



THE CLASSICAL ACADEMIES

Suicide Prevention, Intervention and Postvention Policy and Procedure

Revised - May 2021

The Classical Academies and the Governing Board are committed to providing a safe, civil and secure school environment. It is The Classical Academies' charge to respond appropriately to a student expressing or exhibiting suicidal ideation or behaviors and to follow-up in the aftermath of a death by suicide. This policy is applicable to all schools, and school-related activities and in all areas within the organization's jurisdiction.

I. Purpose

California Education Code (EC) Section 215 and The Classical Academies policy serves pupils for suicide prevention, specifically addressing the needs of high-risk groups. AB 1767 amends the original legislation to include students K-12. Suicide prevention services are comprised of prevention, intervention and postvention components. This policy outlines preventative measures, administrative procedures for intervening with suicidal students, and offers guidelines to school stakeholder teams in the aftermath of a student death by suicide.

II. Responsibilities of The Classical Academy Employees

Responsibilities of ALL Employees:

1. Attend annual training on prevention and identifying students at-risk.
2. Follow protocol when suicide is reported (verbally, written, suspected).
 - a. During school hours, inform the school site designee(s) immediately or as soon as possible of concerns, reports, or behaviors relating to student suicide.
 - b. After school hours, all employees would contact the student's guardian if there are concerns, and/or a threat.

Responsibilities of Stakeholders

The Classical Academies names the stakeholders as School Counselors, School Psychologists, their Department Lead and School Site Administrators.

It is the responsibility of the Lead Counselor to coordinate stakeholders annually to review procedures relating to suicide prevention, intervention and postvention.

Responsibilities of Designated School Site Members (School Counselors/School Psychologist)

- Coordinate site training for all team members, annually.
- Promote monthly campaigns that align with prevention, create a safe, inclusive culture on campus. Campaigns shall be age appropriate and delivered and discussed in a manner that is sensitive to the needs of all students.
- Identify high-risk students and refer them to support groups.
- Provide mental health resources within the communities served.
- Coordination of communication between designated school staff and family.
- Handle all at-risk referred students and follow assessments protocol.
- Document appropriately.
- Properly refer students for mental health or related services, reporting all Medi-Cal beneficiaries as needed
- Coordinate re-entry and safety plans

III. Prevention

Suicide is death caused by self-directed injurious behavior with the intent to die. Suicide prevention involves school-wide activities and programs that enhance connectedness, contribute to a safe and nurturing environment, and strengthen protective factors that reduce risk for students.

Suicide prevention includes:

- Promoting positive school climate through monthly, age-appropriate campus campaigns
- Increasing staff, student and parent/guardian knowledge and awareness of risk factors and warning signs of youth suicide and self-injury.
- Understand warning signs and risk factors that attribute to suicide ideations.
- Monitoring students' emotional state and well-being, as well as engaging students by providing structure, guidance, and fair discipline.
- Modeling and teaching desirable skills and behavior.
- Promoting access to school and community resources.

Warning Signs for Suicide

Warning signs are observable behaviors that may signal the possible presence of suicidal thinking. They might be considered cries for help or opportunities to intervene. Warning signs indicate the need for an adult to inquire directly about whether the student has thoughts of suicide.

Warning signs include:

- Feelings of sadness, hopelessness, helplessness
- Significant changes in behavior, appearance, thoughts, and/or feelings
- Social withdrawal and isolation
- Suicide threats (direct and indirect)
- Suicide notes and plans

- History of suicidal ideation/behavior
- Self-injurious behavior
- Preoccupation with death
- Making final arrangements (e.g., giving away prized possessions, posting plans on social media, sending text messages to friends)

Risk Factors for Suicide

Risk factors are characteristics or conditions that may increase the chance that a person may try to take their 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.

Risk factors include:

- Access to means (e.g., firearms, knives, medication)
- Stressors (e.g., loss, peer relations, school, gender identity issues)
- History of depression, mental illness, or substance/alcohol abuse disorders
- History of suicide in the family or of a close friend
- History of mental illness in the family

V. Confidentiality

All student matters are confidential and may not be shared, except with those persons who need to know. Personnel with the need to know shall not re-disclose student information without appropriate legal authorization. Information sharing should be within the confines of The Classical Academies reporting procedures.

Notes, documents and records related to the incident are considered confidential information and remain privileged to authorized personnel. These notes should be kept in a confidential file separate and apart from the student's cumulative records.

VI. Intervention Protocol

The following are general procedures for the school site designee to respond to reports of students at-risk for suicide.

- Respond Immediately
- Supervise the student at all times. Ensure that any student sent to the office for assessment is accompanied by a team member, not a student.
- Secure the safety of the student. if appropriate, conduct an administrative search of the student to ensure there is no access to means, such as razor blades or pills. The search should follow protocols and procedures of search and seizure policy. For immediate, emergency life threatening situations call 911.

- Contact local law enforcement if immediate assistance is necessary. This includes if a student is assessed at highest risk level, agitated, unable to be contained or there is a need for immediate assistance
- If the school receives information that the student may pose a danger to self and/or others but is not in attendance, contact local law enforcement to conduct a welfare check to determine the safety and well-being of the student.
- Assess for Suicide Risk

Designated school site member will gather essential background information using the Suicide Risk Assessment Tool. (will develop age appropriate assessments)

 - If the assessing party makes phone calls for consultation, these should be made in a confidential setting and not in the presence of the student of concern. The student should be supervised at all times by another designated team member.
 - Communicate with a Parent/Guardian. Assessing school site designee should contact the parent/guardian or consult the emergency contact as soon as possible.
 - Risk level will determine next steps (see below: *Appropriate Action Plan*), however each risk will lead to parent/guardian communication.
 - Parent/Guardian will sign Suicide Risk Notification and receive Suicide prevention education literature
 - Provide school and/or local community mental health resources.
 - Facilitate contact with community agencies and follow-up to ensure access to services.
 - If agreed upon, obtain parent/guardian permission to release and exchange information with community agency staff.
- Determine Appropriate Action Plan

Action items should be based upon the severity and risk of suicide. The action plan determined should be documented and managed by the designated school site member. In order to make a safe transition back onto campus actions may include:

 - Parent escorted meeting with School Site Designee
 - Age appropriate safety plan development.
 - A student returning to school following psychiatric evaluation or hospitalization must have written permission by a licensed health care provider for school reentry. (See Medical Clearance for Return to School)
 - As appropriate, consider an assessment for special education for a student whose behavioral and emotional needs affect their ability to benefit from their educational program
 - Provide community resources

- Monitor and manage
 - Designee should monitor and manage the case as it develops and until it has been determined that the student no longer poses an immediate threat to self.
 - Maintain consistent communication with appropriate parties on a need to know basis.
 - If the parent/guardian is not following the safety recommendations, a suspected child abuse report may be filed.

VII. Suspected Child Abuse or Neglect

If child abuse or neglect by a parent/guardian is suspected or there is reasonable suspicion that contacting the parent/guardian may escalate the student's current level of risk, or the parent/guardian is contacted and unwilling to respond, report the incident to the appropriate child protective services agency following the Classical Academies Mandated Reporter Requirements. This report should include information about the student's suicide risk level and any concerning ideations or behaviors. The reporting party must follow directives provided by the child protective services agency personnel.

VI. Responding to Students with Disabilities

For students with disabilities whose behavioral and emotional needs are documented to be more intense in frequency, duration, or intensity; affect their ability to benefit from their special education program; and are manifested at the school, at home, and in the community, follow guidelines as indicated in their Individual Educational Plan (IEP). If no such guidelines are components of students IEP follow standard protocol.

VIII. Responding to At Risk Population

At risk population defined: students who are in the following categories are considered to be at risk

- Youth bereaved by suicide.
- Youth with disabilities, mental illness, or substance use disorders.
- Youth experiencing homelessness or in out-of-home settings, such as foster care.
- Lesbian, gay, bisexual, transgender, or questioning youth.

These youth may be targets of bias, bullying or rejection at home or at school have elevated rates of suicidality.

When working with at risk youth, the following should be considered:

- Assess the student for suicide risk using the protocol.
- Do not make assumptions about a student's sexual orientation or gender identity.
- The risk for suicidal ideation is greatest among students who are struggling to hide or suppress their identity.

- Be affirming. Students who are struggling with their identity are on alert for negative or rejecting messages about sexual orientation and gender identity.
- Do not “out” students to anyone, including parent(s)/guardian(s).
- Students have the right to privacy about their sexual orientation or gender identity.

IX. Postvention

Lead Counselor/School Site Designee Procedures:

- Gather pertinent information
- Confirm cause of death is the result of suicide, if this information is available.
- Designated school site member to be the point of contact with the family of the deceased.
- Information about the cause of death should not be disclosed to the school community until the family has consented to disclosure. Concerns and wishes of family members regarding disclosure of the death and cause of death should be taken into consideration when providing facts to students, staff and parents/guardians.
- Mobilize the School Site Crisis Team, develop an action plan and assign responsibilities.
- Establish a plan to notify staff of the death, once consent is obtained by the family of the deceased. Notification of staff is recommended as soon as possible (e.g., optional emergency meeting before or after school).
- Establish a plan to notify students of the death, once consent is obtained from the family of the deceased.
 - To dispel rumors, share accurate information and all known facts about the death that the family has approved to be shared.
 - Provide staff with a script of information to be shared with the students, recommendations for responding to possible student reactions and questions, and activities to help students process the information (e.g., writing, drawing, or referral to counselors).
- Identify locations on campus to provide crisis counseling to students, staff and parents/guardians.
- Request substitute teachers to be available on call, should the need arise.
- Document
 - Designated school site member shall maintain records and documentation of action taken by the school.

Site Designee/Crisis Team Procedures

- Provide students, staff or parents/guardians with after-hours resource numbers such as the 24/7 Suicide Prevention Crisis Line 1-800-273-8255.
- Refer students or staff who require a higher level of care for additional services such as a community mental health provider, or their health care provider.

Indicators of students and staff in need of additional support or referral may include the following:

- Persons with close connections to the deceased (e.g., close friends, siblings, relatives, teacher).
- Persons who experienced a loss over the past six months to a year, experienced a traumatic event, witnessed acts of violence, or have a loved one who has died by suicide.
- Persons who appear emotionally over-controlled (e.g., a student who was very close to the deceased but who is exhibiting no emotional reaction to the loss) or those who are angry when the majority are expressing sadness.
- Persons unable to control crying.
- Persons with multiple traumatic experiences. These individuals may have strong reactions that require additional assistance.
- Identify students who may be at an increased risk for suicide, including those who have a reported history of attempts, are dealing with known stressful life events, witnessed the death, are friends with or related to the deceased.

Important Considerations

- Memorials or dedications to a student who has died by suicide should not glamorize or romanticize the student or the death. If students initiate a memorial, designated school site member should offer guidelines for a meaningful, safe approach to acknowledge the loss.

Some considerations for memorials include:

- Memorials should not be disruptive to the daily school routine.
 - Monitor memorials for content.
 - Placement of memorials should be time limited.
- Students may often turn to social networking as a way to communicate information about the death; this information may be accurate or rumored. Many also use social networking as an opportunity to express their thoughts about the death and about their own feelings regarding suicide.

Some considerations in regard to social networking include:

- Encourage parents/guardians to monitor internet postings regarding the death, including the deceased's personal profile or social media.
- Social networking sites may contain rumors, derogatory messages about the deceased or other students. Such messages may need to be addressed. In some situations, postings may warrant notification to parents/guardians or law enforcement.

- **When Certificated Staff Accompany a Student to the Hospital**
If law enforcement determines that the student will be transported to an emergency hospital/medical facility, the school site administrator should designate a certificated staff member to accompany the student if
 - The student requests the presence of a staff member.
 - The school is unable to make contact with the parent/guardian.
 - Parent/guardian is unavailable to meet the student at the hospital.
 - Deemed appropriate pursuant to circumstances, such as age, developmental level, or pertinent historical student information.

- **Providing Information for a Psychiatric Evaluation**
If the student will be transported, the assessing party should provide documentation, indicating summary of incident and pertinent historical information. This document should be provided to law enforcement prior to transporting to an emergency hospital.

- **Document All Actions**
Designated school site member shall maintain records and documentation of actions taken at the school for each case by reporting in Pathways with the issue type: *Suicidal Behavior, risk level and specify date (month/year)*.