Browning Public Schools
Board Agenda Request
Meeting to Be Held: October 14, 2025

Recognition: ☐ Students ☐ Staff ☐ Parents

Information: ☐ Building Report ☐ Old Business ☐ Superintendent's Report

Action: ☐ Resignation ☐ Hiring ☐ Contract Service Agreements

☐ Travel Out-of-State ☐ Travel In State ☒ Approvals

☐ Termination ☐ Legal Matters ☐ Other:

This action request pertains to ☐ Elementary (only) ☒ High School/District Wide

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Date: 10/7/25

To: Rebecca Rappold
Superintendent

From: Charlie Speicher
Title: Alt. Ed. Coordinator

Subject: CSA: Dr. John Sommers Flanagan & Dr. Tammy Knolleson Strength Based Suicide Assessment and Intervention Workshop

Description: In partnership with the clinical psychology department at the University of Montana, we plan on hosting a 2 day Strengths Based Suicide Assessment and Intervention workshop for all BPS counselors, clinicians, and principals. This workshop will provide 15 CEU's, or 1 Graduate Credit through UM to each participant.
In our ongoing efforts to meet the critical needs our students present, it is absolutely imperative that we equip all BPS counselors with the skills, confidence, and ability to provide immediate assessment and intervention technique to suicidal students. Further, while building principals will not be providing the interventions long term directly to students, their participation in this workshop is critical in order to understand the scope of the issue, and to properly support counselors in doing this potentially life-saving work.

The key qualifier here for this workshop is "Strengths Based" which is different from traditional, Western frameworks. Rather than pathologizing suicide and emphasizing treatment through the lens of risk factors and pathology, this approach orients clinicians to focus treatment and interventions on areas of strength and benevolence.

Financial Impact: $6,285.60

Funding Source (Budget/grant, etc.): Wellness and Prevention Budget

Attachment(s):

Approval: Superintendent's Office/Finance/Personnel as applicable (Initial) _____

Comments: _____

Board Action: ☐ N/A (Info) ☐ Approved ☐ Denied ☐ Tabled: _____

Browning Public Schools
CONTRACT SERVICE AGREEMENT
(406) 338-2715

Date: 10/7/25 **Board Approval Date:** _____

Contractor: Dr. John Sommers Flanagan

Phone: (406) 721-6367__

Address: 32 Campus Drive Counselor Ed. Department Missoula, MT
P.O. Box or Street Address **City** **State** **Zip**

Type of Project/Service (be specific): 2 Day Workshop – Strengths Based Suicide Assessment and Intervention for all BPS counselors and admin. This class will focus on long term interventions and strategies to destigmatize suicidal distress, while integrating coping mechanisms and distress tolerance techniques into treatment plans.

Contracted Dates: Wednesday, November 12 and Thursday, November 13 (16 hours total)

Rate per hour/per day:	=	$ 3,000.00
Per Diem/per day: _____ x _____ # of Days	=	N/A
Mileage: 408 miles @ .70 per mile	=	$285.60
Other costs (explain): _____	=	_____
Total Project Cost	=	$3,285.60

Contract to be paid from: split between 2 budgets

1) **126-77-160-2213-320**
2) **226-77-160-2213-320**

Independent Contractor:

Submit invoice on completion

☐ Other X

Employee:

☐ Submit timesheet through payroll

The above terms and conditions constitute an agreement by and between the contractor and the Browning Public Schools for the contractor to render services, as indicated. In the event of non-completion of services or other unforeseen problems, this agreement shall be changed accordingly.

_____ Charlie Speicher - BHA
Contractor's Signature **Principal/Supervisor**

_____ _____
Federal ID Number/EIN **Superintendent**

An Independent Contractor must provide Browning Public Schools with a Federal ID Number, State Contractor License or sign an Independent Contractor's Exemption Application Affidavit waiving their rights under the Worker's Compensation Insurance and Unemployment Insurance for employees.

White – Contractor **Yellow – Business Office**

Browning Public Schools
CONTRACT SERVICE AGREEMENT
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Date: 10/7/25 **Board Approval Date:** _____

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Phone: (406) 721-6367__

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P.O. Box or Street Address **City** **State** **Zip**

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White – Contractor **Yellow – Business Office**