

Students

#2

SUICIDE PREVENTION POLICY

The Shanél Valley Academy (SVA) Board of Directors recognizes that suicide is a ~~leading major~~ cause of death among youth and ~~that school personnel who regularly interact with students are often in a position to recognize the warning signs of suicide and to offer appropriate referral and/or assistance should be taken seriously.~~ To attempt to reduce suicidal behavior and its impact on students and families, the Board of Directors has developed prevention strategies and intervention procedures.

In compliance with Education Code section 215, this policy has been developed in consultation with SVA and community partners, SVA school-employed mental health 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 SVA's strategies for suicide prevention and intervention. SVA must work in conjunction with local government agencies, ~~community-based organizations, and other community supports to identify additional resources.~~ ~~community-based organizations, and other community supports to identify additional resources.~~

To ensure the policies regarding suicide prevention are properly adopted, implemented, and updated, SVA shall appoint an individual (or team) to serve as the suicide prevention point of contact for SVA. The suicide prevention point of contact for SVA ~~and the principal~~ 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. ~~This policy shall be reviewed and revised as indicated, at least every 5 years annually in conjunction with the previously mentioned community stakeholders.~~

Suicide Prevention Crisis Team

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

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

1. Keenan Tyner, School Counselor, LCSW, PPSC
2. Kristi McCullough, Principal

The functions of the SPCT are to:

- Review mental health related school policies and procedures;
- Provide annual updates

- on school data and trends;

Commented [MB1]: **NEW** Client Note: CDE encourages districts to work in conjunction with local government agencies, community-based organizations, and other community supports to identify additional resources. Many cities and counties have adopted or are in the process of adopting city or countywide suicide prevention strategic plans. It is recommended LEAs collaborate with their local governments to ensure the local suicide prevention plans and district suicide prevention policies align and include similar research and resources. The California Alliance for Children and Family Services has developed an interactive Behavioral Health Resource Map which is intended to be a tool for providers, policy makers, education partners, youth, families, and others who are looking for services in their community. Each of the interactive "pins" on the map contains additional information about that organization including location, types of services offered, contact information, and budget. To see the map, please visit <https://www.catalyst-center.org/resources>.

Commented [MB2]: **NEW** Client Note: As of April 2023, EC 215 states that the governing board or must review, at minimum every 5th year, this policy and, if necessary, update the policy. While the Education Code requires that the Charter review the policy at least every 5 years, we recommend an annual review to ensure that any CDE recommendations or required legal changes are made sooner rather than later.

Commented [MB3]: **NEW** Client Note: The 2023 CDE Model Policy encourages the formation of a local suicide prevention crisis team, **with at least one Liaison to head up the team.** Please note that neither a crisis team nor the appointment of a liaison are required by ED 215. However, we encourage schools to adopt this structure or a similar structure to ensure an organized suicide prevention and response protocol is in place.

Additional information and guidance developed by the National Association of School Psychologists can be found on the Preventing Suicide: Guidelines for Administrators and Crisis Teams web page at <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-safety-and-crisis/mental-health-resources/preventing-youth-suicide/preventing-suicide-guidelines-for-administrators-and-crisis-teams>

Commented [MB4]: **NEW** Client Note: you may choose to omit students from the Crisis Team.

- Review and revise school prevention policies;
- Review and select general and specialized mental health and suicide prevention training;
- Review and oversee staff, parent/guardian, and student trainings;
- Ensuring the suicide prevention policy, protocols, and resources are posted on the school website;
- 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.

Staff Development

SVA, 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 at the beginning of the school year. It may also be provided, when appropriate, for other adults on campus (such as substitutes and intermittent staff, volunteers, interns, tutors, coaches, and afterschool staff). Training shall include the following:

1. All suicide prevention trainings shall be offered under the direction of mental health professionals (e.g., school ~~counselor~~, or ~~counselors~~, school psychologists, other public entity professionals, such as psychologists or social workers) who have received advanced training specific to suicide. Charter School has collaborated with [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.
2. Staff training may be adjusted year-to-year based on previous professional development activities and emerging best practices.
3. Charter School shall ensure that training is available for new hires during the school year.
4. At least annually, all staff shall receive training on the risk factors and warning signs of suicide, suicide prevention, intervention, referral, and postvention through ~~Vector Solutions, our online portal in partnership with our insurance company CharterSAFE.~~
5. 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) at the beginning of their employment or annually, through ~~Vector Solutions (see above).~~ Core components of the general suicide prevention training shall include:
 - a. Suicide risk factors, warning signs, and protective factors.
 - b. How to talk with a student about thoughts of suicide.

Commented [MB5]: **NEW** Client Note: Per the CDE's 2023 Model Policy/guidance: While all school staff and adults on campus should learn how or improve their ability to support youth experiencing mental health issues, it is strongly recommended for LEAs to begin with general mental health trainings before moving on to trainings that focus on suicide, especially for youth. Efforts shall be made to align staff trainings with county (if applicable) and/or the [Striving for Zero: California's Strategic Plan for Suicide Prevention 2020–25](#).

Commented [MB6]: **NEW** Client Note: Recommended by the 2023 CDE Model Policy.

Commented [MB7]: **NEW** Client Note: Recommended by the 2023 CDE Model Policy.

Commented [MB8]: **NEW** Client Note: Per the 2023 CDE Model Policy, LEAs are encouraged to use the CalSCHLS, YRBS, or other survey (e.g., Project CoVitality) data to determine the prevalence of suicidal ideation and behaviors, including patterns or trends, among all students, particularly among identified high-risk populations at their schools and district. For a curated list of staff trainings, please visit Mental Health and Suicide Prevention Trainings/Programs for School Communities. See the CalSCHLS website at <https://calschls.org/>, the YRBS web page at <https://www.cdc.gov/healthyouth/data/yrbs/index.htm>, and the University of Santa Barbara's Project CoVitality web page at <https://www.covitalityucsb.info/>

- c. 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.
- d. 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.
- e. Emphasis on reducing stigma associated with mental illness and that early prevention and intervention can drastically reduce the risk of suicide.
- f. 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/>.
- g. Information regarding groups of students judged by the school, and available research, to be at elevated risk for suicide. These groups include, but are not limited to, the following:
 - i. Youth affected by suicide.
 - ii. Youth with a history of suicide ideation or attempts.
 - iii. Youth with disabilities, mental illness, or substance abuse disorders.
 - iv. Lesbian, gay, bisexual, transgender, or questioning youth.
 - v. Youth experiencing homelessness or in out-of-home settings, such as foster care.
 - vi. Youth who have suffered traumatic experiences.

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

- a. The impact of traumatic stress on emotional and mental health.
- b. Common misconceptions about suicide.
- c. Charter School and community suicide prevention resources.
- d. Appropriate messaging about suicide (correct terminology, safe messaging guidelines).
- e. The factors associated with suicide (risk factors, warning signs, protective factors).
- f. How to identify youth who may be at risk of suicide.
- g. 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 SVA 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 SVA guidelines.
- h. 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.
- i. Charter School-approved procedures for responding to the aftermath of suicidal behavior (suicidal behavior postvention).
- j. Responding after a suicide occurs (suicide postvention).
- k. Resources regarding youth suicide prevention.

- l. Emphasis on stigma reduction and the fact that early prevention and intervention can drastically reduce the risk of suicide.
- m. 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.

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 a student about their thoughts of suicide and how to respond to such thinking, based on school guidelines and protocols.
- Best practices on how to talk with a student about thoughts of suicide and appropriately respond and provide support based on school guidelines and protocols.
- Best practices on follow up with parents/caregivers.
- Best practices on re-entry.

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 wellbeing and those that address mental illness and give specific guidance on suicide prevention.

Charter School has established a protocol for assigning school staff to connect with students during distance learning and school closures. In the event of a school closure, Charter School has determined a process and protocols to establish daily or regular contact with all students. Staff understand that any concern about a student's emotional wellbeing and/or safety must be communicated to the appropriate school staff, according to Charter School protocols.

Commented [MB9]: **NEW** Client Note: EC 215 states that the suicide prevention policy must include materials approved for training. It does not further specify how often or what such training must look like. The following is recommended per the 2023 CDE Model Policy.

Commented [MB10]: **NEW** Client Note: CDE identifies one example to be the [Columbia—Suicide Severity Rating Scale \(C-SSRS\)](https://cssrs.columbia.edu/the-columbia-scale-c-srs/cssrs-for-communities-and-healthcare/#filter=healthcare.english) (can be accessed here: <https://cssrs.columbia.edu/the-columbia-scale-c-srs/cssrs-for-communities-and-healthcare/#filter=healthcare.english>);

Commented [MB11]: **NEW** Client Note: can be accessed here: <https://www.phqscreeners.com/select-screener>)

Commented [MB12]: **NEW** Client Note: can be accessed here: <https://www.pearsonassessments.com/store/usassessment/en/Store/Professional-Assessments/Personality-%26-Biopsychosocial/Beck-Scale-for-Suicide-Ideation/p/100000157.html>)

Commented [MB13]: **NEW** Client Note: can be accessed here: <https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials>)

Commented [MB14]: **NEW** Client Note: this PDF can be accessed here: <https://preventsuicidewv.com/wp-content/uploads/2021/04/ADOLESCENT-SUICIDE-ASSESSMENT-PROTOCOL.pdf>

Commented [CF15]: **NEW** Client Note: This section is not required by EC 215. This is instead recommended by the CDE 2023 Model Policy as a response to the COVID 19 school closures and encouragement for LEAs to have a plan in place moving forward in case of future campuses closures.

Commented [MB16]: **NEW** Client Note: CDE encourages LEAs to review, and consider adopting, the National Association of School Psychologists' (NASP's) [Comprehensive School Suicide Prevention in a Time of Distance Learning](https://www.nasonline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center/crisis-and-mental-health-resources/preparing-for-virtual-school-suicide-assessment-checklist) Preparing for Virtual School Suicide Assessment Checklist (which can be accessed here: <https://www.nasonline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center/crisis-and-mental-health-resources/preparing-for-virtual-school-suicide-assessment-checklist>), and Conducting a Virtual Suicide Assessment Checklist (can be accessed here: <https://www.nasonline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center/crisis-and-mental-health-resources/conducting-virtual-suicide-assessment-checklist>) for guidance on virtual suicide practices and assessments to help keep students safe.

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

Employee Qualifications and Scope of Services

Employees of SVA must act only within the authorization and scope of their credential or license. While it is expected that school professionals are able to identify suicide risk factors and warning signs, and to prevent the immediate risk of a 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 are able to provide.

Parents, Guardians, and Caregivers Participation and Education

1. Parents/guardians/caregivers may be included in suicide prevention efforts. At a minimum, the Charter School shall share this Policy with parents/guardians/caregivers by notifying them where a complete copy of the policy is available.
2. This Suicide Prevention Policy shall be easily accessible and prominently displayed on the SVA Web page and included in the parent handbook.
- 2.3. Parents/guardians/caregivers should be invited to provide input on the development and implementation of this policy.
4. 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.
5. 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.
6. Staff autoreplies during vacations or absences shall include links to resources and phone/text numbers so parents and students have information readily available.
- 3-7. All parents/guardians/caregivers may have access to suicide prevention training that addresses the following:
 - a. Suicide risk factors, warning signs, and protective factors.
 - b. How to talk with a student about thoughts of suicide.
 - c. How to respond appropriately to the student who has suicidal thoughts. Such responses shall include constant supervision of any student judged to be at risk for suicide and referral for an immediate suicide risk assessment.

Commented [MB17]: **NEW** Client Note: Per the 2023 CDE Model Policy, appropriate responses should include the requirement of constant supervision of any child/youth considered to be suicidal and referral for an immediate SRA. To help parents/guardians and families on mental wellbeing, **LEAs should consider posting information and guidance on addressing mental health issues.** For example, Directing Change's What I Wish My Parents Knew (the PDF can be accessed here: <https://www.directingchange.org/wp-content/uploads/What-I-Wish-My-Parents-Knew-Toolkit.pdf>), NASP's Anxiety and Anxiety Disorders in Children and Preventing Youth Suicide (see: <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-safety-and-crisis/mental-health-resources/preventing-youth-suicide>), as well as sharing NASP's comprehensive collection of resources included in the *Helping Handouts: Supporting Students at School and Home* (accessed here: <https://www.nasponline.org/books-and-products/products/books/titles/helping-handouts-supporting-children-at-home-and-at-school>) and *Suicidal Thinking and Threats: Helping Handout for Home* (PDF can be downloaded here: https://www.nasponline.org/Documents/S3H14_Brock_Reeves_Parents_Suicide.pdf). For a curated list of parent/caregiver trainings, please visit Mental Health and Suicide Prevention Trainings/Programs for School Communities.

d. Charter School's referral processes and how they or their children can reach out for help, etc.

8. 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, in order to address a health or safety emergency when the disclosure is necessary to protect the health or safety of the student or other individuals.

Commented [MB18]: **NEW** Client Note: please note that counseling records that are kept in the sole possession of the counselor may be deemed "sole possession records" under FERPA. Sole possession records are **records that are kept in the sole possession of the maker, are used only as a personal memory aid, and are not accessible or revealed to any other person except a temporary substitute.** Sole possession records are not considered part of the education record and are not subject to FERPA. However, a school counselor/LMFT/licensed social worker employed or contracted by the school may still be required or permitted by their professional code of ethics/licensing rules to disclose confidential student information if the event that the student's life or the life or safety of others are at risk. Please let us know if you have any questions about this.

Student Participation and Education

Messaging about suicide has an effect on suicidal thinking and behaviors. Consequently, SVA 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 best practices for safe messaging 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 SVA and is characterized by caring staff and harmonious interrelationships among students. SVA's instructional and student support program (**Bear's Lair**) 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.

SVA's 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 of an appropriately trained individual acting within the scope of her/his credential or license, students shall:

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

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

SVA 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 Week, Peer Counseling, Freshman Success, and National Alliance on Mental Illness on Campus High School Clubs).

Charter School maintains a list of current student trainings, which is available upon request. Charter School has shared school-based supports and self-reporting procedures, so students are able to 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. Charter-based mental health 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 School shall establish and widely disseminate a referral process to all students, so they know how to 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 of another student's emotional distress, suicidal ideation, or attempt.

Intervention and Emergency Procedures

SVA designates the following staff to act as the primary and secondary suicide prevention liaisons:

Keenan Tyner, School Counselor, LCSW, PPSC
Kristi McCullough, Principal

Whenever a staff member suspects or has knowledge of 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.

The suicide prevention liaison shall immediately notify the principal or designee, who shall then notify the student's parent/guardian as soon as possible if appropriate and in the best interest of the student. Determination of notification to parents/guardians/caregivers should follow a formal initial assessment to ensure that the student is not endangered by parental notification.

The suicide prevention liaison shall also refer the student to mental health resources available to them at SVA or in the community.

Commented [MB19]: **NEW** Client Note: For a curated list of student trainings, please visit Mental Health and Suicide Prevention Trainings/Programs for School Communities. Student-focused suicide prevention instruction should be incorporated into classroom curricula (e.g., health classes, freshman orientation, science, and/or physical education). The curriculum should be supplemented with additional information about the effects of collective traumatic experiences and their impact on mental health and wellness. For example, communities experiencing natural disasters can utilize Psychological First Aid with their students or for concerns related to the pandemic, LEAs can utilize Stress and COVID-19: A Course for Teens. See the Readiness and Emergency Management for Schools' Psychological First Aid web page at [https://rems.ed.gov/K12PFAS.aspx#:~:text=Psychological%20First%20Aid%20for%20Schools%20\(PFA%2DS\)%20is%20an,have%20a%20long%20term%20impact](https://rems.ed.gov/K12PFAS.aspx#:~:text=Psychological%20First%20Aid%20for%20Schools%20(PFA%2DS)%20is%20an,have%20a%20long%20term%20impact), and the Stress and COVID-19: A Course for Teens web page at <http://www.jennifergreen.com/stress/#/lessons/FINR8igj-iUmzbTtKUFZQJiOviTXBqkf>

Commented [MB20]: **NEW** Client Note: please ensure this occurs.

Commented [MB21]: Moved above.

When a 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 presence of the student 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 being actively threatened.
 - 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. 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, SVA 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, SVA may contact Child Protective Services.

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 SVA.

5. 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.

In the event a suicide occurs or is attempted on the SVA campus, the suicide prevention liaison shall follow the crisis intervention procedures contained in SVA'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. SVA staff may receive assistance from SVA counselors or other mental health professionals in determining how best to discuss the suicide or attempted suicide with students.

In the event a suicide occurs or is attempted off the SVA campus and unrelated to school activities, the principal or designee shall take the following steps to support the student:

1. Contact the parent/guardian and offer support to the family.
2. Discuss with the family how they would like SVA to respond to the attempt while minimizing widespread rumors among teachers, staff, and students.
- ~~2.~~3. Obtain permission from the parent/guardian to share information to ensure the facts regarding the crisis are correct.
- ~~3.~~4. The suicide prevention liaisons shall handle any media requests.
- ~~4.~~5. Provide care and determine appropriate support to affected students.
6. Offer to the student and parent/guardian steps for re-integration to 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 parents/guardians/caregivers/families local emergency numbers for after school and weekend emergency contacts.

Commented [BEW22]: Client Note: The CDE template requires the school to establish crisis intervention procedures to ensure student safety if a suicide occurs or is attempted on campus. The school site safety plan is something the School is required to have, and to have been developed with local law enforcement, so this is an appropriate procedure to follow.

Supporting Students during or after a Mental Health Crisis

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

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 the school community, including students and staff. SVA shall follow the below action plan for responding to a suicide death, which incorporates both immediate and long-term steps and objectives:

The suicide prevention liaison shall:

1. Coordinate with the Principal to: conduct an initial meeting of the Suicide Prevention Crisis Team to:

- a. Confirm death and cause.
- b. Identify a staff member to contact deceased's family (within 24 hours).
- c. Enact the Suicide Postvention Response.
- d. Notify all staff members (ideally in-person or via phone, not via e-mail or mass notification).

1.2. Coordinate an all-staff meeting, to include:

- a. Notification (if not already conducted) to staff about suicide death.
- b. Emotional support and resources available to staff.
- c. Notification to students about suicide death and the availability of support services (if this is the protocol that is decided by administration).
- d. Share information that is relevant and that which you have permission to disclose.

2.3. Prepare staff to respond to needs of students regarding the following:

- a. Review of protocols for referring students for support/assessment.
- b. Talking points for staff to notify students.
- c. Resources available to students (on and off campus).

3.4. Identify students significantly affected by suicide death and other students at risk of imitative behavior, and refer them to a school-based mental health professional.

4.5. Identify students affected by suicide death but not at risk of imitative behavior.

5.6. Communicate with the larger school community about the suicide death. Staff shall not share explicit, graphic, or dramatic content, including the manner of death.

6.7. Consider funeral arrangements for family and school community.

7.8. Respond to memorial requests in respectful and non-harmful manner; responses should be handled in a thoughtful way and their impact on other students should be considered.

9. Identify media spokesperson if needed.

Commented [MB23]: **NEW** Client Note: if the school is a middle or high school, and has opted to include 1-2 student representatives on the Crisis Team, we recommend that the students not participate in this meeting.

Commented [BEW24]: Client Note: There are specific Education Code provisions regarding the monitoring of social media. Accordingly, we advise against this section as written in the CDE model policy.

10. Ensure that all communications, documents, materials related to messaging about suicide avoid discussing details about method of suicide, avoid oversimplifying (i.e. identifying singular cause of suicide), avoid sensational language, and only includes clear, respectful, people-first language 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> or <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>

Commented [MB25]: **NEW** Client Note: Examples of people-first language, include:

- People with (...mental illness, personality disorder, depression, etc.)
- Person who has died by suicide
- Person thinking about suicide
- People who have experienced a suicide attempt

8.11. Include long-term suicide postvention responses:

- Consider important dates (i.e., anniversary of death, deceased birthday, graduation, or other significant event) and how these will be addressed.
- Support siblings, close friends, teachers, and/or students of deceased.
- Consider long-term memorials and how they may impact students who are emotionally vulnerable and at risk of suicide.

WEB SITES

K–12 Toolkit for Mental Health Promotion and Suicide Prevention <http://www.heardalliance.org/wp-content/uploads/HEARDToolkit2017.pdf>

Trevor Project: <https://www.thetrevorproject.org/wp-content/uploads/2017/09/District-Policy.pdf>

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration: <http://www.samhsa.gov>

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