start with a small number of students (focused, indicated) before scaling up to all (universal)

Resources:

- Mental Health Technology Transfer Center (MHTTC) Implementation Guidance Modules for States, Districts, and Schools (Module 4)
- NCSMH School Mental Health Quality Guide: Screening
- NCSMH School Mental Health Screening Playbook
- Substance Abuse and Mental Health Services Administration (SAMHSA) Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools
- School Mental Health (SMH) Collaborative Best Practices in Universal Social, Emotional, and Behavioral Screening: An Implementation Guide

### a. Will the district screening of students be universal, focused, or indicated?

☐ Universal (All)
☐ Focused (Some)

☒ Indicated (Individual)

**b. If the district plans to conduct focused screening, how will students be selected?**

☐ Academic Risk (absences, grades, graduation status)
☐ Grade (or age)
☐ Special Program Status:
- ☐ Children of Incarcerated Parents
- ☐ Free and Reduced-Price Meal (FRPM) Eligible
- ☐ Highly Capable Program
- ☐ Institutional Education
- ☐ Learning Assistance Program (LAP)
- ☐ Migrant Education Program and Multilingual Education
- ☐ Military-Connected Youth
- ☐ Native Education
- ☐ Special Education
- ☐ Youth Experiencing Homelessness
- ☐ Youth in Foster Care

☐ N/A (screening will be universal or indicated)
☐ Other:

**c. If the district plans to conduct "indicated" screening (individuals), how will students be selected?**

☒ Students with known risk factors or exposure to trauma
- ☒ Child abuse or neglect, or sexual abuse
- ☒ Death of a family member or loved one
- ☒ Prior acts or threats of violence
- ☒ Prior suicidal behavior, ideation, or attempts
- ☒ Substance use

☐ N/A (screening will be universal or focused)
☐ Other:

**d. Based on the information in sections 14-16, how many students will be screened?**

Total number of students: 40

**e. Following a traditional continuum of supports framework (ISF, MTSS, PBIS), approximately how many students' results may indicate further assessment or intervention (Tier 2 and/or 3)?**

Anticipated Number of Students:
- Tier 1: 25
- Tier 2: 10
- Tier 3: 5

Does the district have the capacity to respond with Tier 2 and/or 3 interventions and services for the anticipated number of students?

☒ Yes

☐ No (if no, review section 5.a—c and reduce number of students such that the district has the capacity)

## 6. Screening: Selection of Evidence-Based Screening Tool(s) Section

Requirements:

- Incorporate research-based best practices

Recommendations:

- District leadership teams should select the tool(s) to be used for all school sites
- Some factors for consideration as district leadership teams select screening tool(s)
  - Cost (financial, time, and personnel) to administer and score tools
  - Culture (language)
  - Informant(s): educator; MH clinician; student self-report; parent/guardian

Resources:

- See Appendix C for additional information and suggested screening tools
- The following resources can help districts explore or identify additional screening tools:
  - Center for School Mental Health (CSMH) Summary of Free Assessment Measures
  - National Center on Safe Supportive Learning Environments (NCSSLE) Mental Health Screening Tools for Grades K–12
  - Research and Development (RAND) Education Assessment Finder and Choosing and Using SEL Competency Assessments
  - OSPI Academic and Student Well-Being Recovery Plan: Universal Behavior Screeners

**a. What are the indicators of student SEBMH that the district plans to measure?**

☒ Academic engagement and motivation
☒ Coping skills and resilience
☒ Exposure to child abuse or neglect (emotional, physical, sexual)
☐ Exposure to trauma
☐ Externalizing behaviors (e.g., aggression, anger)
☐ Internalizing behaviors (e.g., anxiety, depression, stress, withdrawal)
☒ Substance Use
☒ Suicide Risk
☒ Violence
☐ Other:

**b. Based on the district indicators for screening, what evidence-based screening tool(s) will be used?**

Note: Screeners can be found at the following links or in the district's shared Google Drive

Anxiety, Stress, Trauma:

☐ Child Health and Development Institute (CHDI) Child Trauma Screen (CTS) for student(s) ages 6–17
☒ Penn State Worry Questionnaire for Children (PSWQ-C) for student(s) ages 7–18
☐ Revised Child Anxiety and Depression Scale (RCADS) for caregiver(s) and/or Student(s) ages 8–18)
☐ Other:

Emotional, Behavioral, or Mental Health:

☐ Pearson Assessments Behavior Assessment System for Children (BASC) for caregiver(s), student(s), and/or educator(s) of all ages
☐ Hawthorne Emotional Behavioral Screener (EBS) for educator(s)
☒ Massachusetts General Hospital Pediatric Symptom Checklist (PSC) for caregiver(s) and/or

student(s) ages 3–18

☐ RAND Social, Academic, Emotional Behavior Risk Screener (SAEBRS) for educator(s) and/or student(s) ages 5–18

☐ Youth in Mind Strengths and Difficulties Questionnaire (SDQ) for caregiver(s), educator(s), and/or student(s) ages 2–18

☐ Comprehensive, Integrated Three-Tiered Model of Prevention (CI3T) Student Risk Screening Scale – Internalizing and Externalizing (SRSS-IE) for educator(s) and student(s) ages 5–18

☐ Other:

Resilience and Protective Factors:

☒ Children's Hope Scale (CHS) for student(s) ages 8–16

☐ Child and Youth Resilience Measure (CYRM) student(s) ages 5–23

☐ Other:

Risk of Substance Use:

☒ Alcohol Use Disorders Identification Test (AUDIT) for student(s) ages 14–18

☐ Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT) 2.0 for MH clinician(s) and/or student(s) ages 12–18

☒ Screening, Brief Intervention, and Referral to Treatment (SBIRT) for MH clinician(s) and student(s) ages 12–18

☐ Other:

Risk of Suicide:

☐ National Institute of Mental Health (NIH) Ask Suicide-Screening Questions (ASQ) for student(s) interview ages 12–18

☐ The Columbia Lighthouse Project Columbia Suicide Severity Rating Scale (C-SSRS) for school(s) and student(s) interview ages 12–18

☐ Other:

Risk of Violence:

☐ Structured Assessment of Violence Risk in Youth (SAVRY) for student(s) ages 12–18

☒ Other: District Threat Assessment Procedures has a screener

Sexual Abuse:

☒ Westcoast Children's Clinic Commercial Sexual Exploitation—Identification Tool (CSE-IT)

☐ Other:

## 7. Data: Recognition, Referral, and Response Section

Note: After administering the screening the district will have data and results to inform decision-making, and to respond to students as indicated. The nature of the data, and how to interpret and use the information, will depend on the scoring methods of the screening tool(s) selected in Section 20.

Requirements:

- Plan must include procedure for staff to recognize and respond to:
  - Crisis situations if a student is in imminent danger to self or others
  - Report of sexual contact or misconduct by a family member, school staff, or volunteer

- Suspicions, concerns, or warning signs of emotional or behavioral distress in students

Recommendations:

- All district staff must follow the same plans and procedures to refer students for SEBMH concerns

Resources:

- OSPI Advancing Wellness and Resiliency in Education (Project AWARE) Mental Health Referral Pathways
- PBIS Interpreting Universal Behavior Screening Data: Questions to Consider

**a. How will staff respond to indicators of social, emotional, behavioral, or mental health distress (based on screening results, or recognized warning signs)?**

☒ Communicate directly with student to offer support

☒ Communicate directly with parent/guardian to discuss concerns

☒ Initiate referral to appropriate school official (Section 7.b–c)

☒ RCW 28A.600.480, Reporting of harassment, intimidation, or bullying—Retaliation prohibited—Immunity

☐ Other:

**b. Which school official(s) are responsible for receiving and processing referrals?**

☒ Certified ESA (School Counselor, Nurse, Psychologist, Social Worker)

☒ School administrator

☐ Team designated for SEBMH (MTSS, PBIS)

☐ Other:

**c. How will staff initiate referrals for students at-risk or experiencing SEBMH distress?**

Resources:

- Now is the Time Technical Assistance Center (NITT-TA) School Mental Health Referral Pathways (SMHRP) Toolkit (pages 31–34 sample forms)

Methods for referral:

☐ Entry to Student Information System (GradeLink, PowerSchool, Skyward)

☒ Formal report via hard copy of referral form

☒ Informal report to appropriate school official (conversation, email, phone call)

☐ Other:

**d. How will staff respond if a student poses an imminent danger to self (self-harm, suicidal ideation)?**

Resources

- UW Forefront Crisis Plan Template
- UW Forefront Safety Plan Template
- UW Forefront Re-Entry/Follow-Up Checklist for Suicide and Self-Harm

District protocols and procedures if student is in imminent danger to self:

☒ District Plan for Suicide Assessment and Response

☒ RCW 28A.320.126, Emergency response system

☐ Other:

**e. How will staff respond if a student poses an imminent danger to others (school violence prevention, threat assessment and response)?**

Resources:

- John Van Dreal Consulting Preventive Behavioral Threat Assessment K–12 Assessment Forms
- OSPI School-Based Threat Assessment Fidelity Document: A School District Guide to Program Fidelity and Compliance

District protocols and procedures if student is imminent danger to others:

☒ RCW 28A.320.123, School-based threat assessment program

☒ RCW 28A.320.125, Safe school plans—Requirements—Duties of school districts and schools—Drills—Rules—First responder agencies

☒ RCW 28A.320.126, Emergency response system

☒ RCW 28A.320.128, Notice and disclosure policies—Threats of violence—Student conduct—Immunity for good faith notice—Penalty

☐ Other:

**f. What is the procedure for staff response to a student's disclosure of emotional, physical, or sexual abuse, or neglect, or sexual misconduct by school staff, a volunteer, or a family member?**

Resources:

- WA Department of Social Health and Services (DSHS) Protecting the Abused and Neglected Child: A Guide for Recognizing and Reporting Child Abuse and Neglect

District response to disclosure of student abuse, neglect, or sexual misconduct by an adult:

☒ RCW 26.44.040, Reports—Oral, written—Contents

☒ RCW 28A.320.160, Alleged sexual misconduct by school employee—Parental notification—Information on public records act

☐ Other:

**g. How will the district support students and staff provide postvention after a crisis or emergency?**

Resources:

- Suicide Prevention Resource Center (SPRC), Education Development Center (EDC), and American Foundation for Suicide Prevention After Suicide: A Toolkit for Schools (Second Edition)
- MHTTC School Mental Health Crisis Leadership Lessons
- NCSMH Supporting Students, Staff, Families, and Communities Impacted by Violence

District plans and procedures for postvention:

☐ OSPI Suicide Postvention Guide for Schools in Washington State

☒ Activate Crisis Response Team

☒ Conduct staff meeting before school

☒ Notify families in an appropriate manner

☒ Notify students in an appropriate manner

☒ Provide care stations and safe rooms for students and staff

☐ Other:

# Appendices

## Appendix A: Acknowledgements

Special Thanks to the Social, Emotional Behavioral District Screening Plan Committee:

| NAME | TITLE | SCHOOL |
|---|---|---|
| Angie Withers | School Psychologist | Richland School District |
| Alyssa A. Symmes | Mental Health Assistance Team Lead | Bellevue School District |
| Dr. Jeannie Larberg | Director of Whole Child | Sumner/Bonney Lake School District |
| Johnny Phu | Director of Student Services | Lake Washington School District |
| Dr. Kurt Hatch | Professor and Director of Educational Administration | University of Washington |
| Mabel Thackery | LMHC and NCC | Quillayute Valley School District |
| Mari Meador, M.Ed. | Implementation Coach | University of Washington Tacoma in Partnership with Tacoma Public Schools |
| Megan Reibel, M.Ed. | Manager of School Based Programs | Forefront Suicide Prevention |
| | | Olympia School District |
| | Social Development Research Group | University of Washington School of Social Work |
| Susan Peng-Cowan | Behavioral Health Navigator | ESD 112 |

## Appendix B: Additional Information and Resources

- Youth Suicide Prevention, Intervention, and Postvention
- Washington's Multi-Tiered System of Supports Framework
- Trauma Informed Schools
- Student/Youth Mental Health Literacy Library
- Substance Use Prevention and Intervention
- Recommendations for Sexual Abuse Prevention Education in WA K–12 Schools
- Sexual Violence Prevention
- Student Success: Mental, Social, and Behavioral Health
- Project AWARE
- The Heart of Learning and Teaching: Compassion, Resiliency and Academic Success

### Community and Family Engagement

- NCSSLE What Do School Staff and Community Stakeholders Need to Know About School Mental Health?

### Continuum of Supports Frameworks (ISF, MTSS, PBIS)

- Center on PBIS
- Center on PBIS Mental Health/Social-Emotional-Behavioral Well-Being
- National Implementation Research Network (NIRN) The Hexagon: An Exploration Tool

### School Mental Health Supports

- NCSSLE Implementing School Mental Health Supports: Best Practices in Action
- US DOE Supporting Child and Student SEBMH Needs

### Postvention

- MHTTC After School Tragedy: Readiness, Response, Recovery, and Resources

### Violence Prevention and Response

- Division of Violence Prevention, National Center for Injury Prevention and Control, and Centers for Disease Control (CDC) and Prevention Best Practices of Youth Violence Prevention: A Sourcebook for Community Action

### Substance Use Prevention and Response

- Center on PBIS Using the PBIS Framework to Address the Opioid Crisis in Schools

### Youth Suicide Prevention and Response

- SAMHSA Preventing Suicide: A Toolkit for High Schools
- University of Washington Forefront Suicide Prevention

## Appendix C: Evidence-Based Screening Tools

Districts are invited to explore additional screening instruments beyond the items listed here.

- CSMH Summary of Free Assessment Measures
- NCSSLE Mental Health Screening Tools for Grades K-12
- RAND Education Assessment Finder
- RAND Choosing and Using SEL Competency Assessments
- OSPI Academic and Student Well-Being Recovery Plan: Universal Behavior Screeners

| EVIDENCE-BASED SCREENING TOOLS | | | | |
|---|---|---|---|---|
| General Social, Emotional, Behavioral, Mental Health | | | | |
| Screening Tool | Focus Area(s) | Time to Complete | Ages | Informant(s) |
| BASC | • Behavior<br>• Interpersonal relationships | Varies | Varies | • Caregiver(s)<br>• Educator(s)<br>• Student(s)<br>• MH Clinician(s) |
| EBS | • Behavior | 5–10 min | 5–18 | • Educator(s)<br>• Student(s) |
| PSC | • Anxiety<br>• Depression<br>• Disruptive Behavior<br>• Hyperactivity<br>• Inattention | 5–10 min | 3–18 | • Caregiver(s)<br>• Student(s) |
| SAEBERS | • Interpersonal relationships<br>• Intrapersonal relationships | 3–10 min | 5–18 | • Educator(s)<br>• Student(s) |
| SRSS-IE | • Academic engagement<br>• Anxiety<br>• Depression<br>• Disruptive behavior<br>• Social skills | 15–20 min | 6–18 | • Educator(s) |
| SDQ | • Anxiety<br>• Depression<br>• Disruptive behavior<br>• Hyperactivity<br>• Social skills | 5–10 min | 2–18 | • Caregiver(s)<br>• Educator(s)<br>• Student(s) |
| Anxiety, Stress, and Trauma | | | | |
| Screening Tool | Focus Area(s) | Time to Complete | Ages | Informant(s) |
| CTS | • Trauma | 5–10 min | 6–17 | • Caregiver(s)<br>• Student(s) |
| PSWQ-C | • Anxiety<br>• Worry | 5–10 min | 7–17 | • Student(s) |
| RCADS | • Anxiety<br>• Depression & Mood | 5–10 min | 7–18 | • Caregiver(s)<br>• Student(s) |

| | | | | |
|---|---|---|---|---|
| | | | | • |
| Resilience | | | | |
| Screening Tool | Focus Area(s) | Time to Complete | Ages | Informant(s) |
| CYRM | • Caregiver relationship<br>• Cultural context and resources<br>• Personal and social skills<br>• Resilience | 20 min | 5–23 | • Student(s) |
| CHS | • Agency<br>• Life satisfaction | 5–10 min | 8–16 | • Student(s) |
| Violence | | | | |
| Screening Tool | Focus Area(s) | Time to Complete | Ages | Informant(s) |
| SAVRY | • Risk of violence | 10–15 min | 12–18 | • MH Clinician(s) |
| Substance Use | | | | |
| Screening Tool | Focus Area(s) | Time to Complete | Ages | Informant(s) |
| AUDIT | • Substance use | 3–5 min | 14–18 | • Student(s) |
| CRAFFT | • Substance use | 3–5 min | 12–18 | • Student(s)<br>• MH Clinician(s) |
| SBRIT | • Substance use | Varies | 12–18 | • MH Clinician(s) |
| Youth Suicide | | | | |
| Screening Tool | Focus Area(s) | Time to Complete | Ages | Informant(s) |
| ASQ | • Suicide risk | < 1 min | 10–21 | • Student(s) |
| C-SSRS | • Suicide risk | Varies | | • MH Clinician(s) |

## Appendix D: Training Opportunities for Staff

| FREE TRAINING OPPORTUNITIES | | |
|---|---|---|
| Program | Description | Time Commitment |
| CARE | Training for school staff to recognize and respond to student emotional and behavioral distress provided by OSPI. | 1 hour |
| Cognitive Behavioral Intervention for Trauma in Schools (CBITS) | Training for mental health professionals and clinicians to deliver evidence-based 10-session group counseling curriculum in the school setting for youth ages 10–14. Bounce Back is CBITS adapted to elementary-aged students. | 5 hours (self-paced) |
| Classroom WISE | Training for educators and school staff to support students with mental health challenges with evidence-based strategies. | 5 hours (self-paced) |
| Psychological First Aid (PFA) | Training for staff to help children, adolescents, and families in the aftermath of a disaster or traumatic incident. | 5 hours (self-paced) |
| Skills for Psychological Recovery (SPR) | Training for providers to help survivors gain skills to manage distress and cope with post-disaster stress and adversity. | 5 hours (self-paced) |
| Kognito—Suicide Postvention: The Role of the School Community After a Suicide | Training for educators using After Suicide: A Toolkit for Schools. | 1 hour |
| Support for Students Exposed to Trauma (SSET) | Training for educators and school staff to deliver evidence-based 10-session group intervention curriculum in the school setting for students exposed to trauma. (CBITS adapted for teachers and school staff) | 4 hours (self-paced) |
| Support for Teachers Affected by Trauma (STAT) | Curriculum for teachers and school staff to understand Secondary Traumatic Stress (STS) and how to mitigate the effects with self-care and resources. | 4 hours (self-paced) |
| OSPI SEL in Washington State Schools Module | Designed to build knowledge and awareness of school staff of what SEL is and how to implement and integrate SEL into different contexts in a culturally responsive way. | Self-paced |

## Appendix E: Sample Active Consent for Screening

The following sample is an example but may not address the ethical or legal considerations for all districts and schools.

Dear Parents and Guardians,

[DISTRICT] is committed to supporting the social, emotional, behavioral, and mental health of students. RCW 28A.320.127 requires each school district to recognize, screen, and respond to indicators of emotional or behavioral distress in students. This information will help the district understand the needs of all students at both the individual and school level.

**Please complete this form and submit to [DISTRICT] by [DATE] to consent to your student's participation in the screening process.**

The district has selected the following screening tool(s) to measure indicators of social, emotional, behavioral, and mental health of students.

[Screening Tool]:
Key Indicators: (for example: anxiety, trauma, substance use, suicide risk, violence)
Informant: (for example: student, staff, parent/guardian, mental health clinician)
Time to Complete: (X minutes)

For additional information about the district's administration of screening, please contact [STAFF NAME], [POSITION] at [CONTACT INFORMATION].

Thank you,
[STAFF NAME]
[POSITION]
[CONTACT INFORMATION]

Please complete this form and submit to [DISTRICT] by [DATE]:

I understand that my child's school district will administer screening for indicators of social, emotional, behavioral, or mental health.

Please select one option below:
☐ I **do** consent for my student to participate
☐ I **do not** consent for my student to participate

Student Name:
Parent/Guardian Name:
Parent/Guardian Signature:
Date:

## Appendix F: Sample Passive Consent for Screening

The following sample is an example but may not address the ethical or legal considerations for all districts and schools.

Dear Parents and Guardians,

The (DISTRICT NAME) is committed to supporting the social, emotional, behavioral, and mental health of students. RCW 28A.320.127 requires each school district to recognize, screen, and respond to indicators of emotional or behavioral distress in students. This information will help the district understand the needs of all students at both the individual and school level.

**Please complete this form and submit to (DISTICT NAME) by [DATE] to opt-out your student from participation in the screening process.** If you consent to your student's participation in the screening process, no further action is necessary.

The District has selected the following screening tool(s) to measure indicators of social, emotional, behavioral, and mental health of students.

[Screening Tool]:

- Key Indicators: (for example: anxiety, trauma, substance use, suicide risk, violence)
- Informant: (for example: student, staff, parent/guardian, mental health clinician)
- Time to Complete: (X minutes)

For additional information about the district's administration of screening, please contact [STAFF NAME], [POSITION] at [CONTACT INFORMATION].

Thank you,
[NAME]
[POSITION]
[CONTACT INFORMATION]

I understand that my child's school district will administer screening for indicators of social, emotional, behavioral, or mental health. I would like to opt-out my child from this process.

[STUDENT NAME]:
[PARENT/GUARDIAN NAME]:
[DATE]:

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