



## SUICIDE PREVENTION POLICY

### **INTRODUCTION**

Suicide is the second leading cause of death among 10-24-year-olds (behind accidents) in the United States (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 LGBTQ youth are up to four times more likely to attempt suicide than their non-LGBTQ peers.

### **PURPOSE**

The purpose of this policy is to protect the health and well-being of all Goethe International Charter School (GICS) students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. GICS:

- 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.

In compliance with Education Code section 215, this policy has been developed in consultation with GICS and community stakeholders, GICS 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 GICS' strategies for suicide prevention and intervention. GICS must work in conjunction with local government agencies, community-based organizations, and other community supports to identify additional resources.

To ensure the policies regarding suicide prevention are properly adopted, implemented, and updated, GICS shall appoint an individual (or team) to serve as the suicide prevention point of contact for GICS. The suicide prevention point of contact for GICS and the Executive Director 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 annually in conjunction with the previously mentioned community stakeholders.

### **DEFINITIONS: SHIFT IN LANGUAGE**

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

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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**

*School Site* – GICS's Principal will designate a Crisis Response Team (CRT) composed of the following members:

- o **Suicide Prevention Coordinator (Principal or Assistant Principal):** Point of contact for issues related to suicide prevention and policy implementation. Acts as the coordinator for the suicide prevention action plan.
- o **Team Leader (One Leadership Member):** 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.
- o **Triage Crisis Responders/Counselors (Leadership Members and/or teachers until trained professionals are on site.):** The triage crisis responder identifies and sorts children according to their exposure, identifies preexisting

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stressors, and the need for mental health support.

Additional CRT members may also include: 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
- Review mental health related school policies and procedures;
- Provide annual updates on school data and trends;
- 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.

To accomplish these goals, responsibilities in a crisis situation will be divided among various personnel, by assigning staff to specific.

**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.

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:

- 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 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

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risk for suicide. These groups include, but are not limited to, the following:

- i. 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.

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 GICS) guidelines how to respond to such thinking; how to talk with a student GICS 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.

**NOTE:** Each staff member will participate in the Suicide Prevention online training provided by LAUSD annually and GICS will ensure that training is provided to new hires during the school year.

### **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.*

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- *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.

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.

### **Parents, Guardians, and Caregivers Participation and Education**

*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.

1. A comprehensive health curriculum for students at all grade levels that meets the health Education Content Standards for California Public Schools will be used. Developmentally- appropriate, student-centered education materials will be integrated into the curriculum health classes and/or during Advisory, Mindfulness, 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.
2. GICS may provide supplemental small group suicide prevention programming for students, if needed.
3. 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.
4. This Suicide Prevention Policy shall be easily accessible and prominently displayed on the GICS Web page and included in the parent handbook.
5. Parents/guardians/caregivers should be invited to provide input on the development and implementation of this policy.
6. 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.
7. 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.
8. Staff autoreplies during vacations or absences shall include links to resources and phone/text numbers so parents and students have information readily available.
9. All parents/guardians/caregivers may have access to suicide prevention training that addresses the following:
  - a. Suicide risk factors, warning signs, and protective factors.

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- 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.
  - d. Charter School's referral processes and how they or their children can reach out for help, etc.
10. 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.

### **Student Participation and Education**

Messaging about suicide has an effect on suicidal thinking and behaviors. Consequently, GICS 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 GICS and is characterized by caring staff and harmonious interrelationships among students.

GICS's 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.

GICS'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 GICS'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).

GICS 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, etc.) .

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

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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.

**Publication and Distribution** - This policy will be distributed annually as part of family and teacher handbooks and on the school website.

**Employee Qualifications and Scope of Services-** Employees of GICS 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.

### **INTERVENTION PRACTICES**

GICS designates the following administrators to act as the primary and secondary suicide prevention coordinators:

1. Principal
2. Assistant Principal

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

The suicide prevention coordinator 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 at GICS or in the community.

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.

#### **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, GICS can help lower the risk by making sure teachers are observant when students attend Advisory as well as daily classes. The suicide prevention coordinator or other Team Members can conduct risk assessments as needed or include in a Unit on Suicide Prevention during Seminar or Advisory classes. A risk assessment is essentially a conversation about current ideation, communication of intent, plan, means and access, past ideation, previous attempts, and changes in mood/behavior, stressors, mental illness, substance use and protective factors.

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Be aware 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 insomnia 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](http://www.teenlineonline.org), or 800-TLC-TEEN (852-8336).

***PLEASE NOTE:*** Nothing in this policy shall be construed as authorizing or encouraging a school employee to diagnose or treat mental illness unless the employee is specifically licensed and employed to do so. Employees shall follow the steps outlined in this policy for guidance and execution of assessment and referral of students who may be at risk for suicide.

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## 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

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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 suicide prevention coordinator within the same school day to assess risk and facilitate referral. If there is a mental health professional available, they will fill this role at the discretion of the suicide prevention coordinator.

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, the 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/app/details?id=com.t'.2.vhb&hl=en>

<https://apps.apple.com/us/app/virtual-hope-box/id825099621>

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

- Ensure Crisis Team member remains with student at all times.
- The Principal and Assistant Principal (if different from the 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 suicide prevention coordinator 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.

**Supporting Students during or after a Mental Health Crisis**

Students shall be encouraged through GICS administrator, psychologist, GICS 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. GICS 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.

**EMERGENCY PROCEDURES**

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**In-School Suicide Attempts:** In the case of a suicide attempt in school or at a school-sponsored activity, 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. Securing law enforcement and/or other emergency assistance if a suicidal act is being actively threatened.
3. GICS staff will supervise the student at all times to ensure their safety . until the parent/guardian and/or appropriate support agent or agency can be contacted and has the opportunity to intervene.
4. Remaining calm, keeping in mind the student is overwhelmed, confused, and emotionally distressed.
5. GICS staff will move all other students out of the immediate area as soon as possible.
6. Not sending the student away or leaving the student alone, even to go to the restroom.
7. Providing comfort to the student, listening and allowing the student to talk and being comfortable with moments of silence.
8. Promising privacy and help, but not promising confidentiality.
9. If appropriate, staff will immediately request a mental health assessment for the youth.
10. The suicide prevention coordinator will contact the student's parent or guardian, as described in the Parental Notification and Involvement section.
11. Staff will immediately notify the Principal or Assistant Principal (if different from the suicide prevention coordinator) regarding in-school suicide attempts.
12. GICS will activate as necessary the crisis team to assess whether additional steps should be taken to ensure student safety and well-being.

Other actions to be taken:

1. Document the incident in writing as soon as feasible.
2. 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.**
3. After a referral is made, GICS 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, GICS may contact Child Protective Services.
4. 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 GICS.
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 GICS campus, the suicide prevention coordinator shall follow the crisis intervention procedures contained in GICS' safety plan. After consultation with the Principal 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 suicide prevention liaison may provide students, parents/guardians, and staff with information, counseling, and/or referrals to community agencies as needed. GICS staff may receive assistance from GICS counselors or other mental health professionals in determining how best to discuss the suicide or attempted suicide with students.

When a student dies by 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

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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?
- 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 (Health Service Organization) immediately.
- Suicide Prevention Coordinator verifies the pass of the student. Meet and/or call the family; share with family what GICS and the staff plans to do; protect the family's right to privacy, but also share the critical survivor needs of students and staff.
- Activate 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 suicide prevention coordinator, and 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. The suicide prevention coordinator will 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 suicide prevention coordinator 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.

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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**

In the event a suicide occurs or is attempted off the GICS 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 GICS to respond to the attempt while minimizing widespread rumors among teachers, staff, and students.

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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 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.

### **Suicide Attempt in Progress off Campus**

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 different from the suicide prevention coordinator).

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 suicide prevention coordinator. 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 suicide prevention coordinator or counselor will assess whether there is further risk of harm due to parent or guardian notification. If the suicide prevention coordinator 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:

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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.

In the event a suicide occurs or is attempted off the GICS 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 GICS 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 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.

*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.
  - b) Identify a staff member to contact deceased's family (within 24 hours). Staff will confirm the death and determine the cause of death through communication with 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 support students in the discussion about suicide prevention.
  - c) Notify all staff members (ideally in-person or via phone, not via e-mail or mass notification).
2. Coordinate an all-staff meeting, to include:

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- 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.
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).
  - 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.
4. Assess the situation. The crisis team meets to prepare the postvention response, to consider how severely the death is likely to affect students and other students at risk of imitative behavior, and refer them to a school-based mental health professional. 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.
5. Identify students affected by suicide death but not at risk of imitative behavior. 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.
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.
7. Consider funeral arrangements for family and school community. 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.
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. **External Communication:** all external communication will be handled by the Executive Director or designee in coordination with the Administrative Leadership Team.
- a) 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:

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

- b) The crisis team may prepare a letter with permission from the student's parent or guardian to send home with students that includes information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available.
- c) Keep the Board of Trustees informed of school actions relating to the passing of the student.
- d) Identify a media spokesperson; Prepare a statement for the media including postvention plans, and available resources. The statement will not include confidential information, speculation about victim motivation, means of suicide, or personal family information.
- e) Defer all media inquiries to the parent or guardian of the student.

Include long-term suicide postvention responses:

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

**Student Identification Cards**

Charter School will include the telephone number for the National Suicide Prevention Lifeline (1-800-273-8255) and the National Domestic Violence Hotline (1-800-799-7233) on all student identification cards. GICS will also include the number for the Crisis Text Line, which can be accessed by texting HOME to 741741 and a local suicide prevention hotline on all student identification cards.

**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.

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 <https://www.thetrevorproject.org/>

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**School Programs:**

"Signs of Suicide Prevention Program (SOS) - Screening for Mental Health, Inc.

[www.mentalhealthscreening.org/programs/youth-prevention-programs/sos/](http://www.mentalhealthscreening.org/programs/youth-prevention-programs/sos/)

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

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- 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 distressed will communicate that you are not able to talk about suicide.
- Listen without judging. Allow for the discussion of experiences, thoughts and feelings. Be prepared 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!*

## **ATTACHMENT B: GUIDELINES FOR NOTIFYING PARENTS**

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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 the Principal, Assistant Principal or a staff member with a special relationship with the student or family. Staff needs 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.

**Note: Determination of notification to parents/guardians/caregivers should follow a formal initial assessment to ensure that the student is not endangered by parental notification.**

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

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### **IMMEDIATE ACTIONS TO BE TAKEN**

- Verify information regarding crisis.
- 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 that has been developed in collaboration with the family.
- 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.
- Determine the need for, and request, additional assistance from Principal, Assistant Principal and other available support personnel.

### **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 that has been developed in collaboration with the student's family
- 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 the Executive Director.

### **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.

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- 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.