

Responding to Psychiatric Risk & Crisis



**DUSD Board of Education Presentation
February 2024**

Presentation Objectives

- 1. Provide a general understanding of how risk assessments, threat assessments (START), and child abuse & neglect reporting (SCAR) are conducted in our schools**
- 2. Discuss considerations when mobilizing the District Crisis Team**
- 3. Review proactive measures in place to alleviate psychiatric risk and crisis**

Our Efforts in Responding to Psychiatric Crisis 2022-2023

ELEMENTARY

- 105** risk/threat assessments conducted
- 9** psychiatric emergency team calls
- 1** psychiatric hospitalization
- 61** DCFS consultations or reports

SECONDARY

- 160** risk/threat assessments conducted
- 44** psychiatric emergency team calls
- 18** psychiatric hospitalizations
- 56** DCFS consultations or reports

3 mobilizations of the District Crisis Team

Intersections

Risk Assessment – Threat Assessment – Child Abuse Reporting



Risk Assessment versus Threat Assessment

- **Risk Assessment**

- An assessment conducted by a school crisis team member to determine the level of suicidal risk and/or a plan of action for a student expressing suicidal ideation or suicidal intent
 - Suicidal Ideation: perseverative thought pattern
 - Suicidal Intent: thoughts, plus an actual plan

- **Threat Assessment**

- An assessment that determines whether an student poses a threat of violence towards others or property (if they have intent and if they have the means to carry out the intent).



CONDUCTING A RISK ASSESSMENT



EXAMPLE OF DUSD RISK ASSESSMENT PROTOCOL, PAGES 1 & 2 of 5



CONFIDENTIAL DO NOT STORE IN CUMULATIVE FILE
Downey Unified School District
Suicide Risk Assessment

Form A

Student Name/DOB: _____ Location: _____ Date: _____

The purpose of this checklist is to determine a student's level of suicide risk. The assessing party should be the administrator/ designee or Suicide/Threat Prevention Liaison(s).

DIRECTIONS: For the items with the ASK specification, please directly pose these questions to the student. Take note of the student's responses in the space provided and mark the check boxes, as appropriate. The * indicates *Unable to Assess*. The items with the ASSESS specification should not be asked directly, but rather explored by the assessing party to gather additional background information. Gathering of additional information may also include interviewing other involved individuals, reviewing student history, and referring to other sources.

CATEGORY	ASSESSMENT QUESTIONS			
1. Current Problem/ Situation	ASK: Tell me what happened.			
2. Current Ideation	ASK: Are you thinking about suicide/killing yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ASK: Have you thought about when you would do it (kill yourself)?			
	ASK: How long have you been feeling this way? or When did you start having these thoughts? What grade were you in? How old were you?			
3. Past Ideation	ASK: Have you ever had thoughts of suicide in the past? or Have you thought about killing yourself before today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ASK: How long ago? or What grade were you in or how old were you when you thought about killing yourself before? Tell me what happened.			
4. Previous Attempts	ASK: Have you ever tried to kill yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ASK: How long ago? or What grade were you in or how old were you?			
	ASK: What did you do? What happened?			
5. Communication of Intent	ASSESS: Has the student communicated directly or indirectly ideas or intent to harm/kill themselves? (Communications may be verbal, non-verbal, electronic, written. Please note that electronic communications may include texting and social media.) If no risk present, use clinical judgement if further assessment is needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Suicide Risk Assessment

Form A

	ASK: Have you ever shared your thoughts about suicide with anyone else? or Have you ever told anybody how you feel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ASK: To whom? What did they say when you told them? or Who did you tell? What did they say when you told them?			
6. Plan	ASK: Do you have a plan to harm/kill yourself? or Do you know how you would kill yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ASK: What is your plan? or How would you do it?			
	ASK: When do you plan on killing yourself? or When would you do it?			
7. Means and Access	ASK: Do you have access to weapons, guns, medication? or (This question can be modified depending on the response to question #4. For example, if the student states he would use a knife or gun, then the staff member assessing should ask "Do you know where to get a knife, gun, etc.?") ASK: Do you know where to get _____?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ASSESS: Does the student have the means/access to kill themselves? if yes, indicate means and access.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Self-injurious Behavior	ASK: Have you ever tried to hurt yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ASK: When was the last time you tried to hurt yourself? or What grade were you in or how old were you the last time you tried to hurt yourself?			
	ASK: Did you injure yourself when you tried? or Did you hurt yourself when you tried?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ASK: What did you use to injure yourself? What did you do to injure yourself? or What did you use to hurt yourself? What did you do to hurt yourself?			
	ASK: Where on your body did you injure yourself? or Where on your body did you hurt yourself?			
	ASK: What were you hoping would happen? or Did you want to die? Do you know what it means to die?			

EXAMPLE OF DUSD SAFETY PLAN - SECONDARY



Downey Unified School District

FORM C

MY SAFETY PLAN

Student's Name: ID: Date:

Triggers

There are certain situations or circumstances which make me feel uncomfortable and/or agitated:

-
-
-

Warning Signs

I should use my safety plan when I notice these warning signs (thoughts, images, moods, situations, behaviors):

-
-
-

Coping Skills/Healthy Behaviors

Things I can do to calm myself down or feel better in the moment (e.g. favorite activities, hobbies, relaxation techniques):

-
-
-

Places I Feel Safe

Places that make me feel better and make me feel safe (can be a physical location, an imaginary happy place, or being in the presence of safe people):

-
-
-

School Support

Healthy adults at school and/or ways school staff can give me support:

-
-
-

Adult Support

Healthy adults at home or in my community, whom I trust and feel comfortable asking for help during a crisis (include phone number):

-
-
-

Parent Support

Actions my parent/guardian can take to help me stay safe:

-
-
-

Case Carrier Support

Actions my case carrier can take to help me stay safe:

-
-
-


EXAMPLE OF DUSD SAFETY PLAN - ELEMENTARY

FORM C


My Safety Plan

Name _____ DOB: _____ Date _____


My triggers:



Problems at Home










Problems with Classmates/Friends



Problems in School

Describe:

When this happens, I feel...

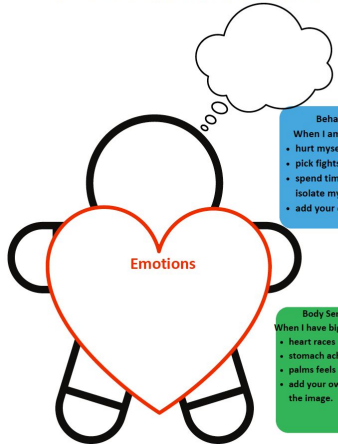
 Sad	 Angry	 Hurt	 Scared
 Worried	 Lonely	 Frustrated	Create your own Feeling

03/2023 1 of 4

FORM C

My Warning Signs

What signs tell me I am starting to get upset/overwhelmed?
Directions: Write/draw your warning signs in the image below.



Behaviors
When I am mad I

- hurt myself
- pick fights
- spend time alone or isolate myself
- add your own example


Body Sensations
When I have big feelings my...

- heart races
- stomach aches
- palms feels sweaty
- add your own example in the image.


03/2023 2 of 4

FORM C


My Coping Skills/Healthy Behaviors: (What are some helpful things that will take my mind off the problem?)




Relaxation Techniques



Play with My Pet



Play with My Friends




Draw/Art


Identify your coping skills:

1. _____
2. _____
3. _____


School Support: When I feel this way at school, I can go to...



Teacher



Principal, Counselor, Support staff



Other School Staff


Name three trusted adults at school:

1. _____
2. _____
3. _____


03/2023 3 of 4

FORM C

Home/Community Support: When I feel this way at home, I can go to...



Parent/Guardian, Grandparent, Adult Sibling, Aunt/Uncle



Church Clergy, Coach, Therapist

Name three trusted adults at home or in my community:

1. _____
2. _____
3. _____

My other thoughts.....

03/2023 4 of 4

Conducting a Threat Assessment

SB906

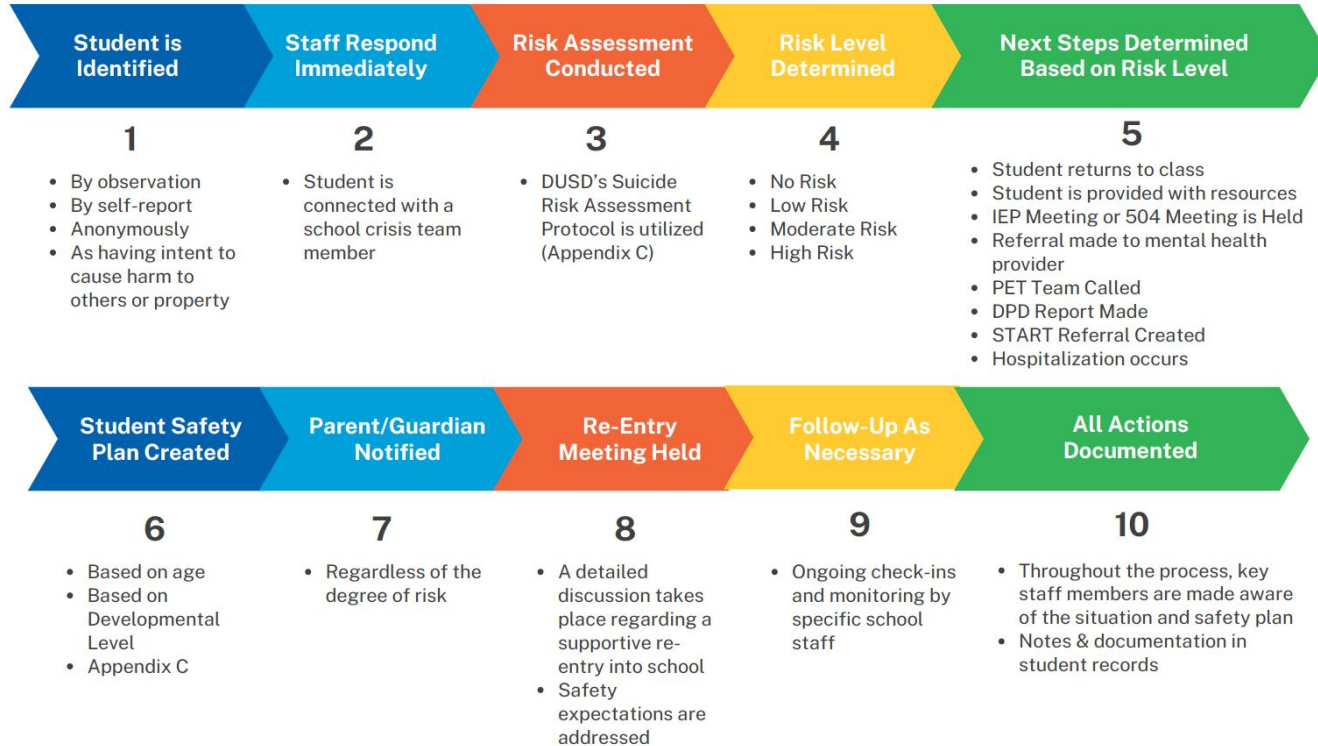
Effective January 1, 2023, SB 906:

- Requires school officials of any school district serving grades 6-12 to immediately report homicidal threats, or perceived homicidal threats, they have observed or been alerted to, to law enforcement.
- Law enforcement must conduct an investigation and threat assessment.
- LEAs must support law enforcement with investigating the threat and conducting a threat assessment.
- Starting in the 2023–24 school year, all LEAs (regardless of grade level served) must include information about the safe storage of firearms in the annual notifications that LEAs are obligated to send to parents.



CONDUCTING A THREAT ASSESSMENT

START: School Threat Assessment Response Team
Los Angeles County Department of Mental Health (LACDMH)



EXAMPLE OF START REFERRAL - LADMH

**COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH
SCHOOL THREAT ASSESSMENT RESPONSE TEAM (START)
REFERRAL FORM**



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
hope. recovery. wellbeing.

If this is a psychiatric emergency, please call ACCESS Center 1-800-854-7771 or dial 911.

Please fax this form to (213) 402-3871 or e-mail START@dmh.lacounty.gov.

DATE:

Name:	DOB:	Age:
Preferred Language:	Secondary Language:	Ethnicity:
		Gender: (Male / Female)
Reason for Call:		
Referring Party Name & Contact:		
School Contacts (Name & Phone #):		Grade:
Student's Therapist:	Phone #:	
Treatment Agency:		
Current Psychiatric Treatment and Medications (List Names and other pertinent information such as compliance with meds):		
If Adult:	Address:	Phone #:
Guardian's Name:	Address:	Phone #:
Father's Phone:	Mother's Phone:	
Father's Address:	Mother's Address:	
Preferred Language:		Preferred Language:
Primary Caregiver (Complete only if Biological Parent is not the Primary Caregiver)		
<input type="checkbox"/> Adoptive <input type="checkbox"/> Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Kinship/Relative <input type="checkbox"/> Group Home <input type="checkbox"/> Other		
Name:	Relationship to Child:	
Address:	Phone:	Work:

Conducting a Threat Assessment

The primary goal of threat assessment is intervention, not discipline.

Trained crisis team members and school officials:

- Can discern serious from non-serious threats, transient or substantive
- Have greater knowledge of contextual and situational factors within the school and regarding the child
- Help identify the appropriate response to the situation given their expertise pertaining to the developmental continuum and impact of disability

DUSD Department of Special Education Presents:

Threat Assessment, Safety and Students with Disabilities

presented by

Dr. Charity Plaxton-Hennings



About the Training

Senate Bill 906, School Safety: Homicide Threats and the implications of SB 906 for students with disabilities. Students with disabilities represent a unique challenge as it relates to determining threats to self or others. This presentation will address the trends with regard to school violence and suicide, particularly as it relates to students on the autism spectrum. The session will discuss best practices in conducting threat assessments and how students' rights under IDEA and Section 504 can intersect with the threat assessment process. Recent court decisions regarding these issues will be reviewed.

About Dr. Hennings

Dr. Charity Plaxton-Hennings currently serves as the Senior Director of Special Education for Desert Sands Unified School District. She has previously held roles as Director of Mental Health and Psychological Services, Director of Inclusion and Program Development, SELPA Coordinator and School Psychologist.

DETAILS

- APRIL 26, 2023
- 1:00 - 3:00 PM
- ZOOM

- Training is geared towards school psychologists, clinical school therapists, counselors, deans, and administrators who have a direct impact on student safety and well being.

Register

- <https://forms.gle/81UxAe8C44Jvny3j7>



Child Abuse & Neglect Reporting (SCAR)

SCAR: Ssuspected Child Abuse Report

Los Angeles County Department of Children and Family Services (DCFS)

All school personnel are considered **mandated reporters**.

If/When a Student Reports Abuse or if Abuse or Neglect is Suspected:

1. An immediate call to Department of Children and Family Services (DCFS) is made
2. Depending on type of report, DPD may be called
3. Online written report shall be submitted to DCFS within 36 hours of making the report
4. Parents may be informed of report, depending on the situation
5. Ongoing follow-up with DCFS and family to support during process and provide resources



Mobilization of District Crisis Team



DUSD Partnerships & Community Resources

District Relationships:

- **Downey Police Department & School Resource Officers**
- **Pacific Clinics:** Full time mental health clinicians at all secondary sites (Medi-Cal Only)
- **Community Family Guidance Center:** Full time mental health clinicians at specific campuses (Medi-Cal Only)
- **Jewish Children's & Family Services:** Interns at all campuses (no insurance requirements)
- **Hazel Health:** Telehealth at home or school (no insurance requirements)
- **Pathways:** Grief support in the community (no insurance requirements)
- **TLC Family Resource Center:** Full time mental health clinicians (no insurance requirements)
- **Care Solace:** Database of mental health providers
- **Exchange Club:** Parenting support at home and in the community

Proactive Measures to Alleviate Psychiatric Risk & Crisis

All School Staff Participate in “Mental Health First Aid” at the Beginning of Each School Year

Prevention and early intervention efforts focusing on Tier 1 Social Emotional Learning:

- Social Emotional Learning TOSAs
- Adoption of RETHINK Elementary SEL Curriculum
- Capturing Kids’ Hearts in Secondary Schools

Wellness Spaces and Centers at Each School Within the District

- 22 Clinical School Therapists & 10 CST Interns
- 26 School Psychologists & 10 School Psychology Interns
- 7 Wellness Center Clerks

Well-established policies and evidence-based protocols for responding to threats of self-harm or violence in our schools

Staff are provided with the tools needed to recognize, respond quickly to, and help prevent self-harm and acts of violence

PREPaRE TRAINING in February 2024



P—Prevent and prepare for crises

R—Reaffirm physical health & welfare, and perceptions of safety & security

E—Evaluate psychological trauma risk

P—Provide interventions

a—and

R—Respond to mental health needs

E—Examine the effectiveness of crisis preparedness

