

# Plumas Lake Elementary School District



## Suicide Prevention Policy

National Suicide Prevention Lifeline

Phone number - **1-800-273-8255** - Open 24 hours a day 7 days a week

Web address - <https://suicidepreventionlifeline.org/>

Online chat - <http://chat.suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx>

# **PLESD Suicide Prevention Policy**

## **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 district: (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 school sponsored out-of-school events where school staff are present. This policy applies to the entire school community, including educators, school and district staff, 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.

## **Notification and Distribution**

The suicide prevention policy will be updated yearly and will be available in the student services section of the PLESD website. Copies of this policy will be kept at each school site and a printed copy shall be presented to any community member upon request.

Contact information for questions regarding this policy:

Jason Hofhenke  
Director of Student Services  
530-743-4428 ext. 743

Tiffany Embry  
School Counselor  
530-743-1271 ext. 326

# PLESD Suicide Prevention Policy

## Definitions

<p><b>1. At risk</b> 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.</p>	<p><b>7. Self-harm</b> Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either non suicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.</p>
<p><b>2. Crisis team</b> 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 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.</p>	<p><b>8. Suicide</b> Death caused by self-directed injurious behavior with any intent to die as a result 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.</p>
<p><b>3. Mental health</b> 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.</p>	<p><b>9. Suicide attempt</b> 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.</p>
<p><b>4. Postvention</b> 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.</p>	<p><b>10. Suicidal behavior</b> 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.</p>
<p><b>5. Risk assessment</b> An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, school counselor, or school social worker). 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.</p>	<p><b>11. Suicide contagion</b> 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.</p>
<p><b>6. Risk factors for suicide</b> 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.</p>	<p><b>12. Suicidal ideation</b> 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.</p>

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## Prevention

### District Policy Implementation

- A district level suicide prevention coordinator shall be designated by the Superintendent. This may be an existing staff person. The district suicide prevention coordinator will be responsible for planning and coordinating implementation of this policy for the school district.
- The school district shall designate a school suicide prevention coordinator to act as a point of contact in each school for issues relating to suicide prevention and policy implementation. This may be an existing staff person. All staff members shall report students they believe to be at elevated risk for suicide to the school suicide prevention coordinator.

### Suicide crisis team:

District Staff:

Jeff Roberts - Superintendent

Lori Greenwood - Director of Curriculum, Instruction, and Special Education

Jason Hofhenke - Director of Student Services

Julie Rojo - Principal - Riverside Meadows

Marcie Nichols - Principal - Cobblestone Elementary School

Tiffany Steele - Principal - Rio Del Oro Elementary School

Tiffany Embry - District Counselor

### Crisis team Resources:

Sutter-Yuba Behavioral Health - 530-822-7200

Victor community support services - 530-671-3427

# PLESD Suicide Prevention Policy

## **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 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, those with medical conditions or certain types of disabilities/disorders), and students struggling with mental health.

## **Youth Suicide Prevention Program**

Developmentally-appropriate, student-centered education materials will be integrated into the curriculum. The content of these age-appropriate materials may 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.

## **Assessment and Referral**

When a student is identified by staff 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 referred to a school employed mental health professional within the same school day to assess risk and facilitate referral. If there is no mental health professional available, a school nurse or administrator will fill this role until a mental health professional can be brought in. If it is not possible to make contact with the student during the school day, school and district staff will implement the following options:

- *Make parent contact to ensure the student is safe and supervised*
  - *Call all emergency contacts provided by parents until an adult has been reached.*
- *Call law enforcement to conduct a welfare check*

## **Student at risk:**

- School staff will continuously supervise the student to ensure their safety.
- The principal and school suicide prevention coordinator will be made aware of the situation as soon as reasonably possible.
- 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 in determine the best course of action. When appropriate, this may include calling emergency services.
- Staff will ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate.

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- 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.

## **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, designee, 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. This may be done by school staff or outside support services.
- Staff will seek parental permission to communicate with outside mental health care providers regarding their child.

Through discussion with the student, the principal 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.*

*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 point of contact (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. 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*

## **In School Suicide Attempts:**

In the case of an in-school suicide attempt, the health and safety of the student is paramount. If there is a suicide attempt at school:

- Call 911 and give them as much information about any suicide note, medications taken, and access to weapons, if applicable.
- Remain calm, remember the student is overwhelmed, confused, and emotionally distressed.
- Move all other students out of the immediate area.
- Immediately contact the administrator or suicide prevention liaison.
- If needed, provide medical first aid until a medical professional is available.
- Parents/guardians/caregivers should be contacted as soon as possible.
- Do not send the student away or leave them alone, even if they need to go to the restroom.
- Listen and prompt the student to talk.
- Review options and resources of people who can help.
- Be comfortable with moments of silence as you and the student will need time to process the situation.
- Provide comfort to the student.
- Promise privacy and help, and be respectful, but do not promise confidentiality.
- Student should only be released to parents/guardians/caregivers or to a person who is qualified and trained to provide help.

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- The school will engage as necessary the crisis team to assess whether additional steps should be taken to ensure student safety and well-being.

## **OUT-OF-SCHOOL SUICIDE ATTEMPTS**

If a suicide attempt by a student is outside of PLESD property, it is crucial that the LEA 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 should be implemented:

- Contact the parents/guardians/caregivers and offer support to the family.
- Discuss with the family how they would like the school to respond to the attempt while minimizing widespread rumors among teachers, staff, and students.
- Obtain permission from the parents/guardians/caregivers to share information to ensure the facts regarding the crisis is correct.
- Designate a staff member to handle media requests.
- Provide care and determine appropriate support to affected students.
- Offer to the student and parents/guardians/caregivers steps for reintegration to school.

## **RE-ENTRY PROCEDURE**

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

- A school employed mental health professional or other designee will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.
- 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.
- A plan will be created to support the student in re-entering the school environment
- The designated staff person will periodically check in with student to help the student readjust to the school community and address any ongoing concerns.

## **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:
  - **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



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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.

- **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.
- **Share information.**
  - The suicide crisis team will conduct a staff meeting including the following information:
    - Known information regarding the death.
    - Communication plan for students.
    - Communication plan for parents.
    - Prepare staff in responding the needs of the students.
    - Provide resources and emotional support for staff.
    - Identification of high risk students;
      - 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.
- **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 health care providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs
- **Develop memorial plans.**
  - The school shall 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 but selected staff should be allowed to attend.

## **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:



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- Keep the district suicide prevention coordinator and superintendent informed of school actions relating to the death.
- Prepare a statement for the media including the facts of the death, postvention plans, and available resources. The statement will not include confidential information, speculation about victim motivation, means of suicide, or personal family information.
- Answer all media inquiries. If a suicide is to be reported by news media, the spokesperson should encourage reporters not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase “suicide epidemic” – as this may elevate the risk of suicide contagion. They should also be encouraged not to link bullying to suicide and not to speculate about the reason for suicide. Media should be asked to offer the community information on suicide risk factors, warning signs, and resources available.

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## Local Resources

### **Sutter-Yuba Behavioral Health (SYBH)**

Provides Specialty Mental Health Services to individuals and families who are experiencing serious or ongoing mental health and/or substance use disorders in Yuba and Sutter Counties. Fees for service are based upon the client’s ability to pay.

SYBH accepts most medical insurance, Medi-Cal and Medicare.

- Main Business Number: (530) 822-7200
- 24-Hour Psychiatric Emergency Services (Crisis Services):  
(530) 673-8255 or Toll Free (888) 923-3800

### **Psychiatric Emergency Services**

PES provides services 24 hours per day, 7 days per week to all ages in the community. Services include crisis counseling, emergency psychiatric assessment for inpatient hospitalization and resource mobilization.

The PES Team consists of highly trained crisis counselors that use supportive and solution-oriented problem solving to bridge the individual into SYBH and other community resources.

- 1965 Live Oak Blvd, Yuba City or 726 4th St, Marysville
- (530) 673-TALK

### **Youth Outpatient Services**

Provides office based assessment, treatment, medication support, case management and referral services for youth ages 0-17. Our Youth Open Access Clinic gives parents/guardians the opportunity

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to speak with a clinician regarding their child's emotional and behavioral needs. After gathering necessary information from the parent/guardian during the Open Access process, the clinician will either schedule the child for an intake assessment or provide referrals to other appropriate community resources and/or mental health services.

Youth Outpatient Services are accessed through our Youth Open Access Clinic which is available for parents/guardians on Monday and Thursday from 8:30am-11:00am. This is a walk-in service and no appointment is needed. Parents/guardians should expect this process to take approximately 1-2 hours. Please bring your child's insurance card, your identification and proof of guardianship.

- 1965 Live Oak Blvd. Yuba City, CA 95991
- (530) 822-7200, press 0 then press 2.

## **Victor Community Support Services**

Community-based focused agency which delivers mental health and family support services in the homes, schools and communities in which people live. VCSS's treatment philosophy is grounded in the belief that children need families, and that support should be provided in the communities where they live and attend school. VCSS has a comprehensive array of Evidence Based Practices as the foundation for its wide variety of community-based mental health services and strives to help children and their families succeed in their home and school environments.

VCSS is contracted with SYBH to provide community based Specialty Mental Health Services (SMHS) and Therapeutic Behavioral Services (TBS). These services are accessed via direct referral from SYBH.

- 103 D Street Marysville, CA 95901
- (530) 671-342

## **Urgent Youth Services**

Provides expedited access to all youth outpatient services for youth who have been taken to Psychiatric Emergency Services (PES) experiencing suicidal or homicidal ideation and are not hospitalized, and for youth who are hospitalized and need urgent follow up services post-hospitalization.

The team works to address crisis to stabilize the youth and refer to ongoing services, or to stabilize the youth and family to discharge. The team conducts weekly reviews with multi-disciplinary team to ensure every child who visits PES or are hospitalized have been offered adequate care while hospitalized and upon release.

Urgent Youth Services are available by referral only from Psychiatric Emergency Services or psychiatric hospitalization.

- 1965 Live Oak Blvd. Yuba City, CA 95991
- (530) 822-7200, press 0 then press 2.

## **Functional Family Therapy**

FFT is an evidence-based, family intervention model for at risk and delinquent youth who are 11-18 years of age. Sessions are most often provided in the family home but can also be provided in other community settings or in an office setting. FFT targets youth who have come in contact with the

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juvenile justice, mental health or child welfare systems, however, younger siblings of referred youth often become part of the FFT intervention process as well. The goal of FFT is to improve family functioning while reducing the youth's externalizing behaviors and stabilizing emotional needs. To be considered for the FFT program, a referral must be submitted to the FFT Site Supervisor or the Youth and Family Services Program Manager.

- 809 Plumas Street Yuba City, CA 95991
- (530) 822-7478

## **Trauma Focused Cognitive Behavior Therapy**

TF-CBT is an evidence-based model designed to help youth overcome the negative effects of traumatic events, such as physical or sexual abuse, traumatic loss of a loved one or violence. TF-CBT targets symptoms of Post-Traumatic Stress Disorder, depression and behavior problems.

To be considered for the TF-CBT program, a request must be submitted to the Youth and Family Services Program Manager.

- 809 Plumas Street Yuba City, CA 95991
- (530) 822-7478

## **Therapeutic Behavioral Services**

TBS is an intensive, individualized, one-to-one behavioral coaching program available to children/youth who are experiencing a current emotional or behavioral challenge or experiencing a stressful life transition. TBS can help children/youth and parents/caregivers learn skills to increase successful behaviors and learn new ways of reducing challenging behaviors. TBS is not a stand-alone service; it supports an ongoing primary mental health service such as mental health therapy or case management.

To be considered for TBS services, a request must be submitted to the Youth and Family Services Program Manager. Additionally, the child/youth must be receiving primary mental health services and meet TBS class criteria.

- (530) 822-7478

## **0-5 Full Service Partnership**

The 0-5 FSP program offers specialized intervention services to meet the unique needs of infants, toddlers, preschoolers and their caregivers. These services help build positive relationships between young children and their caregivers, and create a foundation for healthy social and emotional development. The 0-5 FSP program offers a variety of clinic, community and home-based interventions tailored to each child's unique family, culture, strengths, and needs.

To be considered for the 0-5 FSP program, a referral must be submitted to the FSP supervisor or Youth and Family Services program manager.

- 809 Plumas Street Yuba City, CA 95991
- (530) 822-7478

## **Children's System of Care**

CSOC FSP program provides a wide array of community and home-based services and supports to children ages 6-15 and their families. FSP services are available to youth who are experiencing significant emotional, psychological or behavioral problems that are interfering with their well-being,

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and their families, utilizing a “whatever it takes”, multi-agency team approach. The CSOC FSP team provides these services within the resources available to help children and their families make progress on their particular path to recovery and wellness.

To be considered for the CSOC FSP program, a referral must be submitted to the Youth and Family Services program manager through FAST (Family Assistance Services Team) for Sutter County residents or YCAT (Yuba County Assessment Team) for Yuba County residents.

•809 Plumas Street Yuba City, CA 95991 •(530) 822-7478

## **Transition Age Youth**

The TAY FSP program provides a wide array of office, community and home-based services and supports to youth ages 16-25 and their families. These services are available to youth who are experiencing significant emotional, psychological or behavioral problems that are interfering with their well-being and their families, utilizing a “whatever it takes”, team approach. The TAY FSP program emphasizes outreach and engaging Transition-Age Youth who are currently underserved, including those who are homeless, gang-involved, aging out of the foster care, probation and/or children’s mental health system, those with co-occurring mental health and substance abuse disorders and those whose cultural identity places them in underserved populations within our community. Youth enrolled in TAY FSP will receive behavioral health services that are individually tailored and consistent with each youth’s individual needs and goals.

To be considered for the TAY FSP program, a referral must be submitted to the TAY FSP Supervisor or the Youth and Family Services program manager.

•807 Plumas Street Yuba City, CA 95991

•(530) 822-7478

This policy was adopted by the by the PLESD governing board on Wednesday June 28th 2017