Board Policy: AB 2246: Suicide Prevention Policies in Schools **Reference: BP 5141.52**

Board Originally Approved: June 13, 2017

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INTRODUCTION

Suicide is the second leading cause of death among 10-24 year-olds (behind accidents) in the United Stated (CDC 2016). This alarming statistic leads us to create and implement a policy to help staff feel more confident in intervening with a student they believe to be at risk. Studies have also shown that LGBT youth are up to four times more likely to attempt suicide than their non-LGBT peers.

AB 2246: Suicide Prevention Policies in Schools

This bill would require the governing board or body of a local educational agency, as defined, that serves pupils in grades 7 to 12, inclusive, to, before the beginning of the 2017–18 school year, adopt a policy on pupil suicide prevention, as specified, that specifically addresses the needs of high-risk groups.

By imposing additional duties on local educational agencies, the bill would impose a state-mandated local program. The bill requires the department to develop and maintain a model policy to serve as a guide for local educational agencies. The bill is authored by Assembly member Patrick O'Donnell (D-Long Beach) and co-sponsored by Equality California and The Trevor Project.

The bill requires the following elements be addressed:

PREVENTION:

1) Suicide Prevention Coordinator and a crisis team
2) Annual PD for school staff
3) Training for mental health professionals
4) Content in health curriculum

INTERVENTION:

1) Procedure for assessment and referrals for youth at risk
2) Procedures to handle in and out of school suicides attempts
3) Re-entry procedures after a crisis
4) Parental notification and involvement

POSTVENTION:

1) Crisis team procedures after a suicide death
2) Handling interaction and communication with families
3) Handling media inquiries

RESOURCES AVAILABLE:

1) Simplify policy version on family handbook
2) Resource guide

AB 1767: Effective July 1, 2020, this bill requires the governing board or body of a local educational agency that serves pupils in kindergarten and grades 1 to 6, inclusive, to adopt, and update as prescribed, a policy on pupil suicide prevention that specifically addresses the needs of high-risk groups. The bill requires this policy to be age appropriate and delivered and discussed in a manner that is sensitive to the needs of young pupils.

PURPOSE

The purpose of this policy is to protect the health and well-being of all CNCA students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. CNCA: (a) recognizes that physical, behavioral, and emotional health is an integral component of a student's educational outcomes, (b) further recognizes that suicide is a leading cause of death among young people, (c) has an ethical responsibility to take a proactive approach in preventing deaths by suicide, and (d) acknowledges the school's role in providing an environment which is sensitive to individual and societal factors that place youth at greater risk for suicide and one which helps to foster positive youth development.

Toward this end, the policy is meant to be paired with our current mental health program and restorative practices to continue supporting the emotional and behavioral health of students.

DEFINITIONS: SHIFT IN LANGUAGE

Common misstatements to avoid: Committed suicide, successful suicide and failed suicidal attempt

Correct statements about suicide to avoid common misstatements:

1. Die by or of suicide: suicide is a means of death and is neither a crime nor a sin. It is not "committed". The person who dies of suicide is in so much pain that they cannot think rationally at that time. Similarly one does not commit cancer, a heart attack or other fatal illnesses. The cause of death is the illness not the person who died of the illness.

2. Completed suicide: completed is the term used for an attempt that ended in death.

3. Survive an attempted suicide: When one does not die from an attempt one is a survivor of an attempt. This is not a failed attempt. Suicide is not a "success". The vast majority of those students who survive an attempted suicide go on to thrive and live full lives.

Suicide attempt – A potentially self-injurious behavior, associated with some evidence of intent to die.

Non-suicidal self-injury behavior (NSSI) - Self-injurious behavior not associated with intent to die (intent may be to relieve distress or communicate with another person), often called "self-

mutilation," or "suicide gesture."

Youth suicide cluster – A group of suicides or suicides attempts (3 or more in the same community), or both, that occur closer together in time and space than would normally be expected in a given community.

At risk - A student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide including potential means of death and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedures.

Postvention - Suicide postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.

Suicide contagion - The process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.

Suicidal ideation - Thinking about, considering, or planning for self-injurious behavior which may result in death. A desire to be dead without a plan or intent to end one's life is still considered suicidal ideation and should be taken seriously.

PREVENTION EFFORTS

HSO Policy Implementation – HSO has designated a district suicide prevention coordinator. The district suicide prevention coordinator is responsible for overseeing the planning and implementation of this policy at all Camino Nuevo sites.

School Sites - Each school principal will designate a Crisis Response Team (CRT) composed of the following members:

- ***Suicide Prevention Coordinator:*** Point of contact for issues related to suicide prevention and policy implementation. Acts as the coordinator for the suicide prevention action plan.
- ***Team Leader***: With the support and guidance from the Suicide Prevention Coordinator, the Team Leader coordinates the development and dissemination of information and resources to staff, parents, and students at the site level.

- ***Triage Crisis Responders/Counselors:*** The triage crisis responder identifies and sorts children according to their exposure, identifies preexisting stressors, and the need for mental health support.

Each site must establish a crisis response team that should consist of administrators, parents, teachers, school employed mental health professionals, representatives from community suicide prevention services/school partners, and other individuals with expertise in youth mental health.

Crisis Response Team tasks include:

- Provide support in suggesting courses of action to the administration (e.g., staff meetings, letters to be sent home and announcements to the school body)
- Empower teachers in their efforts to talk with students
- Provide personnel in the classroom to assist staff members who may need emotional support
- Ensure consistency and a continuum of available responding techniques to fit various situations
- Obtain and disseminate accurate information that will help to dispel rumors
- Allow students and staff the opportunity to express their thoughts and feelings and to ask questions in a safe and controlled environment
- Provide support to staff and students during the recovery period

To accomplish these goals, responsibilities in a crisis situation can be divided among various personnel. Best practices recommend assigning staff to specific roles and blending roles is not advised. Practicality will determine how well this can be carried out in the school.

Staff Professional Development - All staff will receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention. All staff members shall report students they believe to be at elevated risk for suicide to the school suicide prevention coordinator.

The professional development will include additional information regarding groups of students at elevated risk for suicide, including those living with mental and/ or substance use disorders, those who engage in self harm or have attempted suicide, those in out-of-home settings, those experiencing homelessness, American Indian/Alaska Native students, LGBTQ (lesbian, gay, bisexual, transgender, and questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities.

Additional professional development in risk assessment and crisis intervention will be provided to school employed mental health interns.

Content in Health Curriculum: Youth Suicide Prevention Programming – Student programs that

address suicide can play a significant role in reducing risk for suicide when they are used in conjunction with other strategies such as interventions, protocols and staff training.

- Best practice includes a comprehensive health curriculum for students at all grade levels that meets the health Education Content Standards for California Public Schools. A developmentally-appropriate, student-centered education materials will be integrated into the curriculum of all K-12 health classes and/or during i-connect, community circles, council practices, etc. The content of these age-appropriate materials will include: 1) the importance of safe and healthy choices and coping strategies, 2) how to recognize risk factors and warning signs of mental disorders and suicide in oneself and others, 3) help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help.
- Schools may provide supplemental small group suicide prevention programming for students.

Publication and Distribution **-** This policy will be distributed annually and a summary will be included in all student and teacher handbooks and on the school website.

INTERVENTION PRACTICES

Assessment and Referral: Identify Students Who May Be at Risk for Suicide
Be alert to problems that increase suicide risk

How to conduct a Risk Assessment?
Although schools do not have the power to completely prevent suicides from occurring, counselors can help lower the risk by conducting risk assessments. A risk assessment is essentially a conversation about current ideation, communication of intent, plan, means and access, past ideation, previous attempts, changes in mood/behavior, stressors, mental illness, substance use and protective factors.

You may notice problems facing your students that may put them at risk for suicide. There are a large number of risk factors for suicide. Some of the most significant ones are:

- Prior suicide attempt(s)
- Alcohol and drug abuse
- Mood and anxiety disorders, e.g., depression, posttraumatic stress disorder (PTSD)
- Access to a means to kill oneself, i.e., lethal means
- Non-suicidal self-injury
- Tendency to be aggressive and violent and to engage in dangerous, illegal or risky activities
- History of child sexual abuse
- Family conflict
- Precipitants/triggering events leading to humiliation, shame or despair (i.e. loss of

relationship. Conflict with peers or family members)
- Hopelessness, the belief that problems cannot be solved, poor problem solving ability
- Family history of suicide
- Severe insignia and agitation
- Acute psychosis
- Bullying
- LGBTQ

Suicide risk is usually greater among people with more than one risk factor. For individuals who are already at risk, a "triggering" event causing shame or despair may make them more likely to attempt suicide.

Non-Suicidal Self-Injury Behavior

- Common methods of self-punishment "cutting, burning, scratching, head banging"
- No intent to die

As a best practice share general safety procedures for non-suicidal self-injury behaviors by developing a written personal safety plan that addresses:

- How to keep the home environment safe (i.e. removing firearms).
- Strategies on parental monitoring
- Sharing and recognizing warning signs that a suicidal crisis may be approaching (situations, thoughts, feelings, body sensations, behaviors)
- Coming up with ways to cope personally with suicidal thoughts – internal coping strategies - without calling on other people or resources (relaxation technique, physical activity, review my Hope Box - see page 7 for a full description)
- Make sure to identify the one thing is more important to the youth and what's worth living for.
- If that doesn't work, identifying friends, family, and other people to contact for help or distraction
- And if that doesn't work, identifying mental health agencies and other resources that the youth can call (911) or visit (emergency room); or California Youth Crisis Line (1-800-843-5200), National Suicide Prevention Lifeline (1-800-273-TALK), Crisis Text Line (text START to 741-741), and Didi Hirsch Community Mental Health Center (1-800-854-7771), Teen Line (www.teenlineonline.org or 800-TLC-TEEN (852-8336).

Suicide Warning Signs

Talk - if a person talks about:

- Being a burden to others
- Feeling trapped
- Experiencing unbearable pain
- Having no reason to live

- Killing themselves

Behavior - Specific things to look out for include:

- Increased use of alcohol or drugs
- Looking for a way to kill themselves, such as searching online for materials or means
- Acting recklessly
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Aggression

Mood - People who are considering suicide often display one or more of the following moods:

- Depression
- Loss of interest
- Rage
- Irritability
- Humiliation
- Anxiety

Best practices for youth with low risk:

Students with a low risk of suicide display warning signs of suicide and/or express thoughts of killing themselves with no intent to act on these thoughts**.**

- Activate Crisis Response Team
- Remain with student
- Notify parents
- Refer to counselor for follow-up
- Document
- Follow-up with student and family
- Debrief

Best practices for youth with moderate to high risk:

Students with a moderate to high risk of suicidal ideation or behavior with any intent or desire to die. If student does not require emergency medical treatment or hospitalization review the following:

- Activate Crisis Response Team
- Assign a counselor to manage the situation
- Ensure student and parents discuss importance of lethal means restriction
- Provide support and resources for family
- Explain designated Crisis Team member will follow up within 2 days
- Establish a plan for periodic contact from Crisis Response Team member

- Document
- Debrief

When a student is identified by a staff person as potentially suicidal, i.e., verbalizes about suicide, presents overt risk factors such as agitation or intoxication, the act of self-harm occurs, or a student self-refers, the student will be seen by a school employed mental health professional within the same school day to assess risk and facilitate referral. If there is no mental health professional available, an administrator will fill this role until a mental health professional can be brought in.

In a suicidal crisis, it is often difficult for youth to identify coping skills. To combat this problem, the youth should be asked to create a *"Hope Box"* for use during suicidal crises or hopeless moments.

The hope box is a box or other type of container in which the youth places items and mementos that provoke positive feelings, cue them to use coping skills (such as distraction and self-soothing), and serve as reminders of reasons to continue living. Examples: photographs of favorite people and places, postcards, paper and colored pencils, letters, gifts, greeting cards, etc. Other items could include: a cuddly toy, stress ball, a journal, puzzles, a book, DVD/CD, he youth is instructed to put the hope box in a place where they can easily access it when feeling down or suicidal.

The *"Virtual Hope Box (VHB)"* is a smartphone application designed for use by youth as an accessory to treatment. The VHB contains simple tools to help youth with coping, relaxation, distraction, and positive thinking. The VHB provides help with emotional regulation and coping with stress via personalized supportive audio, video, pictures, games, mindfulness exercises, positive messages and activity planning, inspirational quotes, coping statements, and other tools

For information on a "Virtual Hope Box" visit:
https://play.google.com/store/apps/details?id=com.t2.vhb&hl=en

https://itunes.apple.com/us/app/virtual-hope-box/id825099621?mt=8

Best practices for youth at risk (extremely high/imminent risk):

- Ensure Crisis Team member remains with student at all times.
- The principal and school suicide prevention coordinator will be made aware of the situation as soon as reasonably possible.
- Clear the area and make sure all other students are safe.
- Suicide Prevention coordinator notifies parents. Timing of this call may be related to clinical circumstances.

- The school employed mental health professional or principal will contact the student's parent or guardian, as described in the Parental Notification and Involvement section, and will assist the family with urgent referral. When appropriate, this may include calling 911 and indicate the need for a 5150 or the Psychiatric Mobile Response Teams (PMRT) at (800) 854-7771.
- Staff will ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate.
- Document.
- Debrief.

In-School Suicide Attempts: In the case of an in-school suicide attempt, the health and safety of the student is vital. In these situations:

1. First aid will be rendered until professional medical treatment and/or transportation can be received.
2. School staff will supervise the student at all times to ensure their safety.
3. Staff will move all other students out of the immediate area as soon as possible.
4. If appropriate, staff will immediately request a mental health assessment for the youth.
5. The school employed mental health professional or principal will contact the student's parent or guardian, as described in the Parental Notification and Involvement section.
6. Staff will immediately notify the principal or school suicide prevention coordinator regarding in-school suicide attempts.
7. The school will activate as necessary the crisis team to assess whether additional steps should be taken to ensure student safety and well-being.

When a student commits suicide, or is the survivor of any kind of tragic death, the Crisis Response Team is confronted immediately with a number of serious issues. Some critical questions for the Crisis Response Team to consider after a crisis due to suicide or sudden death are:

- How and when should the staff be informed?
- How and when should the students be informed?
- What specific information will be shared about the tragedy with the teachers and staff?
- How will the school protect the family's privacy?
- What will staff members be told to say if contacted by the media?
- How should the personal possessions of the student be handled?
- If other CNCA schools are affected by the crisis, how should they be included in the overall postvention efforts?
- Will you have a "care center" for those students who are upset?
- Where will the "care center" be located?
- Who will supervise the "care center"?
- How will students be identified to come to the "care center"?
- How many days will the "care center" be in existence?

The first 48 hours following a student's suicide or tragic death are crucial. The specific things for The Crisis Response Team to do during the first 48 hours are listed below:

- Suicide Prevention Coordinator contact HSO immediately.
- Suicide Prevention Coordinator verifies the pass of the student. Meet and/or call the family; share with family what school and staff plans to do; protect the family's right to privacy, but also share the critical survivor needs of students and staff.
- Active all members of the Crisis Response Team.
- Meet with faculty to provide accurate information.
- Assign the case to a counselor. Make counselor available to students, staff and the family of the deceased student.
- Identify a Crisis Team member who will follow the deceased student's class schedule to meet with teachers and classmates and to work the hallways following the crisis.
- Identify students about whom faculty and staff are concerned.
- Provide rooms for students to meet in small groups.

Re-Entry School Procedures:
For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), a mental health professional, the principal, or designee will meet with the student's parent or guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school.

1.A school employed mental health professional or other designee will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.

2. The parent or guardian will provide documentation from a mental health care provider that the student has undergone examination and that they are no longer a danger to themselves or others.

The content of the psychological/mental health clearance to go back to school might include:

- testing administered
- evaluation of tests and interview
- results and findings
- interventions
- recommendations including whether the student is not a danger to themselves or others and is safe to return to school

3. The designated staff person will periodically (time be determined according to need) check in with student (and family) to help the student readjust to the school community and address any

ongoing concerns. School accommodations may be needed to slowly transition the student back to his regular routine. Be specific and inform all stakeholders.

While the student is receiving treatment away from school:

- Ask teacher(s) to modify assignments if appropriate and arrange for book and assignment delivery and pick up.
- Ask for approval from parents/guardians/doctor/therapist for friends and/or school personnel to visit the student and/or family.
- When a student is deemed ready to return to school, request a meeting with therapist and/or doctor and parents and student to determine what will occur at school for the student.
- Continue to involve relevant staff in updates about the student and to check in with friends and other at-risk students, while continuing to remind staff and students' friends about confidentiality and its limitations.

When the student returns to the school setting:

- Decide if the student's schedule and classes need modification and determine when to reevaluate the schedule.
- Locate a place and people to whom the student can go if feeling anxious or unsafe. Parents/guardians and/or the therapist will be contacted at each incident.
- Plan with the student how to handle unwanted attention from peers. Ask teachers to be alert and report any harassment.
- Discuss with teachers what expectations and modifications may be warranted as the student re-integrates into class (This may require a 504 plan).
- Include the office staff in discussion of medications, when they are given, and their anticipated side effects. Make staff aware of potential side effects and ask them to report any unusual behavior.
- Arrange for tutoring with teachers, peers, or outside resources, if necessary.

While the student attends school:

- Check in daily for the first week; then at least twice weekly for the second week, and so on.
- Check regularly to be sure student is attending counseling and check-in often with the therapist to share school concerns.
- Ask the office to notify the Principal immediately if the student fails to show to school.
- Teachers are to report immediately if the student misses a class. Call parents/guardians immediately.
- Ask staff to monitor behavior and report any concerns.
- Arrange to meet with teachers, parents/guardians, and student to monitor progress and resolve issues.

Document all steps taken.

Out-of-school Suicide Attempts

If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member will:
1. Call the police and/or emergency medical services, such as 911 or PET (Psychiatric Emergency Team).
2. Inform the student's parent or guardian.
3. Inform the school suicide prevention coordinator and principal.

If the student contacts the staff member and expresses suicidal ideation, the staff member should maintain contact with the student (either in person, online, or on the phone). The staff member should then enlist the assistance of another person to contact the police while maintaining verbal engagement with the student**.**

Parental Notification and Involvement: Working with Families

In situations where a student is assessed at risk for suicide or has made a suicide attempt, the student's parent or guardian will be informed as soon as practicable by the principal, designee, or counselor. If the student has exhibited any kind of suicidal behavior, the parent or guardian should be counseled on "means restriction," limiting the child's access to mechanisms for carrying out a suicide attempt. Staff will also seek parental permission to communicate with outside mental health care providers regarding their child.

Through discussion with the student, the principal or counselor will assess whether there is further risk of harm due to parent or guardian notification. If the principal, designee, or counselor believes that contacting the parent or guardian would endanger the health or well-being of the student, they may delay such contact as appropriate. If contact is delayed, the reasons for the delay should be documented**.** However, notifying parents reduces family conflict.

Parent Notification:

a. Send a letter home to parents with notification of event.
b. Opt to answer parental questions via telephone or written notice. If necessary hold a special meeting for parents/guardians to deal with concerns.
c. Offer the following resource information:

1. Warning signs for adolescents who may be suicidal.
2. Supportive services available to students at the school.
3. Community resources they may wish to utilize.
4. How to respond to students' questions about suicide.
5. Remind them of their child's needs during this time.

See Attachment Guidelines for Notifying Families

POSTVENTION

1. **Development and Implementation of an Action Plan.** The crisis team will develop an action plan to guide school response following a death by suicide. A meeting of the crisis team to implement the action plan should take place immediately following news of the suicide death. The action plan may include the following steps:

a) Verify the death. Staff will confirm the death and determine the cause of death through communication with a coroner's office, local hospital, the student's parent or guardian, or police department. Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such until after a cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parent or guardian will not permit the cause of death to be disclosed, the school will not share the cause of death but will use the opportunity to discuss suicide prevention with students.

b) Assess the situation. The crisis team meet to prepare the postvention response, to consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected. The crisis team will also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. If the death occurred during a school vacation, the need for or scale of postvention activities may be reduced.

c) Share information. Before the death is officially classified as a suicide by the coroner's office, the death can and should be reported to staff, students, and parents/guardians with an acknowledgement that its cause is unknown. Inform the faculty that a sudden death has occurred, preferably in a staff meeting. Write a statement for staff members to share with students. The statement should include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief. Public address system announcements and school-wide assemblies should be avoided.

The crisis team may prepare a letter (with the input and permission from the student's parent or guardian) to send home with students that includes facts about the death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available.

d) Avoid suicide contagion. It should be explained in the staff meeting described above that one purpose of trying to identify and give services to other high risk students is to prevent another death. The crisis team will work with teachers to identify students who are most likely to be significantly affected by the death. In the staff meeting, the crisis team will review suicide warning signs and procedures for reporting students who generate concern.

e) Initiate support services. Students identified as being more likely to be affected by the death will be assessed by a school employed mental health professional to determine the level of support needed. The crisis team will coordinate support services for students and staff in need of individual and small group counseling as needed. In concert with parents or guardians, crisis team members will refer to community mental healthcare providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs.

f) Develop memorial plans. The school should not create on-campus physical memorials (e.g. photos, flowers), funeral services, or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion.
School should not be canceled for the funeral. Any school-based memorials (e.g., small gatherings) will include a focus on how to prevent future suicides and prevention resources available.

2. **External Communication**: all external communication will be handled by the Communications Department at the HSO.

a) Keep the Chief Academic Officer and Chief Strategy and Support Services Officer informed of school actions relating to the pass of a student.

b) Prepare a statement for the media including the facts of the death, postvention plans, and available resources. The statement will not include confidential information, speculation about victim motivation, means of suicide, or personal family information.

c) Answer all media inquiries. If a suicide is to be reported by news media, the spokesperson should encourage reporters not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase “suicide epidemic” – as this may elevate the risk of suicide contagion. They should also be encouraged not to link bullying to suicide and not to speculate about the reason for suicide. Media should be asked to offer the community information on suicide risk factors, warning signs, and resources available.

RESOURCES

Crisis Services for Students:

National Suicide Prevention Lifeline: The Lifeline is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis or their friends and loved ones.
Call 1.800.273.8255 (TALK). Callers are routed to the closest possible crisis center in their area.
http://www.suicidepreventionlifeline.org

The Trevor Lifeline: The only nationwide, around-the clock crisis intervention and suicide prevention lifeline for lesbian, gay, bisexual, transgender, and questioning young people, 13-24, available at 1.866.488.7386.

TrevorChat: A free, confidential, secure instant messaging service that provides live help to lesbian, gay, bisexual, transgender, and questioning young people, 13-24, through http://www.TheTrevorProject.org

School Programs:
"Signs of Suicide Prevention Program (SOS) – Screening for Mental Health, Inc.
http://www.mentalhealthscreening.org/programs/youth-prevention-programs/sos/

"Lifeguard Workshop Program" – The Trevor Project
thetrevorproject.org/adulteducation

Camino Nuevo Charter Academy

ATTACHMENT A: SUICIDE IS PREVENTABLE – Tips on what you can do:

- Talk to your student about suicide, don't be afraid, you will not be "putting ideas in their heads". Asking for help is the single skills that will protect students. Help your student to identify and connect to caring adults to talk to when they need guidance and support

- Know the risk factors and warning signs of suicide.

- Remain calm. Becoming too excited or distresses will communicate that you are not able to talk about suicide.

- Listen without judging. Allow for the discussion of experiences, thoughts and feelings. Be prepare for expression of intense feelings. Try to understand the reasons for considering suicide without taking a position about whether or not such behavior is justified.

- Supervise constantly. Do not leave the individual alone until a caregiver or school crisis team member has been contacted and agrees to provide appropriate supervision.

- Respond immediately. Escort the student to a member of your crisis team. *Don't leave the student alone!*

Camino Nuevo Charter Academy

ATTACHMENT B: GUIDELINES FOR NOTIFYING PARENTS

Parents or guardians should be contacted as soon as possible after a student has been identified as being at risk for suicide. The person who contacts the family is typically the principal, school psychologist, or a staff member with a special relationship with the student or family. Staff need to be sensitive toward the family's culture, including attitudes towards suicide, mental health, privacy, and help-seeking.

1. Notify the parents about the situation and ask that they come to the school immediately.

2. When the parents arrive at the school, explain why you think their child is at risk for suicide.

3. Explain the importance of removing from the home (or locking up) firearms and other dangerous items, including over-the-counter and prescription medications and alcohol.

4. If the student is at a low or moderate suicide risk and does not need to be hospitalized, discuss available options for individual and/or family therapy. Provide the parents with the contact information of mental health service providers in the community. Preferably, call and make an appointment while the parents are with you.

5. Tell the parents that you will follow up with them in the next couple of days. If this follow-up conversation reveals that the parent has not contacted a mental health provider:

- Stress the importance of getting the child help
- Discuss why they have not contacted a provider and offer to assist with the process

6. If the student does not need to be hospitalized, release the student to the parents.

7. If the parents refuse to seek services for a child under the age of 18 who you believe is in danger of self- harm, you may need to notify child protective services that the child is being neglected.

8. Document ***all*** contacts with the parents.

ATTACHMENT C: Suicide Prevention Coordinator's Checklist for Responding to a Crisis

IMMEDIATE ACTIONS TO BE TAKEN

_____Verify information regarding crisis.

_____Notify HSO.

_____Contact crisis team leader and key support staff. Determine times for a crisis team meeting and a full staff meeting.

_____Cancel all non-emergency appointments and meetings.

WITH CRISIS TEAM

Review team role and assign the following responsibilities:

_____Identify a family contact person.

_____Identify staff members to assist substitutes and teachers who need help with reading the student announcement.

_____Write student announcement to distribute to teachers.

_____Determine triage center; arrange small and large group meeting rooms; assign staff to cover these areas.

_____Gather resource materials for students and staff.

_____Decide who will follow the student's [or teacher's] schedule for the day.

_____Establish procedure for tracking students who are counseled, as well as those in need of follow-up.

_____Establish procedure for students in need of early release.

_____gather information about siblings and/or students living within close proximity to the persons involved in the crisis or attending other CNCA sites, and check on these students. Contact those school sites.

_____Determine the need for, and request, additional assistance from Student & Family Services Coordinator.

AT STAFF MEETING

_____Provide an update on the events and circumstances.

_____Emphasize the need to stick with the facts in order to reduce rumors.

_____Identify staff in need of support and identify appropriate personnel to assist.

_____Explain the protocol for requesting counseling services.

_____Ask staff for the names of close friends and other students most likely to be impacted.

THROUGHOUT THE DAY

_____Send letter to families.

_____Obtain memorial arrangements and prepare communication with the information for students and staff.

_____Be highly visible to show presence, support and control of the situation.

_____All media inquiries should be directed to HSO.

FOLLOW-UP ACTIVITIES

_____Hold staff meeting at the end of the day, providing informational updates.

_____Ensure follow-up of students in distress, including phone calls to parents.

_____Provide a reflection session for staff, as needed.

_____Make arrangements for excused absences for students [and coverage for staff] wishing to attend services.

_____Share plans for moving forward with staff, including the rearranging of the student's desk, emptying the locker, etc.

_____Stop any school and system notifications that might be sent home, including report cards, newsletters, etc.

_____Continue to monitor impacted students and staff.

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ATTACHMENT D: LANGUAGE FOR FAMILY & STUDENT HANDBOOKS

Protecting the health and well-being of all our students is of utmost importance to CNCA. Suicide is the second leading cause of death among 10-24 year-olds (behind accidents) in the United Stated (CDC 2016). This alarming statistic leads us to create and implement a policy to help staff feel more confident in intervening with a student they believe to be at risk. Studies have also shown that LGBT youth are up to four times more likely to attempt suicide than their non-LGBTQ peers.

AB 2246: Suicide Prevention Policies in Schools
This bill would require the governing board or body of a local educational agency, as defined, that serves pupils in grades 7 to 12, inclusive, to, before the beginning of the 2017–18 school year, adopt a policy on pupil suicide prevention, as specified, that specifically addresses the needs of high-risk groups.

In response to this needs, the school board has adopted a suicide prevention policy which will help to protect all students through the following steps:

1. Students will learn about recognizing and responding to warning signs of suicide in friends, using coping skills, using support systems, and seeking help for themselves and friends. This will occur in all health classes and/or during ic-connect, community circles, council sessions, etc.

2. Each school will designate a suicide prevention coordinator to serve as a point of contact for students in crisis and to refer students to appropriate resources.

3. When a student is identified as being at risk, they will be assessed by a school employed mental health professional who will work with the student and help connect them to appropriate local resources.

4. Students will have access to national resources which they can contact for additional support, such as:

- *TeenLine:* Teens helping teens 6 PM to 10 PM; Didi Hirsch covers during all other hours. (310) 855-4673 or Text TEEN to 839863
  www.teenlineonline.org

- *The National Suicide Prevention Lifeline* – 1.800.273.8255 (TALK).
  www.suicidepreventionlifeline.org

- *The Trevor Lifeline* – 1.866.488.7386.
  www.thetrevorproject.org

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5. All students will be expected to help create a school culture of respect and support in which students feel comfortable seeking help for themselves or friends. Students are encouraged to tell any staff member if they, or a friend, are feeling suicidal or in need of help.

6. Students should also know that because of the life or death nature of these matters, confidentiality or privacy concerns are secondary to seeking help for students in crisis.

For a more detailed review of this policy, please ask your Student & Family Services Coordinator for a copy of CNCA's full suicide prevention policy currently available in English only.