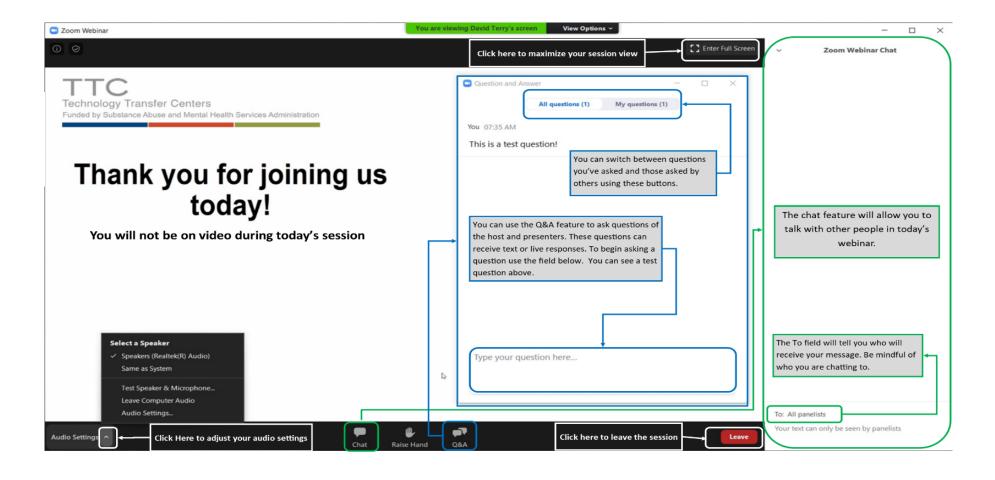
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All attendees are muted. Today's session will be recorded.

NJ Comprehensive School-based Mental Health Webinar Series

Session 5: Risk Assessment

Lauren M. Depinto, DSW, LCSW
Ridgewood District Coordinator of School-Based Mental Health Services

Basil Pizzuto, Assistant Principal
Ridgewood High School

February 23, 2022





Future Sessions:

Session 6: Suicide and Substance Use Risk and Assessment	Thursday, March 24, 2022; 3-4:15 pm
Session 7: Funding	Tuesday, April 12, 2022; 3-4:15 pm
Session 8: System Partners	Wednesday, May 25, 2022; 3-4:15 pm
Session 9: Staff Self-care	Thursday, June 9, 2022; 3-4:15 pm

NJ School-Based Technical Assistance Calls

Friday, February 25, 2022

• 1:00- 2:00 pm

• 2:00-3:00 pm



About Us

The Northeast and Caribbean MHTTC received 5 years (2018 – 2023) of funding to:

- Enhance capacity of behavioral health workforce to deliver evidence-based and promising practices to individuals with mental illnesses.
- Address full continuum of services spanning mental illness prevention, treatment, and recovery supports.
- Train related workforces (police/first responders, primary care providers, vocational services, etc.) to provide effective services to people with mental illnesses.

Supplemental funding to:

- Support schoolteachers and staff to address student mental health
- Support healthcare providers in wellness and self-care activities



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Our funding comes from the Substance Abuse and Mental Health Services Administration (SAMHSA), which requires us to evaluate our services. We appreciate your honest, ANONYMOUS feedback about this event, which will provide information to SAMHSA, AND assist us in planning future meetings and programs.

Feedback about this training will assist us in developing future trainings that are relevant to your professional needs. Therefore, your feedback counts!

Video Recording Information

Please Note:

We will be recording this webinar and posting it to our website along with the presentation slides and any relevant resources.

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At the time of this presentation, Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use at SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

This work is supported by grant H79SM081783 from the DHHS, SAMHSA.

Your Interactions With Us

Question and Answers

- Q & A will occur at the end of the call.
- Type your questions in the Q & A feature in Zoom located on the task bar (hover over task bar).
- Note: your question is visible to all participants.

Chat and Polls

- Throughout the webinar, we will be asking for your input.
- Use the Chat or Poll features in Zoom located on the task bar.
- You can control who can see your chat comments.

Our Presenters



Lauren M. DePinto, DSW, LCSW
Ridgewood District Coordinator of SchoolBased Mental Health Services

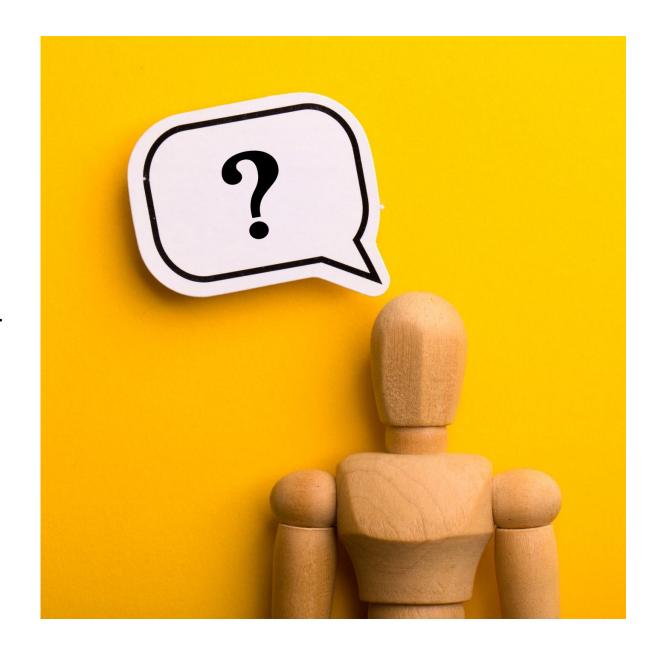


Basil Pizzuto, Assistant PrincipalRidgewood High School

What is 'risk' and why should we assess it?

The term 'risk' can be understood as the following:

- The term "at-risk" is a broad term commonly used in educational settings to note a wide variety of issues and/or behavioral concerns that interfere with learning.
- Commonly identified indicators of at-risk behavior include, but are not exclusive to:
 - poor attendance
 - truancy
 - poor or failing grades
- For the purposes of risk assessment and response, the term "at-risk" will be substituted with "placed at-risk."



MTSS Integration

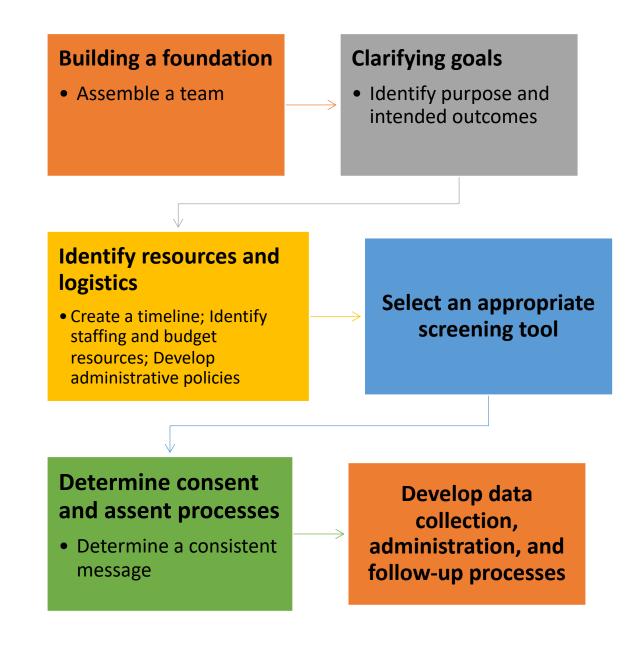
TIER 3: Intensive ● Individual Students (< 10%)	 KEY STRATEGIES: Crisis Intervention High Risk = School Clearance Intensive Individual/Family SBMH programs and Services Special Education & Related Services 	 KEY PARTNERSHIPS: SBMH Partnerships - Community MH Agencies & Organizations; NJ Children's System of Care Students & Families School Community
TIER 2: Targeted ● Small Groups of Students (10-25%)	KEY STRATEGIES:Short-Term Group InterventionsPeer Support	 KEY PARTNERSHIPS: SBMH Partnerships - Community MH Agencies & Organizations; NJ Children's System of Care Students & Families School Community
TIER 1: Universal ● Majority of Students (75-90%)	 KEY STRATEGIES: School Culture & Climate Relationship-Based Practices Wellness Support & Education Universal Screening 	 KEY PARTNERSHIPS: Students & Families School Community

Risk Assessment Screening Best Practices

- ✓ Screening should be a part of a comprehensive, multi-tiered system of student mental health supports.
- ✓ Risk vs. Protective Factors
 - ✓ Individual-Level
 - ✓ Family-Level
 - ✓ Community-Level
- Families and students should be involved in planning and implementing screening.
- School mental health screening practices should prioritize accuracy, privacy, safety, and follow-through.



Action Steps in Establishing a Screening Process



Understanding Risk Assessment & Crisis Intervention



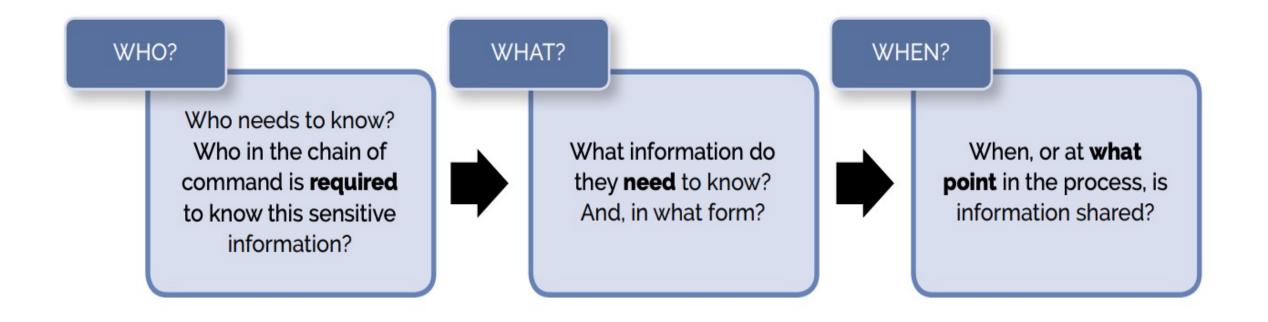
Not all risk assessments and/or students identified in acute crisis require a referral to the local emergency room or psychiatric facility.



Referrals to the ER should be considered the most restrictive intervention within the student's environment.

Communication Protocols

• To facilitate the transfer and flow of important and sensitive student information, as well as to determine designee status, a detailed chain of command in the form of a communication protocol must be put in place.



Triage and Levels of Risk



Student is demonstrating or reporting low levels of mood or behavior difficulty or distress.

Student is demonstrating or reporting moderate to high levels of mood or behavior difficulties or distress.

Student is demonstrating or reporting significant levels of mood or behavior difficulties or distress, and is at high to extreme risk for imminent harm or suicide.

Tier 1 - Light Support	Tier 2- Targeted Support	Tier 3- Crisis Intervention
Responsive Interventions: School Culture & Climate	Low-Moderate Level Interventions: Early Intervention & Identifying	High-Level Interventions: Crisis Response
Provide community resources	Students Placed at Risk	Formal risk assessment
Responsive/Relational Discipline Practices	 Develop a student resource/support plan 	School Clearance
 Offer follow-up & regular check-ins to student/family 	 Identify protective factors & pro-social supports in school 	Family Support
 Offer consultation to students' teachers 	 Skills-based psychoeducation groups 	Support Groups
Family Support	Schedule weekly meetings with student to manifer social amotional	Individual Counseling
- Tarriny Support	to monitor social-emotional health/symptoms	Case Management
	Family Support	Referral to Child Study Team
	 Provide community resources and outpatient referrals 	

Dimensions of student mental health when determining severity index/level of threat to self or others

MOOD

BEHAVIORS

RISK/PROTECTIVE FACTORS

LEVELS OF STRESS/DISTRESS

SUBSTANCE USE/MISUSE

SOCIAL AND CULTURAL SUPPORTS

FAMILY/HOME ENVIRONMENT

HISTORY OF BULLYING/HARASSMENT

SUICIDAL THOUGHTS/PLANS/GESTURES

MENTAL HEALTH HISTORY

ACCESS TO RESOURCES

General Triage and Student Assistance Protocols

- 1. Respond immediately
- 2. Secure the safety of the student
- 3. Assess for level of risk
- 4. Determine appropriate action
- 5. Determine appropriate follow-up action plan
- 6. Clarify student re-entry guidelines
- 7. Documentation

Developing a School Protocol Policy/Process

Step 1: Create a Site/District Based Mental Health Intervention Team
☐ Multidisciplinary team: Administration, School Social Workers, School Psychologists, Nurse, etc.
☐ Identify Team Leader/Organizer
lacksquare Establish regular meetings for SHARED understanding of policy and protocols
☐ Documentation/Agendas
Step 2: Create A Flowchart and/or Visual Aid
Outlines what action(s) should be taken after discovering that a student is in crisis or identified as placed at risk
☐ Specifically, how and when students should be referred for support
☐ Provide protocol training - PD, PLC's, department meetings

Step 3: Publish and Disseminate Information

Assessment Measures and Screening Tools

Considerations when choosing a screening tool:

- ☐ Mental health assessment and screening measures offer structure to the content of the risk assessment interview and provide an opportunity for identified school-based mental health personnel to determine the severity of risk more accurately and objectively.
- ☐ The information collected can offer valuable insight into a student's well-being.
- ☐ Provides a starting point to inform the most appropriate student-centered intervention.

Assessment Measures and Screening Tools

Please reference Chapter 6 of the NJ Comprehensive School-Based Mental Health Guide

- ☐ The Brief Intervention for School Clinicians (BRISC)
- ☐ Crisis Assessment Tool (CAT)
- ☐ Strengths and Needs Assessment Tool (SNA)
- ☐ Family Assessment Needs and Strengths (FANS)

Re-Entry and Transition

It is best practice to hold a re-entry meeting for students returning to school from an absence, in this instance related to their mental health.

- ☐ During re-entry planning, a needs-based school safety plan can be established.
- ☐ Primary aim of meeting is to ensure as seamless a transition back to school and the classroom environment for the student.
- ☐ On-site supports can be put in place and any necessary educational recommendations and/or temporary accommodations can be made.

Recommended Steps For Re-Entry

MEET WITH STUDENT AND FAMILY

ENSURE APPROPRIATE RELEASES

DESIGNATE A "GO-TO" ADULT IN THE BUILDING PROVIDE SUPPORT

AND

UNDERSTANDING

ASSESS MISSED SCHOOLWORK

IMPLEMENT APPROPRIATE MODIFICATIONS INFORM STUDENT AND FAMILY OF SBMH SUPPORTS AND RESOURCES ADHERE TO THE RECOMMENDATIONS FROM TREATMENT PROVIDERS

ENSURE STAFF ARE TRAINED

NOTE PRIVACY CONSIDERATIONS

MONITOR



Teaming Related to Risk Assessment

Teaming as it relates to explicitly handling triage, student assistance, and risk assessment, is integral to identifying intervention priorities with accuracy and precision.

The three most fundamental aspects of successful teaming include:

- **1. Collaboration** Increases resources for the student and family.
- **2.** Coordination Decreases overlap and duplication of service.
- **3. Communication** Open communication allows for various viewpoints and perspectives.

Community Engagement

A SHARED MODEL OF CARE:

- Department of Children and Families (DCF
- New Jersey Children's System of Care (CSOC)
- Perform Care NJ
- ☐ Mobile Response
- ☐ Screening Services





Cultural Considerations

- Engage in self-evaluation to build cultural self-awareness.
- ✓ Improve cultural and racial literacy.
- Apply culturally responsive micro-skills.
- Engage the student and their family to establish and access a circle of support that is culturally relevant and meaningful.

Culturally Competent Crisis Response:

- 1. Identify specific culture-related needs of the community.
- 2. Maintain a current profile of the cultural composition of the school/district community.
- 3. Identify formal and informal resources.
- 4. Identify the meaning of suffering, pain, and death.
- 5. Anticipate and identify possible solutions.





Team Reflection Questions

- Considering your experience processing triage and conducting risk assessments in your day-to-day work, what qualities or skills do you feel help you to meet the needs of students placed at risk?
 - a. Conversely, which qualities or skills do you feel you need to develop further and broaden your repertoire of responses?
- 2. What are whole-school culture and climate factors in your buildings that most affect student learning and impact students placed at risk?
- 3. How do you understand and currently address the diverse social, cultural, and language needs of students being referred for student assistance and risk assessment?

Ridgewood School District New Jersey District Exemplar Risk Assessment

School/District Background

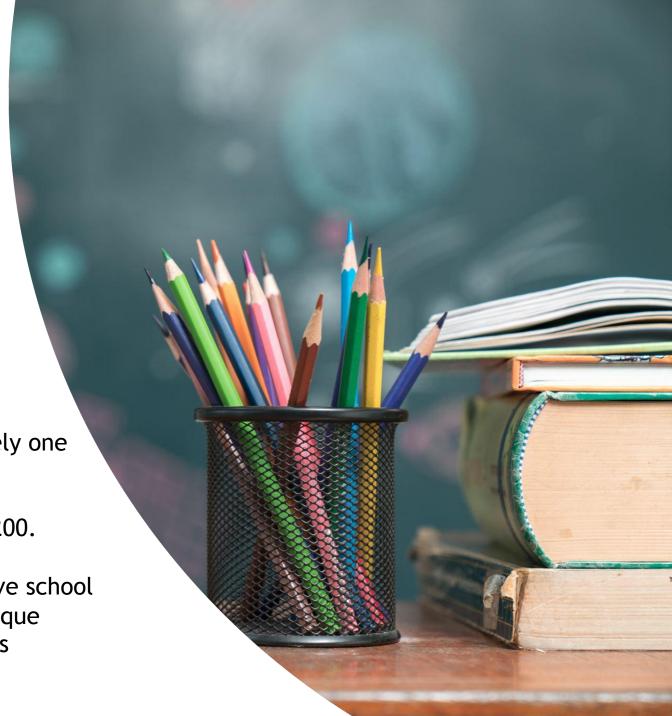
K-12 District:

- Ridgewood High School
- 2 Middle Schools
- 6 Elementary Schools (K-5)

Ridgewood High School is located in Ridgewood, NJ. Ridgewood is a suburb of Bergen County, approximately one hour from NYC.

The Student Population is 1,782 with a total staff of 200.

RHS has a long tradition of demonstrating a progressive school culture beginning with an open campus (1970s), a unique student management structure (1980s), and numerous student freedoms based on mutual respect and trust.



School Mental Health Program Background

- During the early 2000's, the Grade Advisor (GA) team was developed. This dynamically changed the focus of student management.
- A student-centered/relational approach when addressing discipline and attendance was adopted.
- In 2006, after regular consultation with a local psychodynamically trained psychologist who volunteered his time at RHS beginning in 2005, an LCSW joined the Grade Advisor team.
 - Crisis Intervention Counselor Position was created Grades
 6-12
- A second LCSW was soon to follow and joined the staff one year later in 2007.
- Several years later, the model continued to expand by contracting with outside agencies to provide more intensive Tier 3 services.



Important to note:

The addition of clinical staff members helped shift the district's understanding of student surface behavior and helped set the tone for how we understand and respond to student risk. This mental health focus across multiple domains has evolved and expanded over nearly two decades.



Risk Assessment Program Goals

- Increase positive connections between adults and students at all levels of learning and tiers of service at Ridgewood High School.
- Strengthen our capacity to provide prevention, intervention, and postvention (at all three tiers of service).
- 3. Inclusion of clinical staff in all aspects of school management, planning, and decision-making.
- 4. Clinical staff provide a psychological understanding of a student's surface behavior and contributes a mental health perspective regarding overall educational, behavioral, and social-emotional functioning.

Important Structural Elements

Weekly Advisory Department Meetings - Asst. Principal, Grade Advisors, School Clinicians

Free Periods in Student Schedule - Access to Adults As Needed

Single Lunch Period

Open Access to Student Life Team

Staff Willing to Connect with Students

Increased Number of Clubs and Activities for Student Engagement

Period 9 (teachers available to ALL students at the end of the school-day)



Staff "Buy-In"

Shared Understanding of Student Risk

Challenges Experienced

Symptom Cultivation

Service Overlap

Compassion Fatigue



Increased interdepartmental communication & collaboration among staff - MHIC Team

Open access to adult staff in building/Increased gatekeeping opportunities

Streamlined access to direct mental health intervention for students, staff, and families at all three tiers of service

Decrease in student clearances & hospitalizations - increased linkage to services

Creation of District Coordinator of SBMH Services Position (2019); Hiring of 3 more K-5 school counselors (2020)

Lessons Learned

- ✓ Everything we do is based on our relationship with the student.
- ✓ Adopting an attitude that is playful, accepting, curious, and empathic is vital to the success of our SBMH model and response to student risk.
- ✓ We make decisions that are best for the students not for the "staff" or "system."
- ✓ Team members, regardless of discipline or training, believe our interactions can be healing and as such are a protective factor in the lives of our students and necessary to mitigate risk.

Resources

School Mental Health Referral Pathways (SMHRP) Toolkit

https://www.escneo.org/Downloads/NITT%20SMHRP%20Toolkit 11%2019%2015%20FINAL.PDF

National Center on Safe and Supportive Learning Environments

Addressing the Risk of Violent Behavior in Youth

https://safesupportivelearning.ed.gov/addressing-risk-violent-behavior-youth-know-signs-youth-violence-and-how-identify-and-reduce-risk

Cultural and Linguistic Competence

www.safesupportivelearning.ed.gov/topic-research/engagement/cultural-linguistic-competence

National Center for School Mental Health (NCSMH)

Cultural Responsiveness & Equity

http://www.schoolmentalhealth.org/Cultural-Responsiveness--Equity/

The Search Institute

https://www.search-institute.org/

Relationship-Focused Schools

https://www.search-institute.org/where-to-start/schools/

Developmental Assets Survey

https://www.search-institute.org/surveys/choosing-a-survey/dap/

Question and Answer



Evaluation Information

The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

At the end of today's training please take a moment to complete a **brief** survey about today's training.





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The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

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