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**Silver Oak High School
Public Montessori Charter**

**Youth Suicide Prevention, Intervention, and Postvention Policy
In accordance with California Education Code Section 215**

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INTRODUCTION

This document outlines model policies and best practices Silver Oak High School will follow to protect the health and safety of all students. As suicide is a leading cause of death among young people (ages 10-19) and that an even greater amount of youth consider and attempt suicide, it is critically important that Silver Oak High School has policies and procedures in place to prevent, assess the risk of, intervene in, and respond to youth suicidal behavior (Centers for Disease Control and Prevention, 2015).

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

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

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

To reduce suicidal behavior and its impact on students and families, the Superintendent or Designee, **Elaine Blasi or Mental Health Specialist**, shall develop strategies for suicide prevention, intervention, and postvention, and the identification of the mental health challenges frequently associated with suicidal thinking and behavior. These strategies shall include professional development for all school personnel in all job categories who regularly interact with students or are able to recognize the risk factors and warning signs of suicide, including substitute teachers, volunteers, expanded learning staff (afterschool) and other individuals in regular contact with students such as crossing guards, tutors, and coaches. The Superintendent or Designee shall develop and implement preventive strategies and intervention procedures that include the following:

- Overall Strategic Plan for Suicide Prevention
- Prevention
 - Prevention Training and Education
 - Staff and Faculty

- Messaging about Suicide Prevention
- Parents/Guardians/Caregivers Participation and Education
- Student Participation and Education
- Intervention,
 - Assessment and Referral Practices
 - Action Plan for In-School Suicide Attempts
 - Action Plan for Out-of-School Suicide Attempts
 - Parental Notification and Involvement
- Postvention
 - Supporting Students after a Mental Health Crisis
 - Re-Entry to School After a Suicide Attempt
 - Responding After a Suicide Death

PURPOSE

The purpose of this policy is to protect the health and well-being of all district students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. The Governing Board of Silver Oak High School:

- (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.

SCOPE

This policy covers actions that take place in the school, on school property, at school-sponsored functions and activities, on school buses or vehicles and at bus stops, and at school sponsored out-of-school events where school staff are present. This policy applies to the entire school community, including educators, school and Governing Board, students, parents/guardians, and volunteers. This policy will also cover appropriate school responses to suicidal or high-risk behaviors that take place outside of the school environment.

Employees of the Silver Oak High School and their partners must act only within the authorization and scope of their credential or license. While it is expected that school professionals can 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.

PREVENTION

Overall Strategic Plan for Suicide Prevention: The Superintendent shall involve school-employed mental health professionals, administrators, other school staff members, parents/guardians/caregivers, students, local health agencies and professionals, law enforcement, and community organizations in planning, implementing, and evaluating Silver Oak High School's strategies for suicide prevention and intervention. Silver Oak High School 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, the Governing Board has appointed Elaine Blasi, Superintendent/Principal to serve as the suicide prevention coordinator and point of contact for Silver Oak High School for issues relating to suicide prevention and policy implementation. This policy shall be reviewed and revised as indicated, at least annually in conjunction with the previously mentioned community stakeholders.

All staff members shall report students they believe to be at elevated risk for suicide to the school suicide prevention coordinator and the primary and secondary prevention liaison (the **RTI Team**).

- Suicide Prevention Coordinator: Elaine Blasi, Superintendent/Principal
elaine@silveroakmontessori.org
- Primary Prevention Liaison: Melanie Carlton, Mental Health Specialist
melanie@silveroakmontessori.org
- Secondary Prevention Liaison: Yanira Ledezma, Vice Principal
yanira@silveroakmontessori.org

A. 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.

The professional development will include additional information regarding groups of students at elevated risk for suicide, including those:

- Youth affected by suicide;
- Youth with a history of suicide ideation or attempts;
- Youth with disabilities, mental illness, or substance abuse disorders;

- Lesbian, gay, bisexual, transgender, or questioning youth;
- Youth experiencing homelessness or in out-of-home settings, such as foster care;
- Youth who have suffered traumatic experiences;
- Youth facing immigration or deportation issues

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

- The impact of traumatic stress on emotional and mental health;
- Common misconceptions about suicide;
- School and community suicide prevention resources;
- Appropriate messaging about suicide (correct terminology, safe messaging guidelines);
- The factors associated with suicide (risk factors, warning signs, protective factors);
- How to identify youth who may be at risk of suicide;
- 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 district guidelines) how to respond to such thinking; how to talk with a student about thoughts of suicide and appropriately respond and provide support based on district guidelines;
- District-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;
- District-approved procedures for responding to the aftermath of suicidal behavior (suicidal behavior postvention);
- Responding after a suicide occurs (suicide postvention);
- Resources regarding youth suicide prevention;

- Emphasis on stigma reduction and the fact that early prevention and intervention can drastically reduce the risk of suicide;
 - 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.
- B. Specialized Staff Training:** Additional professional development in risk assessment and crisis intervention will be provided to school employed mental health professionals, counselors, and nurses.
- C. Messaging about Suicide Prevention:** Messaging about suicide has an effect on suicidal thinking and behaviors. Consequently, Silver Oak High School along with its partners has critically reviewed and will continue to review all materials and resources used in awareness efforts to ensure they align with best practices for safe messaging about suicide.
- D. Publication and Distribution:** This policy will be distributed annually and included in all student and teacher handbooks and on the school website.
- E. Parents, Guardians, and Caregivers Participation and Education:** To the extent possible, parents/guardians/caregivers will be included in all suicide prevention efforts. At a minimum, schools shall share with parents/guardians/caregivers the Silver Oak High School suicide prevention policy and procedures.
- Parents/guardians/caregivers will be invited to provide input on the development and implementation of this policy.
 - All parents/guardians/caregivers will have access to suicide prevention training that addresses the following:
 - Suicide risk factors, warning signs, and protective factors;
 - How to talk with a student about thoughts of suicide;
 - 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.
- F. Student Participation and Education:** Silver Oak High School along with its partners has carefully reviewed available student curricula to ensure it promotes the mental health model of suicide prevention and does not encourage the use of the stress model to explain suicide.

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

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

Silver Oak High School will support the creation and implementation of programs and/or activities on campus that raise awareness about mental wellness and suicide prevention (e.g., Mental Health Awareness Weeks, Peer Counseling Programs, Freshman Success Programs, and National Alliance on Mental Illness on Campus High School Clubs).

ASSESSMENT AND REFERRAL

A. Staff: Two Silver Oak High School staff members who have received advanced training in suicide intervention shall be designated as the primary and secondary suicide prevention liaisons. **Primary liaison is Melanie Carlton and secondary liaison is Yanira Ledezma.**

- Whenever a staff member suspects or has knowledge of a student’s suicidal intentions, they shall promptly notify the primary designated suicide prevention liaison. If this primary suicide prevention liaison is unavailable, the staff shall promptly notify the secondary suicide prevention liaison.
- Under normal circumstances, the primary and/or secondary contact persons shall notify the principal, another school administrator, school psychologist or school counselor, if different from the primary and secondary contact persons. The names, titles, and contact information of the *Response to Intervention Team (RTI)* members shall be

distributed to all students, staff, parents/guardians/caregivers and be prominently available on school and district Websites.

- The principal, another school administrator, or school mental health specialist, shall then notify, if appropriate and in the best interest of the student, the student’s parents/guardians/caregivers as soon as possible and shall refer the student to mental health resources in the school or community. Determination of notification to parents/guardians/caregivers will follow a formal initial assessment to ensure that the student is not endangered by parental notification as described in the Parental Notification and Involvement section.
- B. Students:** Students will be encouraged to notify a staff member when they are experiencing emotional distress or suicidal ideation, or when they suspect or have knowledge of another student’s emotional distress, suicidal ideation, or attempt.
- School mental health services will be made available to students
- C. Parents, Guardians, and Caregivers:** A referral process will be prominently disseminated by the RTI Team to all parents/guardians/caregivers, so they know how to respond to a crisis and are knowledgeable about the school and community-based resources.
- D. For youth 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.
1. School staff will continuously supervise the student to ensure their safety.
 2. The principal, school suicide prevention coordinator, and primary prevention liaison will be made aware of the situation as soon as reasonably possible.
 3. 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.
 - i. When appropriate, this may include calling emergency services or bringing the student to the local Emergency Department, but in most cases will involve setting up an outpatient mental health or primary care appointment and communicating the reason for referral to the healthcare provider.

4. Staff will ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate.
5. In order for release of student, Parent must sign the Student Release Form as per Silver Oak High School's Policy.

If the student is in imminent danger (has access to a gun, is on a rooftop, or in other unsafe conditions), or is perceived or suspected of being in imminent danger, as per Mandated Reporting Laws, a call shall be made to 911 or the appropriate authorities.

E. Parental Notification and Involvement: 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, primary/secondary prevention liaison, or mental health professional. 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, primary/secondary prevention liaison, or school employed mental health professional will assess whether there is further risk of harm due to parent or guardian notification. **If the principal, designee, or mental health professional believes, in their professional capacity, 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.**

INTERVENTION

A. Action Plan for In-School Suicide Attempts: If a suicide attempt is made during the school day on campus, the health and safety of the student and those around him/her is critical. In these situations:

1. School staff will remain calm, remember the student is overwhelmed, confused, and emotionally distressed;
 - i. School staff will be mindful of nonverbal cues, use a calm voice without judgement or arguing with the student, provide comforting environment if available.
2. School staff will move all other students out of the immediate area;
3. School staff will immediately contact the principal and/or suicide prevention liaison; Elaine Blasi (808) 283-9602 and/or Melanie Carlton (209) 471-8010

4. School staff will call 911 and give them as much information about the situation, any suicide note, medications taken, and access to weapons, if applicable; AND create incident report as per School Policy
5. If needed, school staff will contact Safety Coordinator to provide medical first aid until a medical professional is available; Merced Almanza (510) 875-8693
6. The school employed mental health professional, primary/secondary prevention liaison, or principal will contact the student's parent or guardian, as described in the Parental Notification and Involvement section.
7. School staff will not send the student away or leave them alone, even if they need to go to the restroom - student is to be supervised at all times;
8. School staff will listen and prompt the student to talk;
 - i. Give the student permission to express the full range of their feelings
 - ii. Will not debate the right and wrong of suicide; and will offer hope and let the student know there is help
9. School staff will be comfortable with moments of silence as the student (and the staff member) will need time to process the situation;
10. School staff will ensure privacy and help as much as possible, and be respectful, but will NOT promise confidentiality;
11. The school employed mental health professional, primary/secondary prevention liaison, or principal will release students to parents/guardians/caregivers or to a person who is qualified and trained to provide help as described in the Parental Notification and Involvement section

B. Action Plan for Out-of-School Suicide Attempts: If a suicide attempt by a student is outside of Silver Oak High School property, it is crucial that Silver Oak High School protects the privacy of the student and maintain a confidential record of the actions taken to intervene, support, and protect the student. The following steps will be implemented:

1. All staff members shall report out-of-school suicide attempt(s) to the school suicide prevention coordinator (Elaine Blasi) and/or the primary (Melanie Carlton) and/or secondary prevention liaison (Yanira Ledezma).
 - i. Recommendations on how to follow up will be made by the school suicide prevention coordinator or designees.

Should it be recommended by the school suicide prevention coordinator or designees, the reporting staff member may:

1. Contact the parents/guardians/caregivers and offer support to the family as described in the Parental Notification and Involvement section;
 2. Discuss with the family how they would like the school to respond to the attempt while minimizing widespread rumors among teachers, staff, and students;
 3. Obtain permission from the parents/guardians/caregivers to share information to ensure the facts regarding the crisis is correct;
 4. Provide care and determine appropriate support to affected students;
 5. Offer to the student and parents/guardians/caregivers steps for reintegration to school.
- 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:
 - Call the police and/or emergency medical services, such as 911
 - Inform the principal or primary/secondary prevention liaison
 - The school employed mental health professional, primary/secondary prevention liaison, or principal will inform the student's parent or guardian as described in the Parental Notification and Involvement section.
 - 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.

C. Supporting Students after a Mental Health Crisis: It is crucial that careful steps are taken to help provide the mental health support for the student and to monitor their actions for any signs of suicide. The following steps will be implemented after the crisis has happened:

1. Treat every threat with seriousness and approach with a calm manner; make the student a priority;
2. Listen actively and without judgement to the student. Let the student express his or her feelings;

3. Acknowledge the feelings and do not argue with the student;
4. Offer hope and let the student know they are safe and that help is provided. Do not promise confidentiality or cause stress;
5. Explain calmly and get the student to the school mental health specialist (Melanie Carlton), or designated staff to further support the student;
6. Keep close contact with the parents/guardians/caregivers.

D. Parental Notification and Involvement during Intervention: Silver Oak High School shall implement the following procedures to ensure continuing care for the student identified to be at risk of suicide. To ensure continuity of care:

1. After a referral is made for a student, school staff shall verify with the parent/guardian/caregiver that follow-up treatment has been accessed. Parents/guardians/caregivers will be required to provide documentation of care for the student.
2. If parents/guardians/caregivers refuse or neglect to access treatment for a student who has been identified to be at-risk for suicide or in emotional distress, the suicide prevention coordinator (or other appropriate school staff member) will meet with the parents/guardians/caregivers to identify barriers to treatment (e.g., cultural stigma, financial issues) and work to rectify the situation and build understanding of the importance of care.
3. If follow-up care for the student is still not provided, school staff should consider contacting Child Protective Services (CPS) to report neglect of the youth. **Alameda County Child Abuse Hotline: 510-259-1800**

POSTVENTION

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

The following steps shall be implemented upon re-entry:

- Obtain a written release of information signed by parents/guardians/caregivers and providers;
- Confer with student and parents/guardians/caregivers about any specific requests on how to handle the situation;
- Inform the student's teachers about possible days of absences;
- Allow accommodations for student to make up work (be understanding that missed assignments may add stress to student);
- Mental health professionals or trusted staff members should maintain ongoing contact to monitor student's actions and mood;
- Work with parents/guardians/caregivers to involve the student in an aftercare plan.

B. Responding After a Suicide Death: A death by suicide in the school community (whether by a student or staff member) can have devastating consequences on students and staff. The crisis team (consisting of the primary and secondary prevention liaisons, the school employed mental health professional, principal, and any other designees 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 will 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.

- i. Coordinate an all-staff meeting, to include:
 1. Notification (if not already conducted) to staff about suicide death;
 2. Emotional support and resources available to staff;
 3. Notification to students about suicide death and the availability of support services (if this is the protocol that is decided by administration);
 4. Share information that is relevant and that which you have permission to disclose.
 5. Review of protocols for referring students for support/assessment;
 6. Talking points for staff to notify students;
 7. Resources available to students (on and off campus).
 8. 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
- d. **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.
- e. **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 RTI 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.

- f. **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.
 - g. **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.
- C. External Communication.** The school principal or designee will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the spokesperson. The spokesperson will follow all Silver Oak High School Media Guidelines and Policies. The spokesperson will also:
- a. Keep the suicide prevention coordinator and Governing Board informed of school actions relating to the death.
 - b. 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. Media should be asked to offer the community information on suicide risk factors, warning signs, and resources available.

APPENDIX

DEFINITIONS

1. **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.
2. **Crisis team**: A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response and recovery. These professionals have been specifically trained in crisis preparedness through recovery and take the leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery supports. In Silver Oak High School, the “crisis team” is considered the **Response to Intervention, or RTI**, team.
3. **Mental health**: A state of mental and emotional being that can impact choices and actions that affect wellness. Mental health problems include mental and substance use disorders.
4. **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.
5. **Risk assessment**: An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school mental health professional). This assessment is designed to elicit information regarding the student’s intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.
6. **Risk factors for suicide**: Characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and environment.
7. **Self-harm**: Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either nonsuicidal or suicidal. Although

self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.

8. **Suicide:** Death caused by self-directed injurious behavior with any intent to die because of the behavior. Note: The coroner's or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death.
9. **Suicide attempt:** A self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.
10. **Suicidal behavior:** Suicide attempts, intentional injury to self-associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.
11. **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.
12. **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.

RESOURCES

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

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

- For information on public messaging on suicide prevention, see the National Action Alliance for Suicide Prevention Web site at <http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/>
- For information on engaging the media regarding suicide prevention, see the Your Voice Counts Web page at <http://resource-center.yourvoicecounts.org/content/making-headlines-guide-engaging-media-suicide-prevention-california-0>
- For information on how to use social media for suicide prevention, see the Your Voice Counts Web page at <http://resource-center.yourvoicecounts.org/content/how-use-social-media>
- Youth Mental Health First Aid (YMHFA) teaches a 5-step action plan to offer initial help to young people showing signs of a mental illness or in a crisis, and connect them with the appropriate professional, peer, social, or self-help care. YMHFA is an 8-hour interactive training for youth-serving adults without a mental health background. See the Mental Health First Aid Web page at <https://www.mentalhealthfirstaid.org/cs/take-a-course/course-types/youth/>
- Free YMHFA Training is available on the CDE Mental Health Web page at <http://www.cde.ca.gov/ls/cg/mh/projectcalwell.asp>
- Question, Persuade, and Refer (QPR) is a gatekeeper training that can be taught online. Just as people trained in cardiopulmonary resuscitation (CPR) and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. See the QPR Web site at <http://www.qprinstitute.com/>

- SafeTALK is a half-day alertness training that prepares anyone over the age of fifteen, regardless of prior experience or training, to become a suicide-alert helper. See the LivingWorks Web page at <https://www.livingworks.net/programs/safetalk/>
- Applied Suicide Intervention Skills Training (ASIST) is a two-day interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety. See the LivingWorks Web page at <https://www.livingworks.net/programs/asist/>
- Kognito At-Risk is an evidence-based series of three online interactive professional development modules designed for use by individuals, schools, districts, and statewide agencies. It includes tools and templates to ensure that the program is easy to disseminate and measures success at the elementary, middle, and high school levels. See the Kognito Web page at <https://www.kognito.com/products/pk12/>
- Parents as Partners: A Suicide Prevention Guide for Parents is a booklet that contains useful information for parents/guardians/caregivers who are concerned that their children may be at risk for suicide. It is available from Suicide Awareness Voices of Education (SAVE). See the SAVE Web page at <https://www.save.org/product/parents-as-partners/>
- More Than Sad is school-ready and evidence-based training material, listed on the national Suicide Prevention Resource Center's best practices list, specifically designed for teen-level suicide prevention. See the American Foundation for Suicide Prevention Web page at <https://afsp.org/our-work/education/more-than-sad/>
- Break Free from Depression (BFFD) is a 4-module curriculum focused on increasing awareness about adolescent depression and designed for use in high school classrooms. See the Boston Children's Hospital Web page at <http://www.childrenshospital.org/breakfree>
- Coping and Support Training (CAST) is an evidence-based life-skills training and social support program to help at-risk youth. See the Reconnecting Youth Inc. Web page at <http://www.reconnectingyouth.com/programs/cast/>
- Students Mobilizing Awareness and Reducing Tragedies (SMART) is a program comprised of student-led groups in high schools designed to give students the freedom to implement a suicide prevention on their campus that best fits their school's needs. See the SAVE Web page at <https://www.save.org/what-we-do/education/smart-schools-program-2/>
- Linking Education and Awareness for Depression and Suicide (LEADS) for Youth is a school-based suicide prevention curriculum designed for high schools and educators that links depression awareness and secondary suicide prevention. LEADS for Youth is an informative and interactive opportunity for students and teachers to increase knowledge

and awareness of depression and suicide. See the SAVE Web page at <https://www.save.org/what-we-do/education/leads-for-youth-program/>

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

LOCAL REFERRAL SOURCES

Name	Contact Information	Services Offered	Insurance
La Familia Counseling	26081 Mocine Avenue Hayward, CA 94544 1-510-881-5921 www.lafamiliacounseling.org	Treatment for: anxiety and mood disorders, defiant behavior, and/or problems at school, home, or with teachers, peers, and family members. We also provide group support services to parents and caregivers to improve parenting skills, decrease family conflicts, and improve communication and familial relationships.	Medi-Cal, sliding scale
Bay Area Community Services (BACS)	510.613.0330 bacs@bayareacs.org Hedco Wellness Center: 590 B St. Hayward, 94541 510-247-8235 South County Wellness Center: 40965 Grimmer Blvd. Fremont 94538 510-657-7425 Valley Wellness Center: 3900 Valley Ave. Suite B, Pleasanton 94566 925-484-8457	Mental health services to individuals ages 16+ Our model is to work with families and natural supports, to help create lasting change. Every individual BACS serves will receive whatever they need to recover from mental health and substance use issues, and have reliable housing. Peer support and case management services	Medi-Cal, sliding scale
Thunder Road Outpatient Treatment	510.653.5040 HQ Location: 390 40th St, Oakland, CA 94609	Our outpatient programs empower youth and their families to take an active role in their treatment through a collaborative treatment planning process, facilitate ongoing relapse prevention and wellness	Medi-Cal, sliding scale
Davis Street Family Resource	510-347-4620	Individual treatment for all ages, referral	Medi-Cal, sliding scale

Center	3081 Teagarden St. San Leandro 94577	resources, case management	
Family Service Counseling Center	510-483-6715 2208 San Leandro Blvd., San Leandro 94577	Individual treatment for all ages, referral resources, case management	Medi-Cal, sliding scale
Name	Contact Information	Services Offered	Insurance
East Bay Community Recovery Project	22973 Sutro St, Hayward, CA 94541 (510) 728-8600 http://www.ebcrp.org/contact	PREP's mission is to transform the treatment of psychosis by intervening early with culturally competent assessment and diagnosis, and by delivering the most effective multi-faceted treatment focused on wellness and achieving recovery. We also help to educate the community and combat stigma. PREP assists youth and young adults aged 16-24 in Alameda County who have experienced a recent-onset of psychosis by offering direct and accessible clinical services.	Medi-Cal, sliding scale
Psychological Services Center	1440 Broadway Suite 610 Oakland CA 94612 510-628-9065	Individual, couples, and family therapy for children, teenagers, and adults. Also assessments.	Medi-Cal, sliding scale
Ann Martin Center	3664 Grand Ave. Oakland 94610 510-655-7880 http://www.annmartin.org	Child and family psychotherapy, academic tutoring and remediation, educational and psychological diagnostic testing.	Medi-Cal, sliding scale
East Bay Agency for Children (EBAC)	303 Van Buren Ave. Oakland 94610 510-268-3770	Intensive day treatment programs to help children suffering from severe emotional difficulties,	Medi-Cal, sliding scale

	http://www.ebac.org	school-based prevention programs to assist at-risk children at public school sites with Circle of Care (supporting children and families coping with loss, serious illness and trauma).	
HOTLINES	Contact Information	Populations Served	
ACCESS	800-491-9099	Referrals for those seeking mental health services, 24hr hotline	
California Youth Crisis Line	800-843-5200	Youth in crisis 24-hour hotline	
Children in Immediate Risk or Danger	800-843-5678	Youth in immediate crisis	
Covenant House Neline	800-999-9999	Crisis hotline for youth and parents. Shelter, referrals, information, crisis intervention and health clinic. Referrals throughout the U.S. Bilingual. It's free, it's confidential.	
National Youth Crisis Hotline	800-448-4663	Youth crisis 24-hour hotline	
National Parent Helpline	855-427-2736	*especially for young parents	

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