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San Diego Cooperative Charter School

Suicide Prevention Policy

The Governing Board of San Diego Cooperative Charter School (“SDCCS” or the Charter School”) recognizes that suicide is a leading cause of death among youth and that an even greater amount of youth consider (17 percent of high school students) and attempt suicide (over 8 percent of high school students) (Centers for Disease Control and Prevention, 2015). To attempt to reduce suicidal behavior and its impact on students and families, the Board of Directors has developed prevention, intervention, and postvention strategies and procedures.

The possibility of suicide and suicidal ideation requires vigilant attention from SDCCS staff. As a result, we are ethically and legally responsible for providing an appropriate and timely response in preventing suicidal ideation, attempts, and deaths. We also must work to create a safe and nurturing campus that minimizes suicidal ideation in students.

Recognizing that it is the duty of the Charter School to protect the health, safety, and welfare of its students, this policy aims to safeguard students and staff against suicide attempts, deaths, and other trauma associated with suicide, including ensuring adequate support for students, staff, and families affected by suicide attempts and loss. As it is known that the emotional wellness of students greatly impacts school attendance and educational success, this policy shall be paired with other policies that support the emotional and behavioral wellness of students.

This policy is based on research and best practices in suicide prevention, intervention, and postvention. It has been adopted with the understanding that suicide prevention activities decrease suicide risk, increase help-seeking behavior, identify those at risk of suicide, and decrease suicidal behaviors. Empirical evidence refutes a common belief that talking about suicide can increase risk or “place the idea in someone’s mind.”

In compliance with Education Code section 215, this policy has been developed in consultation with SDCCS and community stakeholders, SDCCS school-employed mental health

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professionals (e.g., school counselors, psychologists, social workers, nurses), administrators, other school staff members, parents/guardians/caregivers, students, local health agencies and professionals, the county mental health plan, law enforcement, and community organizations in planning, implementing, and evaluating SDCCS's strategies for suicide prevention and intervention. SDCCS must work with local government agencies, community-based organizations, and other community supports to identify additional resources.

Suicide Prevention Crisis Team

To ensure the policies regarding suicide prevention are properly adopted, implemented, and updated, SDCCS created an in-house Suicide Prevention Crisis Team ("SPCT^[A9]") consisting of administrators, mental health professionals, relevant staff, parents, and middle and high school students.

SDCCS designates the following administrators to act as the primary and secondary suicide prevention liaisons to lead the SPCT:

1. School Psychologist
2. Executive Director

The functions of the SPCT are to:

- Review mental health-related school policies and procedures;
- Provide annual updates on school and district data and trends;
- Review and revise school prevention policies;
- Review and select general and specialized mental health and suicide prevention training;

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- Review and oversee staff, parent/guardian, and student training;

- Ensuring the suicide prevention policy, protocols, and resources are posted on the district and school websites;

- Collaborate with community mental health organizations,

- Identify resources and agencies that provide evidence-based or evidence-informed treatment,

- Help inform and build skills among law enforcement and other relevant partners, and

- Collaborate to build community response.

The suicide prevention point of contact for SDCCS and the Executive Director [A13] shall ensure proper coordination and consultation with the county mental health plan if a referral is made for mental health or related services on behalf of a student who is a Medi-Cal beneficiary.

Prevention

A. Messaging about Suicide Prevention

Messaging about suicide affects suicidal thinking and behaviors. Consequently, San Diego Cooperative Charter, along with its partners, has critically reviewed and will continue to review all materials and resources used in awareness efforts to ensure they align with best practices for safe messaging about suicide.

Resources:

- For information on public messaging on suicide prevention, see the National Action Alliance for Suicide Prevention Web site at <http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/>

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- For information on engaging the media regarding suicide prevention, see the Your Voice Counts Web page at <http://resource-center.yourvoicecounts.org/content/making-headlines-guide-engaging-media-suicide-prevention-california-0>

- For information on how to use social media for suicide prevention, see the Your Voice Counts Web page at <http://resource-center.yourvoicecounts.org/content/how-use-social-media>

B. Suicide Prevention Training and Education

The San Diego Cooperative Charter along with its partners has carefully reviewed available staff training to ensure it promotes the mental health model of suicide prevention and does not encourage the use of the stress model to explain suicide.

Training shall be provided for all school staff members and other adults on campus regularly (such as substitutes and intermittent staff, volunteers, interns, tutors, coaches, and after-school staff).

Training shall include the following:

At least annually, all staff shall receive training on the risk factors and warning signs of suicide, suicide prevention, intervention, referral, and postvention.

All suicide prevention training shall be offered under the direction of school-employed mental health professionals (e.g., school counselors, psychologists, or social workers) who have received advanced training specific to suicide and may benefit from collaboration with one or more county and/or community mental health agencies. Charter School has collaborated with San Diego County Mental Health Services [Insert Names of One Or More County and/or Community Mental Health Agencies] to review the training materials and content to ensure it is evidence-based, evidence-informed, and aligned with best practices.

Staff training can be adjusted year-to-year based on previous professional development activities and emerging best practices.

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Charter Schools shall ensure that training is available for new hires during the school year.

· At a minimum, all staff shall participate in training on the core components of suicide prevention (identification of suicide risk factors and warning signs, prevention, intervention, referral, and postvention). Core components of the general suicide prevention training shall include:

- o Suicide risk factors, warning signs, and protective factors;
- o How to talk with a student about thoughts of suicide;
- o How to respond appropriately to the youth who has suicidal thoughts. Such responses shall include constant supervision of any student judged to be at risk for suicide and an immediate referral for a suicide risk assessment;
- o Emphasis on immediately referring (same day) any student who is identified to be at risk of suicide for assessment while staying under constant monitoring by staff member;
- o Emphasis on reducing the stigma associated with mental illness and that early prevention and intervention can drastically reduce the risk of suicide;
- o Reviewing the data annually to look for any patterns or trends of the prevalence or occurrence of suicide ideation, attempts, or death. Data from the California School Climate, Health, and Learning Survey § (Cal-SCHLS) should also be analyzed to identify school climate deficits and drive program development. See the Cal-SCHLS Web site at <http://cal-schls.wested.org/>.

· In addition to initial orientations to the core components of suicide prevention, ongoing annual staff professional development for all staff should include the following components:

- o The impact of traumatic stress on emotional and mental health;
- o Common misconceptions about suicide;
- o Charter School and community suicide prevention resources;

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- o Appropriate messaging about suicide (correct terminology, safe messaging guidelines);
- o The factors associated with suicide (risk factors, warning signs, protective factors);
- o How to identify youth who may be at risk of suicide;
- o Appropriate ways to interact with a youth who is demonstrating emotional distress or is suicidal. Specifically, how to talk with a student about their thoughts of suicide and (based on SDCCS guidelines) how to respond to such thinking; how to talk with a student about thoughts of suicide and appropriately respond and provide support based on SDCCS guidelines;
- o Charter School-approved procedures for responding to suicide risk (including multi-tiered systems of support and referrals). Such procedures should emphasize that the suicidal student should be constantly supervised until a suicide risk assessment is completed;
- o Charter School-approved procedures for responding to the aftermath of suicidal behavior (suicidal behavior postvention);
- o Responding after a suicide occurs (suicide postvention);
- o Resources regarding youth suicide prevention;
- o Emphasis on stigma reduction and the fact that early prevention and intervention can drastically reduce the risk of suicide;
- o Emphasis that any student who is identified to be at risk of suicide is to be immediately referred (same day) for assessment while being constantly monitored by a staff member.

The professional development also shall include additional information regarding groups of students judged by the Charter, and available research, to be at elevated risk for suicide. These groups include but are not limited to, the following:

- o Youth affected by suicide;

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- o Youth with a history of suicide ideation or attempts;
- o Youth with disabilities, mental illness, or substance abuse disorders;
- o Lesbian, gay, bisexual, transgender, or questioning youth;
- o Youth experiencing homelessness or in out-of-home settings, such as foster care;
- o Youth who have suffered traumatic experiences;

Resources:

- Youth Mental Health First Aid (YMHFA) teaches a 5-step action plan to offer initial help to young people showing signs of a mental illness or in a crisis and connect them with the appropriate professional, peer, social, or self-help care. YMHFA is an 8-hour interactive training for youth-serving adults without a mental health background. See the Mental Health First Aid Web page at <https://www.mentalhealthfirstaid.org/cs/take-a-course/course-types/youth/>
- Free YMHFA Training is available on the CDE Mental Health Web page at <http://www.cde.ca.gov/ls/cg/mh/projectcalwell.asp>
- Question, Persuade, and Refer (QPR) is a gatekeeper training that can be taught online. Just as people trained in cardiopulmonary resuscitation (CPR) and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. See the QPR Web site at <http://www.qprinstitute.com/>
- SafeTALK is a half-day alertness training that prepares anyone over the age of fifteen, regardless of prior experience or training, to become a
- suicide-alert helper. See the LivingWorks Web page at <https://www.livingworks.net/programs/safetalk/>
- Applied Suicide Intervention Skills Training (ASIST) is a two-day interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan to

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support their immediate safety. See the LivingWorks Web page at <https://www.livingworks.net/programs/asist/>

- Kognito At-Risk is an evidence-based series of three online interactive professional development modules designed for individuals, schools, districts, and statewide agencies. It includes tools and templates to ensure the program is easy to disseminate and measures success at the elementary, middle, and high school levels. See the Kognito Web page at <https://www.kognito.com/products/pk12/>

Specialized Professional Development for School-based Mental Health Staff (Screening and/or Assessment)

Additional professional development in suicide risk assessment (SRA) and crisis intervention is provided to designated student mental health professionals, including but not limited to school counselors, psychologists, social workers, administrators, and nurses employed by Charter School. Training for these staff is specific to conducting SRAs, intervening during a crisis, de-escalating situations, interventions specific to preventing suicide, making referrals, safety planning, and re-entry.

Specialized Professional Training for targeted School-based mental health staff includes the following components:

- Best practices and skill building on how to conduct an effective suicide risk screening/SRA using an evidence-based, Charter School-approved tool ; Patient Health Questionnaire 9 (PHQ-9) Depression Scale; BSS Beck Scale for Suicide Ideation -;
- National Institute of Mental Health (NIMH)'s Ask Suicide-Screening Questions (ASQ) Toolkit ; and the Adolescent Suicide Assessment Protocol – 20.
- Best practices on approaching and talking with students about their thoughts of suicide and how to respond to such thinking, based on district guidelines and protocols.
- Best practices on how to talk with a student about thoughts of suicide and appropriately respond and provide support based on district guidelines and protocols.
- Best practices on follow-up with parents/caregivers.
- Best practices on re-entry.

Resource:

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Assessing and Managing Suicide Risk (AMSR) is a one-day training workshop for behavioral health professionals based on the latest research and designed to help participants provide safer suicide care. See the Suicide Prevention Resource Center Web page at <http://www.sprc.org/training-events/amsr>

Virtual Screenings for Suicide Risk

Virtual suicide prevention efforts include checking in with all students, promoting access to school and community-based resources that support mental well-being and those that address mental illness and give specific guidance on suicide prevention.[A24]

Charter School has established a protocol for assigning school staff to connect with students during distance learning and school closures. During a school closure, Charter School has determined a process and protocols to establish daily or regular contact with all students. The staff understands that any concern about a student's emotional well-being and/or safety must be communicated to the appropriate school staff, according to Charter School protocols.

Charter School has determined a process and protocols for school-based mental health professionals to establish regular contact with high-risk students, students on their caseloads, and those identified by staff as demonstrating need. When connecting with students, staff are directed to begin each conversation by identifying the student's location and the availability of parents or caregivers. This practice allows the staff member to ensure the student's safety, particularly if they have expressed suicidal thoughts.

C. Employee Qualifications and Scope of Services

Employees of SDCCS must act only within the authorization and scope of their credentials or license. While it is expected that school professionals can identify suicide risk factors and warning signs and prevent the immediate risk of suicidal behavior, treatment of suicidal ideation is typically beyond the scope of services offered in the school setting. In addition, treatment of the mental health challenges often associated with suicidal thinking typically requires mental health resources beyond what schools can provide.

D. Parents, Guardians, and Caregivers Participation and Education

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- To the extent possible, parents/guardians/caregivers may be included in suicide prevention efforts. At a minimum, schools shall share with parents/guardians/caregivers the suicide prevention policy and procedures.
- This suicide prevention policy shall be easily accessible and prominently displayed on the SDCCS Web page and included in the parent handbook.
- Parents/guardians/caregivers should be invited to provide input on developing and implementing this policy.
- Charter School shall establish and widely disseminate a referral process to all parents/guardians/caregivers/families so they are aware of how to respond to a crisis and are knowledgeable about protocols and school, community-based, and crisis resources.
- Community-based organizations that provide evidence-based suicide-specific treatments shall be highlighted on the Charter School's website with treatment referral options marked accordingly.
- Staff auto-replies during vacations or absences shall include links to resources and phone/text numbers so parents and students have information readily available.
- All parents/guardians/caregivers should have access to suicide prevention training that addresses the following:
 - o Suicide risk factors, warning signs, and protective factors;
 - o How to talk with a student about thoughts of suicide;
 - o How to respond appropriately to the student who has suicidal thoughts. Such responses shall include constant supervision of any student at risk for suicide and referral for an immediate suicide risk assessment.
 - o Charter School's referral processes and how they or their children can reach out for help, etc.

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- Parents/guardians/caregivers are reminded that the Family Educational Rights and Privacy Act (“FERPA”) generally protects the confidentiality of student records, which may sometimes include counseling or crisis intervention records. However, FERPA’s health or safety emergency provision permits the disclosure of personally identifiable information from a student’s education records to appropriate parties to address a health or safety emergency when the disclosure is necessary to protect the health or safety of the student or other individuals.

Resource:

- Parents as Partners: A Suicide Prevention Guide for Parents is a booklet containing useful information for parents/guardians/caregivers concerned that their children may be at risk for suicide. It is available from Suicide Awareness Voices of Education (SAVE). See the SAVE Web page at <https://www.save.org/product/parents-as-partners/>

E. Student Participation and Education

Messaging about suicide affects suicidal thinking and behaviors. Consequently, SDCCS, along with its partners, has carefully reviewed and will continue to review all materials and resources used in awareness efforts to ensure they align with the best practices for safe messages about suicide. Suicide prevention strategies may include, but not be limited to, efforts to promote a positive school climate that enhances students’ feelings of connectedness with SDCCS and is characterized by caring staff and harmonious interrelationships among students.

SDCCS’ instructional and student support program shall promote the healthy mental, emotional, and social development of students, including, but not limited to, the development of problem-solving skills, coping skills, and resilience. The instruction shall not use the stress model to explain suicide.

SDCCS’ instructional curriculum may include information about suicide prevention, as appropriate or needed. If suicide prevention is included in the Charter School’s instructional curriculum, it shall consider the grade level and age of the students and be delivered and discussed in a manner that is sensitive to the needs of young students. Under the supervision

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of school-employed mental health professionals, and following consultation with county and community mental health agencies, students shall:

- Receive developmentally appropriate, student-centered education about the warning signs of mental health challenges and emotional distress;
- Receive developmentally appropriate guidance regarding the Charter School's suicide prevention, intervention, and referral procedures.
- The content of the education shall include:
 - o Coping strategies for dealing with stress and trauma;
 - o How to recognize behaviors (warning signs) and life issues (risk factors) associated with suicide and mental health issues in oneself and others;
 - o Help-seeking strategies for oneself and others, including how to engage school-based and community resources and refer peers for help;
 - o Emphasis on reducing the stigma associated with mental illness and the fact that early prevention and intervention can drastically reduce the risk of suicide.

Student-focused suicide prevention education can be incorporated into classroom curricula (e.g., health classes, freshman orientation classes, science, and physical education).

SDCCS will support the creation and implementation of programs and/or activities on campus that raise awareness about mental wellness and suicide prevention (e.g., Mental Health Awareness Weeks and Peer Counseling Programs).

Charter School maintains a list of current student training and is available upon request. Charter School has shared school-based supports and self-reporting procedures, so students can seek help if they are experiencing thoughts of suicide or if they recognize signs with peers. Although confidentiality and privacy are important, students should understand safety is a priority, and if there is a risk of suicide, school staff are required to report it. Charter-based mental health

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professionals are legally and ethically required to report suicide risk. **When reporting suicidal ideation or an attempt, school staff must maintain confidentiality and only share information limited to the risk or attempt.**

Charter Schools shall establish and widely disseminate a referral process to all students so they can access support through school, community-based, and crisis services. Students shall be encouraged to notify a staff member when they are experiencing emotional distress or suicidal ideation or when they have knowledge or concerns about another student's emotional distress, suicidal ideation, or attempt.

Resources:

- o More Than Sad is school-ready and evidence-based training material, listed on the National Suicide Prevention Resource Center's best practices list, specifically designed for teen-level suicide prevention. See the American Foundation for Suicide Prevention Web page at
 - o <https://afsp.org/our-work/education/more-than-sad/>
- o Break Free from Depression (BFFD) is a 4-module curriculum focused on increasing awareness about adolescent depression and designed for use in high school classrooms. See the Boston Children's Hospital Web page at <http://www.childrenshospital.org/breakfree>
- o Coping and Support Training (CAST) is an evidence-based life-skills training and social support program to help at-risk youth. See the Reconnecting Youth Inc. Web page at <http://www.reconnectingyouth.com/programs/cast/>
- o Students Mobilizing Awareness and Reducing Tragedies (SMART) is a program comprised of student-led groups in high schools designed to give students the freedom to implement a suicide prevention on their campus that best fits their school's needs. See the SAVE Web page at <https://www.save.org/what-we-do/education/smart-schools-program-2/>
- o Linking Education and Awareness for Depression and Suicide (LEADS) for Youth is a school-based suicide prevention curriculum designed for high schools and educators that links depression awareness and secondary suicide prevention. LEADS for Youth is an informative and interactive opportunity for students and teachers to increase knowledge and awareness of depression and suicide. See the SAVE Web page at

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o <https://www.save.org/what-we-do/education/leads-for-youth-program/>

Intervention and Emergency Procedures

Whenever a staff member suspects or knows a student's suicidal intentions, they shall promptly notify the primary designated suicide prevention liaison. If this primary suicide prevention liaison is unavailable, the staff shall promptly notify the secondary suicide prevention liaison.

Under normal circumstances, the primary and/or secondary contact persons shall notify the principal, another school administrator, school psychologist or school counselor if different from the primary and secondary contact persons. The counseling and Administrative teams are available to all students and parents.

The suicide prevention liaison shall immediately notify the Executive Director or designee (Principal, another school administrator, school counselor, school psychologist, social worker, or nurse), who shall then notify, if appropriate and in the best interest of the student, the student's parents/guardians/caregivers as soon as possible and shall refer the student to mental health resources in the school or community. Determination of notification to parents/guardians/caregivers should follow a formal initial assessment to ensure the student is not endangered by parental notification.

If the student is in imminent danger (has access to a gun, is on a rooftop, or in other unsafe conditions), a call shall be made to 911. The call shall NOT be made in the student's presence, and the student shall not be left unsupervised. Staff shall NOT physically restrain or block an exit.

When a suicide attempt or threat is reported on campus or at a school-related activity, the suicide prevention liaison shall, at a minimum:

1. Ensure the student's physical safety by one or more of the following, as appropriate:
 - a. Securing immediate medical treatment if a suicide attempt has occurred.
 - b. Securing law enforcement and/or other emergency assistance if a suicidal act is actively threatened.

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- c. Keeping the student under continuous adult supervision until the parent/guardian and/or appropriate support agent or agency can be contacted and has the opportunity to intervene.
 - d. Remaining calm, keeping in mind the student is overwhelmed, confused, and emotionally distressed.
 - e. Moving all other students out of the immediate area.
 - f. Not sending the student away or leaving him/her alone, even to go to the restroom.
 - g. Providing comfort to the student, listening and allowing the student to talk and being comfortable with moments of silence.
 - h. Promising privacy and help, but not promising confidentiality.
2. Document the incident in writing as soon as feasible.
3. Follow up with the parent/guardian and student in a timely manner to provide referrals to appropriate services as needed and coordinate and consult with the county mental health plan if a referral is made for mental health or related services on behalf of a student who is a Medi-Cal beneficiary^[A29]. **Determination of notification to parents/guardians/caregivers should follow a formal initial assessment to ensure that the student is not endangered by parental notification.**
4. After a referral is made, SDCCS shall verify with the parent/guardian that the follow up treatment has been accessed. Parents/guardians will be required to provide documentation of care for the student. If parents/guardians refuse or neglect to access treatment for a student who has been identified to be at risk for suicide or in emotional distress, the suicide prevention liaisons shall meet with the parent to identify barriers to treatment (e.g., cultural stigma, financial issues) and work to rectify the situation and build understanding of care. If follow up care is still not provided, SDCCS may contact Child Protective Services.^[A30]
5. Provide access to counselors or other appropriate personnel to listen to and support students and staff who are directly or indirectly involved with the incident at SDCCS.
6. Provide an opportunity for all who respond to the incident to debrief, evaluate the effectiveness of the strategies used, and make recommendations for future actions.

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In the event a suicide occurs or is attempted on the SDCCS campus, the suicide prevention liaison shall follow the crisis intervention procedures contained in SDCCS's safety plan. After consultation with the Executive Director or designee and the student's parent/guardian about facts that may be divulged in accordance with the laws governing confidentiality of student record information, the Executive Director or designee may provide students, parents/guardians, and staff with information, counseling, and/or referrals to community agencies as needed. SDCCS staff may receive assistance from SDCCS counselors or other mental health professionals in determining how best to discuss the suicide or attempted suicide with students.[A31]

In the event a suicide occurs or is attempted off the SDCCS campus and unrelated to school activities, the Executive Director or designee shall take the following steps to support the student:[A32]

1. Contact the parent/guardian and offer support to the family.
2. Discuss with the family how they would like SDCCS to respond to the attempt while minimizing widespread rumors among teachers, staff, and students.
3. Obtain permission from the parent/guardian to share information to ensure the facts regarding the crisis are correct.
4. The suicide prevention liaisons shall handle any media requests.
5. Provide care and determine appropriate support to affected students.
6. Offer to the student and parent/guardian steps for reintegration into school. Re-integration may include obtaining a written release from the parent/guardian to speak with any health care providers; conferring with the student and parent/guardian about any specific requests on how to handle the situation; informing the student's teachers about possible days of absences; allowing accommodations for make-up work (being understanding that missed assignments may add stress to the student); appropriate staff maintaining ongoing contact with the student to monitor the student's actions and mood; and working with the parent/guardian to involve the student in an aftercare plan; providing parent's/guardians/caregivers/families local emergency numbers for after school and weekend emergency contacts.

A. Parents, Guardians, and Caregivers

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A referral process should be prominently disseminated to all parents/guardians/caregivers so they know how to respond to a crisis and are knowledgeable about the school and community-based resources.

B. Students

Students shall be encouraged to notify a staff member when they are experiencing emotional distress or suicidal ideation or when they suspect or have knowledge of another student's emotional distress, suicidal ideation, or attempt.

C. Parental Notification and Involvement

Each school within the SDCCS shall identify a process to ensure continuing care for the student identified to be at risk of suicide. The following steps should be followed to ensure continuity of care:

- After a referral is made for a student, school staff shall verify with the parent/guardian/caregiver that follow-up treatment has been accessed. Parents/guardians/caregivers will be required to provide documentation of care for the student.
- If parents/guardians/caregivers refuse or neglect to access treatment for a student who has been identified to be at-risk for suicide or in emotional distress, the suicide point of contact (or other appropriate school staff member) will meet with the parents/guardians/caregivers to identify barriers to treatment (e.g., cultural stigma, financial issues) and work to rectify the situation and build an understanding of the importance of care. If follow-up care for the student is still not provided, school staff should consider contacting Child Protective Services (CPS) to report neglect of the youth.

D. Action Plan for In-School Suicide Attempts

In the event a suicide occurs or is attempted on the SDCCS campus, the suicide prevention liaison shall follow the crisis intervention procedures contained in SDCCS's safety plan. After

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consultation with the Executive Director or designee and the student's parent/guardian about facts that may be divulged in accordance with the laws governing the confidentiality of student record information, the Executive Director or designee may provide students, parents/guardians, and staff with information, counseling, and/or referrals to community agencies as needed. SDCCS staff may receive assistance from SDCCS counselors or other mental health professionals in determining how best to discuss suicide or attempted suicide with students.

If a suicide attempt is made during the school day on campus, it is important to remember that the health and safety of the student and those around him/her are critical. The following steps should be implemented:

- o Remain calm, remember the student is overwhelmed, confused, and emotionally distressed;
- o Move all other students out of the immediate area;
- o Immediately contact the administrator or suicide prevention liaison;
- o Call 911 and give them as much information about any suicide note, medications taken, and access to weapons, if applicable;
- o If needed, provide medical first aid until a medical professional is available;
- o Parents/guardians/caregivers should be contacted as soon as possible;
- o Do not send the student away or leave them alone, even if they need to go to the restroom;
- o Listen and prompt the student to talk;
- o Review options and resources of people who can help;
- o Be comfortable with moments of silence as you and the student will need time to process the situation;
- o Provide comfort to the student;

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- o Promise privacy and help, and be respectful, but do not promise confidentiality;

- o Student should only be released to parents/guardians/caregivers or to a person who is qualified and trained to provide help.

E. Action Plan for Out-of-School Suicide Attempts

If a suicide attempt by a student is outside of SDCCS property, it is crucial that the LEA protects the privacy of the student and maintain a confidential record of the actions taken to intervene, support, and protect the student. The following steps should be implemented:

- Contact the parents/guardians/caregivers and offer support to the family;
- Discuss with the family how they would like the school to respond to the attempt while minimizing widespread rumors among teachers, staff, and students;

- Obtain permission from the parents/guardians/caregivers to share information to ensure the facts regarding the crisis is correct;

- Designate a staff member to handle media requests;

- Provide care and determine appropriate support to affected students;

- Offer to the student and parents/guardians/caregivers steps for re-integration to school.

F. Supporting Students during and after a Mental Health Crisis

Students shall be encouraged through the education program and in SDCCS activities to notify a teacher, the Executive Director, another SDCCS administrator, psychologist, SDCCS counselor, suicide prevention liaisons, or other adults when they are experiencing thoughts of suicide or when they suspect or have knowledge of another student's suicidal intentions. SDCCS staff should treat each report seriously, calmly, and with active listening and support. Staff should be non-judgmental to students and discuss with the

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student and the student's parent/guardian about additional resources to support the student.

It is crucial that careful steps are taken to help provide the mental health support for the student and to monitor their actions for any signs of suicide. The following steps should be implemented after the crisis has happened:

- Treat every threat with seriousness and approach with a calm manner; make the student a priority;
- Listen actively and non-judgmental to the student. Let the student express their feelings;
 - Acknowledge the feelings and do not argue with the student;
- Offer hope and let the student know they are safe and that help is provided. Do not promise confidentiality or cause stress;
- Explain calmly and get the student to a trained professional, guidance counselor, or designated staff to further support the student;
- Keep close contact with the parents/guardians/caregivers and mental health professionals working with the student.

G. Re-Entry to School After a Suicide Attempt

A student who threatened or attempted suicide is at a higher risk for suicide in the months following the crisis. Having a streamlined and well planned re-entry process ensures the safety and wellbeing of students who have previously attempted suicide and reduces the risk of another attempt. An appropriate re-entry process is an important component of suicide prevention. Involving students in planning for their return to school gives them a sense of control, personal responsibility, and empowerment.

The following steps shall be implemented upon re-entry:

- o Obtain a written release of information signed by parents/guardians/caregivers and providers;

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- o Confer with student and parents/guardians/caregivers about any specific requests on how to handle the situation;
- o Inform the student's teachers about possible days of absences;
- o Allow accommodations for the student to make up work (it is crucial to understanding that missed assignments may add stress to student and they can be excused from any missing work);
- o Counselors, Administrators, Teachers and trusted staff members should maintain ongoing contact to monitor student's actions and mood;
- o Work with parents/guardians/caregivers to involve the student in an aftercare plan.

Resource:

- The School Reentry for a Student Who Has Attempted Suicide or Made Serious Suicidal Threats is a guide that will assist in school re-entry for students after an attempted suicide. See the Mental Health Recovery Services Resource Web page at http://www.mhrsonline.org/resources/suicide%5Cattempted_suicide_resources_for_schools-9/

Responding After a Suicide Death (Postvention)

A death by suicide in the school community (whether by a student or staff member) can have devastating consequences on students and staff. Therefore, we must be prepared ahead of time in the event of such a tragedy. SDCCS shall follow the below action plan for responding to a suicide death as part of the general Crisis Response Plan for responding to a suicide death, which incorporates both immediate and long-term steps and objectives:

Suicide Prevention Liaison shall:

- Coordinate with the Executive Director to conduct an initial meeting of the Suicide Prevention Crisis Team [A34] to:
 - o Confirm death and cause.

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- o Identify a staff member to contact the deceased's family (within 24 hours);
- o Enact the Suicide Postvention Response Plan, include an initial meeting of the district/school Suicide Postvention Response Team;
- o Notify all staff members (ideally in-person or via phone, not via e-mail or mass notification).
- Coordinate an all-staff meeting, to include:
 - o Notification (if not already conducted) to staff about suicide death;
 - o Emotional support and resources available to staff;
 - o Notification to students about suicide death and the availability of support services (if this is the protocol that is decided by the administrative team);
 - o Share information that is relevant and that which you have permission to disclose.
- Prepare staff to respond to needs of students regarding the following:
 - o Review of protocols for referring students for support/assessment;
 - o Talking points for staff to notify students;
 - o Resources available to students (on and off campus).
- Identify students significantly affected by suicide death and other students at risk of imitative behavior;
- Identify students affected by suicide death but not at risk of imitative behavior;
 - Communicate with the larger school community about the suicide death; and refer them to a school-based mental health professional.

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- Consider funeral arrangements for the family and school community;
- Respond to memorial requests in a respectful and non-harmful manner; responses should be handled in a thoughtful way and their impact on other students should be considered;
- Identify media spokesperson skilled to cover story without the use of explicit, graphic, or dramatic content (go to the Reporting on Suicide.Org Web site at www.reportingonsuicide.org). Research has proven that sensationalized media coverage can lead to contagious suicidal behaviors.
- Utilize and respond to social media outlets:
 - o Identify what platforms students are using to respond to suicide death
 - o Identify/train staff and students to monitor social media outlets
- Ensure that all communications, documents, and materials related to messaging about suicide avoid discussing details about the method of suicide, avoid oversimplifying (i.e. identifying singular cause of suicide), avoid sensational language, and only includes clear, respectful, people-first language [A35] that encourages an environment free of stigma. As part of safe messaging for suicide, we use specific terminology when referring to actions related to suicide or suicidal behavior:

<u>Use</u>	<u>Do Not Use</u>
<u>“Died by suicide”</u> <u>or</u> <u>“Took their own life”</u>	<u>“Committed suicide”</u> <u>Note: Use of the word “commit” can imply crime/sin</u>
<u>“Attempted suicide”</u>	<u>“Successful” or “unsuccessful”</u> <u>Note: There is no success, or lack of success, when dealing with suicide</u>

- Include long-term suicide postvention responses:

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- o Consider important dates (i.e., anniversary of death, deceased birthday, graduation, or other significant events) and how these will be addressed
- o Support siblings, close friends, teachers, and/or students of deceased

- o Consider long-term memorials and how they may impact students who are emotionally vulnerable and at risk of suicide

Resources:

- After a Suicide: A Toolkit for School is a comprehensive guide that will assist schools on what to do if a suicide death takes place in the school community. See the Suicide Prevention Resource Center Web page at <http://www.sprc.org/comprehensive-approach/postvention>
- Help & Hope for Survivors of Suicide Loss is a guide to help those during the bereavement process and who were greatly affected by the death of suicide. See the Suicide Prevention Resource Center Web page at <http://www.sprc.org/resources-programs/help-hope-survivors-suicide-loss>
- For additional information on suicide prevention, intervention, and postvention, see the Mental Health Recovery Services Model Protocol Web page at http://www.mhrsonline.org/resources/suicide%5Cattempted_suicide_resources_for_schools-9/
- Information on school climate and school safety is available on the CDE Safe Schools Planning Web page at <http://www.cde.ca.gov/ls/ss/vp/safeschlplanning.asp>
- Additional resources regarding student mental health needs can be found in the SSPI letter Responding to Student Mental Health Needs in School Safety Planning at <http://www.cde.ca.gov/nr/el/le/yr14ltr0212.asp>.

Student Identification Card

Charter School will include the telephone numbers on all student identification cards:

§ National Suicide Prevention Lifeline/Suicide Crisis Lifeline:

- o Call or Text “988” [A38]

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- o Call 1-800-273-8255

- § National Domestic Violence Hotline^[A39]: Call 1-800-799-7233

- § Crisis Text Line: Text “HOME” to 741741

- § Teen Line: Text “TEEN” to 839863

- § Trevor Project: Text “START” to 678678

- § Trans Lifeline: 1-877-565-8860^[A40]

- § Local suicide prevention hotline telephone number ^[A41]

Policy Review

This Policy shall be reviewed and revised as indicated, at least annually in conjunction with the community stakeholders.

Resources:

- The K–12 Toolkit for Mental Health Promotion and Suicide Prevention has been created to help schools comply with and implement AB 2246, the Pupil Suicide Prevention Policies. The Toolkit includes resources for schools as they promote youth mental wellness, intervene in a mental health crisis, and support members of a school community after the loss of someone to suicide.

- o Additional information about this Toolkit for schools can be accessed on the Heard Alliance Web site at <http://www.heardalliance.org/>.
