



Growing Healthy Minds Project ECHO®

Addressing Threat Assessment & Suicidal Ideation

November 16, 2023 | 5:30-6:30pm



Acknowledgements & Disclosures

This Project ECHO® is made possible through a grant from the New Jersey Department of Children and Families.

Today's speakers have NO disclosures or conflicts of interest in relation to this presentation.



Continuing Education Credits

Requirements:

1. Participation in each complete Growing Healthy Minds ECHO session
2. Completion of each ECHO session evaluation, which will be sent to the email you used to register following each session

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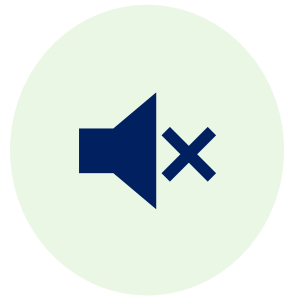
Expiration date: 11/16/2025 for all recorded sessions



Housekeeping



We encourage you to attend the sessions with video capability.



Kindly mute your microphone when not speaking.



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To protect privacy, please do not provide any identifiable information.



Use the chat function to engage in discussion with our hub team and fellow participants.



Growing Healthy Minds:

An ECHO on Strategies to Support Student Mental Health

Bert Mandelbaum, MD
School Physician for Montgomery, Hillsborough, North Brunswick, Chapin
Chair, Department of Pediatrics, Penn Medicine Princeton Health
Chair, NJAAP Task Force on Adolescent Health and School Start Times



Laura Williams, MA
School Counselor, Oak Valley School, Deptford
BIPOC Committee Chair, NJ School Counselor Association



David Nash, Esq
Director of Legal Education and National Outreach for
the Foundation for Educational Administration



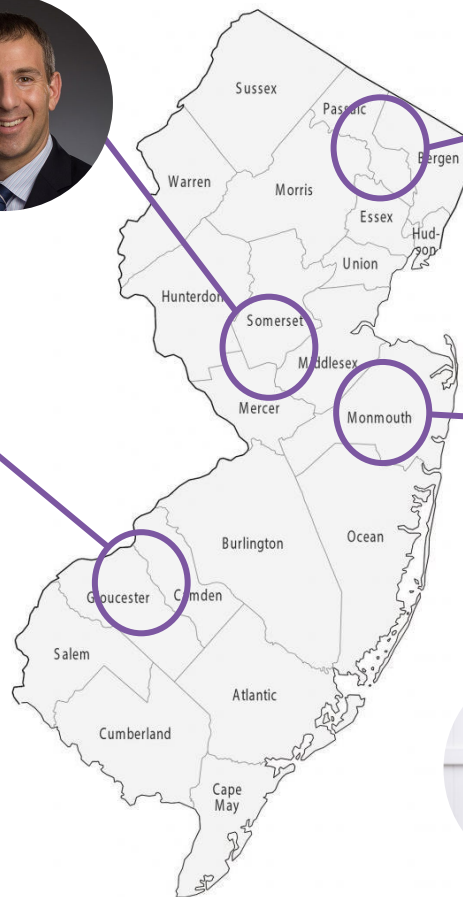
Jennifer Chuang, MD
Section Chief, Adolescent Medicine
Pediatrics Residency Program Director
St. Joseph's University Medical Center, Paterson, NJ



Kristina Donovan, PhD
Administrative Supervisor of Student Services
Office of Guidance & Operations
Freehold Regional High School District



Kathy McCutcheon MSN, RN, NCSN
Executive Board, New Jersey State School Nurse Association





*Law, **E**thics and **G**overnance for **A**ll **L**eaders, including an
Overview of **N**ew and **E**merging Issues*

Addressing Threat Assessment And Suicidal Ideation

November 16, 2023

Presenters

- **David Nash, Esq.**, *Director of Legal Education and National Outreach, Foundation for Educational Administration*
- **Kristina Donovan, , PhD**, Administrative Supervisor of Student Services, Freehold Regional High School District; Program Director of School Counseling, Georgian Court University
- **Maureen Brogan, LPC, ACS, DAAETS, DRCC**, *Program Manager - Traumatic Loss Coalitions for Youth (TLC), Rutgers University Behavioral Health Care*

DISCLAIMER

This presentation is intended as a summary of law and select issues related to mental health and is not meant as legal and/or medical advice.

Key Topics

- Relevant Legal Requirements/Protections
- Information Sharing under FERPA and HIPAA
- Rights of Students with Disabilities
- Addressing threat assessment/security requirements
- Identifying and addressing suicidal ideation
- Developing Strong Partnerships between parents, students, schools, community agencies
- Case Study - Learning from the past, looking to the future
- Resources

Relevant Legal Protections/Requirements

- Mental health is a protected characteristic under NJ Law Against Discrimination and under Americans with Disabilities Act and Section 504
- Due Process protections built into student discipline/removal
- Threat Assessment Teams in each school
- Required Training on threat assessment, suicidal ideation

Why Threat Assessment and Suicidal Ideation?

- Studies of completed and averted school attacks shows that majority of students who engaged in school attacks also experienced suicidal ideation
- New requirement for threat assessment teams, important to put sound protocols in place now
- Important to share information about students:
 - within schools for those with unique responsibilities (admin, nurse, CST, threat assessment team, etc.)
 - Between schools, outside entities providing in-patient and out-patient care, and parents/guardian

Information Sharing

- See [Joint Guidance on the Application of FERPA and HIPAA](#)
- Governed largely by FERPA, sometimes by HIPAA
- FERPA governs student records, including school health records
 - Key question – Who has a legitimate educational interest in the information???
- HIPAA governs medical records from outside entities
 - If parents/guardians are asked and understand value of information sharing, will often consent to allowing school officials to receive information regarding outside care

FERPA and HIPAA

- Generally schools are not governed by HIPAA
- ***Where the HIPAA Privacy Rule applies, does it allow a health care provider to disclose protected health information (PHI) about a student to a school nurse or physician?***
- Yes. The HIPAA Privacy Rule allows covered health care providers to disclose PHI about students to school nurses, physicians, or other health care providers for treatment purposes, **without the authorization of the student or student's parent**. For example, a student's primary care physician may discuss the student's medication and other health care needs with a school nurse who will administer the student's medication and provide care to the student while the student is at school.

Threat Assessment Teams

- **P.L. 2022, c.83 (8/1/2022)** – BOE shall develop and adopt a policy establishing a threat assessment team at each school. 7/1/2023
- Purpose - to provide school teachers, administrators, and other staff with assistance in identifying students of concern, assessing those students' risk for engaging in violence or other harmful activities, and delivering intervention strategies to manage the risk of harm for students who pose a potential safety risk, to prevent targeted violence in the school, and ensure a safe and secure school environment that enhances the learning experience for all members of the school community.
- Threat assessment team shall be multidisciplinary in membership and, to the extent possible, *shall include the following individuals: a school psychologist, school counselor, school social worker, or other school employee with expertise in student counseling; a teaching staff member; a school principal or other senior school administrator; a safe schools resource officer or school employee who serves as a school liaison to law enforcement; and the school safety specialist, if that individual is not already part of the team, and additional school employees as appropriate.*

NJDOE Guidance - Threat Assessment Teams

- NJDOE Issues guidance in July on creating the teams.
- https://www.nj.gov/education/security/NewJersey_ThreatAssessmentGuidance.pdf
- Addresses make up of teams, protocols for addressing threat assessment, requirements to provide training on implicit bias
- Outlines 11 specific questions to ask
- Stresses need to involve knowledgeable staff as needed, which may include school nurse, counselor, case manager, other staff who know student well

NATIONAL THREAT ASSESSMENT CENTER. (2021). AVERTING TARGETED SCHOOL VIOLENCE:
A SECRET SERVICE ANALYSIS OF PLOTS AGAINST SCHOOLS. U.S. SECRET SERVICE,
DEPARTMENT OF HOMELAND SECURITY

Behavioral Overview of Perpetrators		
<u>The Majority of Attackers Had:</u>	<u>About One-Half Had:</u>	<u>About One-Third Had:</u>
Communicated their intent	Elicited concern of others	<i>Mental health treatment</i>
Experienced stressors within 5 years	<i>Been Bullied</i>	Prior contact with law enforcement
A history of mental health symptoms	<i>Experienced suicidal ideations</i>	<i>Substance use</i>
Concerning behaviors		
Interest in violent themes		

Informal Removals & Special Education Considerations

- There is no such thing as “administrative” home instruction!!
- To remove a student with a disability when the district believes **it is dangerous for the student to be in the current placement** and the parent and the district cannot agree to an appropriate placement, the district shall file for emergent relief with the NJDOE and request an expedited hearing. N.J.A.C. 6A:14-2.7(n).
- Student can be removed immediately while awaiting hearings before NJDOE and ALJ.

Threat Assessments and Students with Disabilities

- A judge can order:
 - A change in placement to an IAES
 - A return to school/program if no threat/danger is established by the school district
 - That a student be assessed (psychological) to determine whether he/she is a threat to self or others
 - Other remedies as determined appropriate
- Short-term removals to ensure student/staff safety are always permitted while the application is pending in the OAL

New NJDOE Guidance: Dangerousness

- N.J.A.C. 6A:14-1.1(d), requires that special education and related services be provided to students with disabilities at public expense, with no charge to the parents. **A clearance by a psychiatrist or other medical professional as a requirement to return to school is considered an assessment provided at public expense.** LEAs shall not require parents or guardians to incur the cost of a psychiatric clearance.
- Considerations for Students Identified as Potentially a Student with a Disability
 - The IDEA and N.J.A.C. 6A:14-3.3(f), require that the disciplinary requirements set forth in federal and state special education regulations apply to students who are identified as potentially having a disability. Students who have been referred to the child study team or are undergoing an evaluation to determine eligibility for special education are considered potentially a student with a disability. **Any removal from school, including removal pending psychiatric clearance, is subject to the protections in the IDEA and N.J.A.C. 6A:14-2.8, and N.J.A.C. 6A:16- 7.2 and 10.**

Threat Assessment Best Practices

- CST Team members should coordinate with the work of the threat assessment teams being formed for the 2023-24 school year
 - CST members should be members of the threat assessment teams
 - Develop policies and procedures that protect the rights of all students, including SWD, and maintain a safe environment in each school
 - Proactively assess behaviors and student needs

KEY FACTS, WARNING SIGNS, BEST PRACTICES

Mental Health Facts

In 2021, suicide was among the top 9 leading causes of death for people ages 10-64. Suicide was the second leading cause of death for people ages 10-14 and 20-34.

Researchers at the CDC looked at 9 different data sources from different years, ranging from 2013 to 2019. Some of the main findings were:

- Depression and suicide were a risk for older children and teens:
 - Among adolescents aged 12–17 years, 1 in 5 (20.9%) had ever experienced a major depressive episode.
 - Among high school students in 2019, more than 1 in 3 (36.7%) reported feeling sad or hopeless, and nearly 1 in 5 (18.8%) seriously considered attempting suicide.
 - About 7 in 100,000 children aged 10–19 years died by suicide in 2018 and 2019.
- Mental disorders can begin in early childhood and affect children across a range of sociodemographic characteristics. Some populations are more affected due to social determinants of health such as poverty, access to education, and geographic area, resulting in [health inequities](#).

Warning Signs

- Persistent sadness that lasts two weeks or more
- Withdrawing from or avoiding social interactions
- Hurting oneself or talking about hurting oneself
- Talking about death or suicide
- Outbursts or extreme irritability
- Out-of-control behavior that can be harmful
- Drastic changes in mood, behavior or personality
- Changes in eating habits
- Loss of weight
- Difficulty sleeping
- Frequent headaches or stomach aches
- Difficulty concentrating
- Changes in academic performance
- Avoiding or missing school

Screening Tool: Columbia Protocol

Always ask questions 1 and 2.	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, skip to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?	High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk	
Always Ask Question 6	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</i>		High Risk



Any **YES** indicates that someone should **seek behavioral healthcare**.
However, if the answer to **4, 5 or 6** is **YES**, get **immediate help: Call or text 988, call 911 or go to the emergency room. STAY WITH THEM** until they can be evaluated.



Download
Columbia
Protocol
app

Follow Up

- Importance of a follow up plan
 - Re-Entry Meeting
 - Re-Entry Documentation
- Constant Monitoring
 - Setting up a safety plan
- Protective Factors
 - Individual
 - Relationship
 - Community

CASE STUDY

Case Study

- NOTE: Case Studies are informed by real world situations, with identifying information removed and some facts altered.
- High School student returns to school after an extended period away during which the student received in-patient care after exhibiting signs of depression, anxiety, suicidal ideation.
- Student had previously gone through both threat assessments and assessments for possible suicidal ideation and had previously received some out-patient care, in addition to counseling and other supports provided by the school district.

Case Study

- During the student's in-patient treatment, there was no ongoing communication between the parents and school officials or between the in-patient treatment staff and school officials.
- The district offered to hold a reentry meeting with the student and parents prior to the student's return but did not receive a reply to that offer. The district did receive documentation from the in-patient facility that the student had completed treatment and was not presently exhibiting any signs of potential imminent harm to self or others.
- When the student returned to school, the student's demeanor had significantly changed in that the student was very outgoing on the day of return (previously very quiet), actively engaging with both students and staff.
- Within a week after returning to school, the student completed suicide.

RESPONDING TO TRAUMATIC EVENTS



Traumatic Loss Coalition

- Traumatic response service for youth and youth serving organizations
 - Prevention Trainings: Suicide prevention (QPR Model); Psychological First Aid; Mental Health First Aid and more
 - Technical assistance in Crisis Plan Development
 - Post-vention: Provide Psychological First Aid to youth or youth serving organizations following a traumatic experience or loss

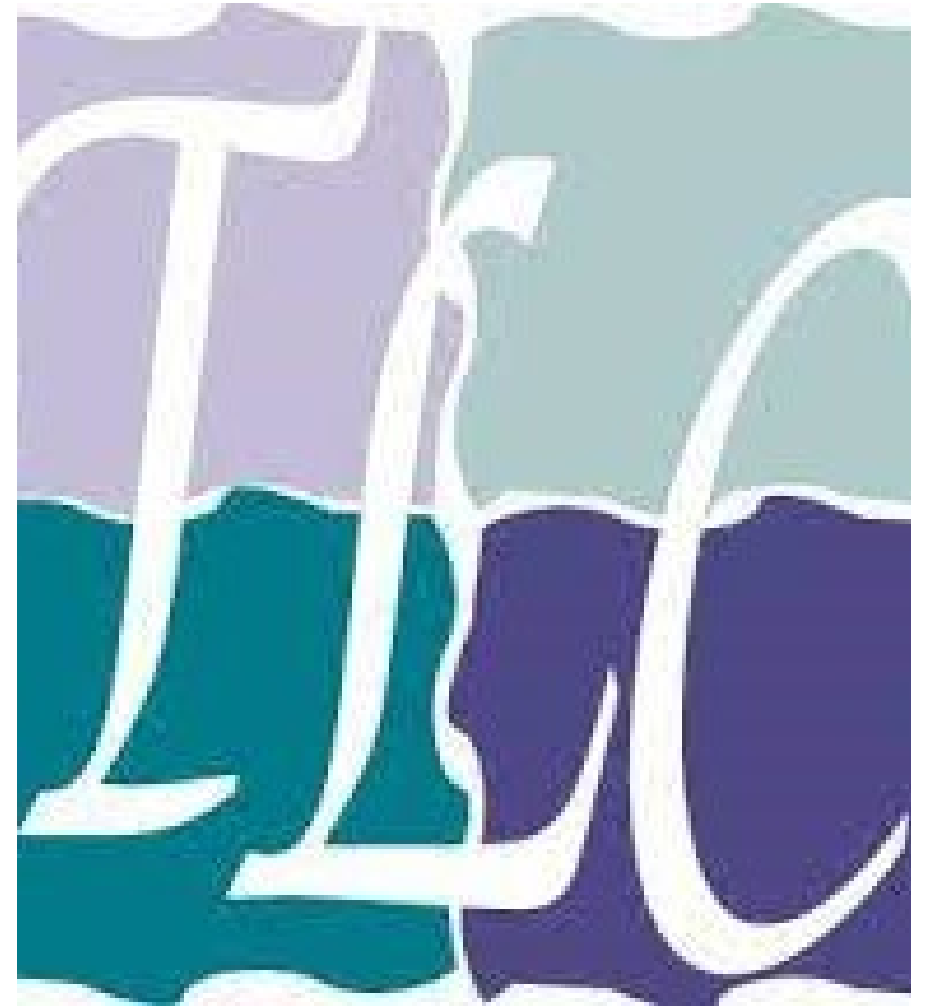
What is the TLC?

- An interactive statewide program
- Each county has:
 - County coordinator
 - Coalition
 - Lead Response Team
- Central Team that plans programs, provides training, and technical assistance for coordinators
- Funded by New Jersey Department of Children and Families



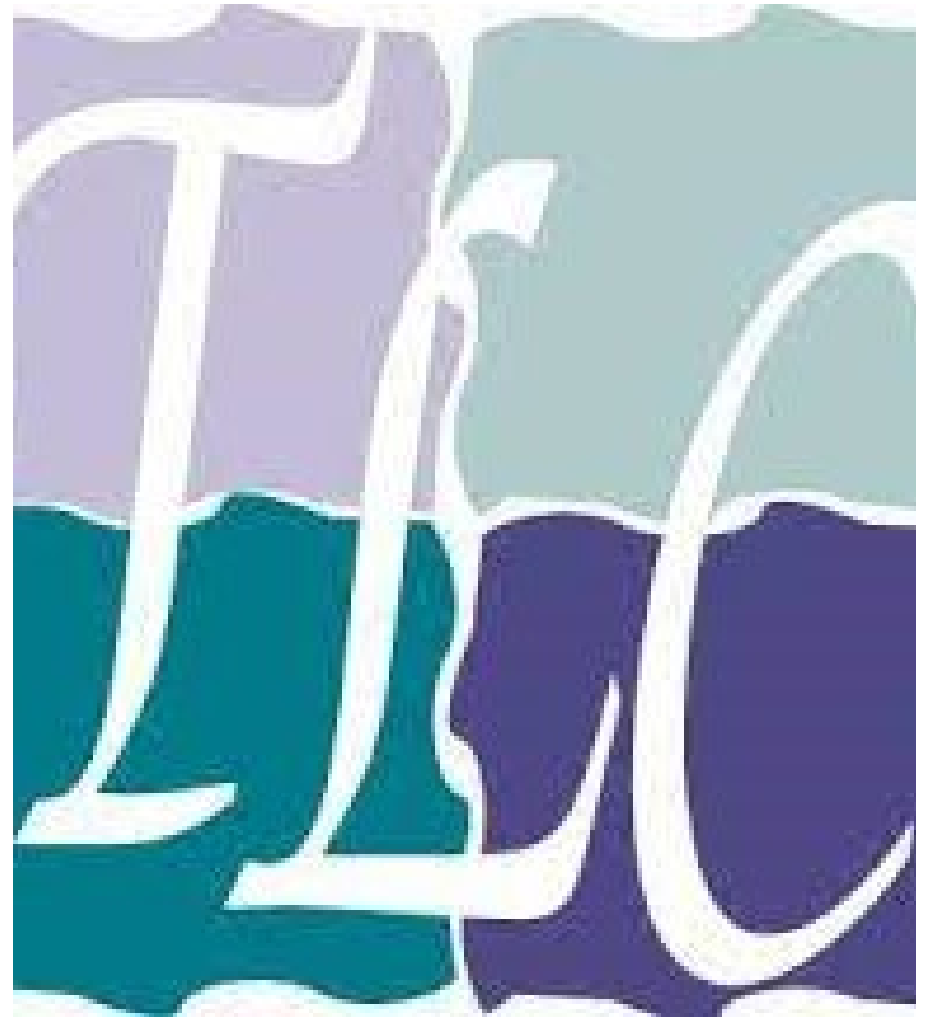
The Dual Mission of the TLC

Promote best practices in suicide prevention and trauma response, understanding, and assistance to schools and other youth serving organizations experiencing loss.



Lead Response Teams (LRTs)

- Every county has an LRT
- Comprised of Volunteers
- Under the direction of the TLC County Coordinators
- LRT's provide support and interventions after a traumatic event



Target Population

- Public, private, and charter schools
- Pre-K through High School
- Colleges/Universities
- Agencies or community organizations serving individuals between the ages of 3 and 22



Types of Incidents for Responses

- Death
- Suicide
- Homicide
- Illness
- Accident
- Natural Disasters
- Terrorism
- Fires
- Community & School Violence





How to Request TLC Support

- Place call to your County Coordinator
- If the call is not answered or responded to within 45 minutes, a separate call can be made to the TLC Central Office for assistance.
 - Maureen A. Brogan, Statewide Program Director at [732-235-2810](tel:732-235-2810)
- A phone consultation/intake will be completed to determine need and whether LRT deployment is encouraged.

<https://ubhc.rutgers.edu/education/trauma-loss-coalition/overview.xml>

[TLC County Contacts 9-23-2023 \(2\).pdf](#)

ADDITIONAL RESOURCES

Suicide Prevention Resources

- [The Lighthouse Project The Columbia Lighthouse Project](#)
- [988 Partner Toolkit | SAMHSA](#)

LEGAL ONE

- LEGAL ONE is part of the Foundation for Educational Administration (sister organization to the New Jersey Principals and Supervisors Association)
 - www.njpsa.org/legalonenj
 - legalone@njpsa.org
 - www.njpsa.org/signsmatter

USDE Guidance: July 2022

- USDE Guidance on Supporting SWD under IDEA and Section 504 in the Discipline Context
- <https://www.ed.gov/news/press-releases/new-guidance-helps-schools-support-students-disabilities-and-avoid-discriminatory-use-discipline>

Discipline Chart

<https://www.nj.gov/education/special/policy/docts/DisciplineFlowchart.pdf>

Social Media and Youth Mental Health: *Surgeon General's Report*

- <https://www.hhs.gov/sites/default/files/sg-youth-mental-health-social-media-advisory.pdf>

The Latest Data

CDC Youth Risk Behavior Survey

- https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf

Evaluation

Reminder:

If you are seeking educational credit for your participation in this webinar,
you must complete a webinar evaluation at:

<https://www.surveymonkey.com/r/YDTFTYW>



Join us again in December

Speakers:



Laura Williams
School Counselor,
Oak Valley School, Deptford
BIPOC Committee Chair,
NJ School Counselor Association



Kristina Donovan, PhD
Administrative Supervisor of Student Services
Office of Guidance & Operations,
Freehold Regional High School District

Topic: Equity, inclusion & belonging

When: Thursday, December 14 from 5:30-6:30pm

Where: All sessions are hosted virtually via Zoom.

Cost: FREE! There is no cost to participate in this series.

For more information, please contact Tizana Hoggs, MPA at thoggs@njaap.org.



Share a Case for Discussion

The submission of cases for presentation and discussion is a key component of the Project ECHO model and critically important for knowledge building and sharing.

We are seeking cases for discussion related to upcoming ECHO session topics noted below. Please complete our Case Presentation Form if you would like to submit a case for consideration:



December 14: Equity, inclusion and belonging

January 18: Student athlete mental health

February 15: Body image and social media

March 14: Chronic absenteeism

April 18: Support for school staff

Please note that to maintain anonymity of districts, staff, and students, our hub faculty will present cases to the group for discussion. No identifiable information will be shared.

