



**Darnall Charter School  
Board Policy  
#5008  
Suicide Prevention Policy**

## **Introduction**

California Education Code Section 215, as added by Assembly Bill 2246 (Chapter 642, Statutes of 2016), mandates that the Governing Board of any local educational agency that serves pupils in grades one to twelve, inclusive, adopt a policy on pupil suicide prevention, intervention, and postvention. The policy must specifically address the needs of high-risk groups, including suicide awareness and prevention training for teachers, and ensure that a school employee acts within the authorization and scope of the employee's credential or license. The school will make the Suicide Prevention Policy and related resources available in the primary languages of families served and in accessible formats upon request. Nothing in this policy is intended to expand or limit the charter school's responsibilities beyond what is required under Education Code §215.

The possibility of suicide and suicidal ideation requires vigilant attention from school staff. As a result, Darnall Charter School is ethically and legally responsible for providing an appropriate and timely response in preventing suicidal ideation, attempts, and deaths. Darnall Charter School also must work to create a safe and nurturing campus that minimizes suicidal ideation in students. Recognizing that it is the duty of the 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.

## **Policy Development and Implementation**

The Executive Director or designee shall develop and implement suicide prevention policies in consultation with school and community partners, the county mental health plan, and school mental health professionals. Policies and related instruction shall be age-appropriate and delivered in ways that are sensitive to the developmental needs of young students.

For students who are Medi-Cal beneficiaries, the designated suicide prevention liaison will coordinate referrals with the county mental health plan as required. This includes obtaining necessary releases, completing county referral forms, and ensuring warm hand-offs to county providers. Contact information for the county mental health plan will be kept with the Crisis Response procedures and on the school website.

## **Addressing High-Risk Student Groups**

School procedures and policies shall address the needs of high-risk student groups, including, but not limited to: youth bereaved by suicide; youth with disabilities, mental illness, or substance use disorders; youth experiencing homelessness or living in out-of-home settings such as foster care; and lesbian, gay, bisexual, transgender, or questioning youth.

## **Evidence-Based Approach**

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. In an attempt to reduce suicidal behavior and its impact on students and families, the Executive Director or designee shall develop strategies for suicide prevention, intervention, and postvention, and the identification of the mental health challenges frequently associated with suicidal ideation and behavior. These strategies shall include professional development for all school personnel in all job categories who regularly interact with students or are in a position to recognize the risk factors and warning signs of suicide.

## **Community Partnerships**

The Executive Director or designee 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 strategies for suicide prevention and intervention. The school shall work in conjunction with local government agencies, community based organizations, and other community supports to identify additional resources. To this end, staff attend San Diego County Office of Education (SDCOE) suicide prevention training as well as mental health training provided by the El Dorado Special Education Local Plan Area (SELPA). To ensure the policies regarding suicide prevention are properly adopted, implemented, and updated, Darnall Charter School shall appoint an individual or team to serve as the suicide prevention point of contact for the Charter School.

## **Designated Suicide Prevention Liaisons**

Two Darnall Charter School staff members who have received training in suicide intervention shall be designated as the primary and secondary suicide prevention liaisons.

- The Primary Suicide Prevention Liaison is Tania Kim, School Psychologist, who can be reached at [tcastrokim@darnallcharter.org](mailto:tcastrokim@darnallcharter.org).
- The Secondary Suicide Prevention Liaison is Anne Mathews, Executive Director, who can be reached at [amathews@darnallcharter.org](mailto:amathews@darnallcharter.org).

This information and the full Suicide Prevention Policy will be prominently posted on the Darnall Charter School website and updated whenever liaison contact information changes.

## **Prevention Strategies**

### *Messaging About Suicide Prevention*

Messaging about suicide has an effect on suicidal thinking and behaviors. Consequently, Darnall Charter School has 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.

### *Staff Training and Professional Development*

Darnall Charter School has reviewed available staff training to ensure it promotes a mental health model of suicide prevention. Training shall be provided for all school staff members and other adults on campus, including substitutes and intermittent staff, volunteers, interns, tutors, coaches, and expanded learning staff.

### *Initial Training for New Staff*

At least annually, all staff shall receive training on the risk factors and warning signs of suicide, suicide prevention, intervention, referral, and postvention. The school shall maintain records of all suicide prevention training. All new staff who regularly interact with students shall receive initial suicide prevention training within their first 30 days of employment and will complete the required annual training thereafter. Records of any specialized assessment training for mental health staff shall also be maintained and all training will reiterate that school employees are to act within the authorization and scope of the employee's credential or license.

All suicide prevention trainings shall be offered by a county office of education, a community mental health agency, or under the direction of school-employed mental health professionals (such as school counselors, psychologists, or social workers) who have received advanced training specific to suicide prevention. Staff training can be adjusted year-to-year based on previous professional development activities and emerging best practices.

### *Core Components of Initial Training*

At a minimum, all staff shall participate in training on the core components of suicide prevention at the beginning of their employment. These core components include identification of suicide risk factors and warning signs, prevention, intervention, referral, and postvention. Staff will learn about suicide risk factors, warning signs, and protective factors. They will be taught how to talk with a student about thoughts of suicide and how to respond appropriately to youth who have suicidal thoughts. Such responses shall include constant supervision of any student judged to be at risk for suicide and an immediate referral for a suicide risk assessment.

Training will emphasize immediately referring (same day) any student who is identified to be at risk of suicide for assessment while staying under constant monitoring by a staff member. The training will also emphasize reducing stigma associated with mental illness and that early prevention and intervention can drastically reduce the risk of suicide. Staff will review the data annually to look for any patterns or trends of the prevalence or occurrence of suicide ideation, attempts, or death.

### *Annual Professional Development*

Previously employed staff members shall attend a minimum of one general suicide prevention training annually. In addition to initial orientations to the core components of suicide prevention, ongoing annual staff professional development for all staff should include comprehensive content covering the impact of traumatic stress on emotional and mental health, common misconceptions about suicide, and school and community suicide prevention resources.

Staff will learn appropriate messaging about suicide, including correct terminology and safe messaging guidelines. They will study the factors associated with suicide, including risk factors, warning signs, and protective factors, and how to identify youth who may be at risk of suicide. Training will cover 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 how to respond to such thinking, and how to talk with a student about thoughts of suicide and appropriately respond and provide support based on district guidelines.

Professional development will include 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. Staff will also learn approved procedures for responding to the aftermath of suicidal behavior (suicidal behavior postvention) and responding after a suicide occurs (suicide postvention). Training will provide resources regarding youth suicide prevention and emphasize stigma reduction and the fact that early prevention and intervention can drastically reduce the risk of suicide. The training will emphasize 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.

### *High-Risk Group Training*

The professional development also shall include additional information regarding groups of students to be at elevated risk for suicide. These groups include, but are not limited to: 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; and youth who have suffered traumatic experiences.

### *Specialized Training for Mental Health Professionals*

Professional development in suicide risk assessment and crisis intervention shall be provided to mental health professionals, including school counselors, psychologists, social workers, and nurses, employed by Darnall Charter School. This specialized training goes beyond the general staff training and focuses on clinical assessment skills and advanced intervention techniques.

### **Parent, Guardian, and Caregiver Participation and Education**

To the extent possible, parents/guardians/caregivers should be included in all suicide prevention efforts. At a minimum, Darnall Charter School shall share with parents/guardians/caregivers the suicide prevention policy and procedures and prominently display it on the Darnall Charter School web page. Parents/guardians/caregivers will be invited to provide input on the development and implementation of this policy.

All parents/guardians/caregivers should have access to suicide prevention resources which address suicide risk factors, warning signs, and protective factors. Resources will teach them how to talk with a student about thoughts of suicide and 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.

### **Student Education and Participation**

Darnall Charter School has carefully reviewed available student curricula to ensure it promotes the mental health model of suicide prevention. 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. They will also receive developmentally appropriate guidance regarding the school's suicide prevention, intervention, and referral procedures.

### **Student Education Content**

The content of student education shall include coping strategies for dealing with stress and trauma. Students will learn how to recognize behaviors (warning signs) and life issues (risk factors) associated with suicide and mental health issues in oneself and others. They will be taught help-seeking strategies for oneself and others, including how to engage school-based and community resources and refer peers for help. The education will emphasize reducing the stigma associated with mental illness and the fact that early prevention and intervention can drastically reduce the risk of suicide.

Student-focused suicide prevention education can be incorporated into classroom curricula, such as health or science classes, physical education classes, and homebase classes. Darnall Charter

School will support the creation and implementation of programs and/or activities on campus that raise awareness about mental wellness and suicide prevention, including Mental Health Awareness Weeks, Peer Counseling Programs, Student Success Programs, and Mentorship Groups.

Students shall 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.

## **Intervention, Assessment, and Referral**

### *Staff Response Procedures*

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 Executive Director, another school administrator, school psychologist or school counselor, if different from the primary and secondary contact persons. The names, titles, and contact information of multi-disciplinary crisis team members shall be distributed to all students, staff, parents/guardians/caregivers and be prominently available on school websites.

The Executive Director, another school administrator, school counselor, school psychologist, social worker, or nurse 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 should follow a formal initial assessment to ensure that the student is not endangered by parental notification.

### *Emergency Situations*

If the student is in imminent danger, a call shall be made to 911. Whenever a staff member suspects or has knowledge of a student's suicidal intentions, they shall promptly notify the primary or secondary suicide prevention liaisons. Students experiencing suicidal ideation shall not be left unsupervised.

Emergency health care services are available 24 hours per day at San Diego Mental Health Services. For general inquiries, call (888) 724-7240. For adults, call (619) 692-8200, and for children age 17 and under, call (619) 421-6900. If immediate referral for a psychiatric evaluation is necessary, a police officer or other public health officer may take a student into protective custody and/or to a qualified facility under Welfare and Institutions Code §5150.

A referral process should be prominently disseminated to all staff members, so they know how to respond to a crisis and are knowledgeable about the school and community-based resources. The Executive Director or Designee shall establish crisis intervention procedures to ensure student safety and appropriate communications if a suicide occurs or an attempt is made by a student or adult on campus or at a school-sponsored activity.

### *Responsibilities for Student Threats of Suicide or Self-Harm While on Campus*

When a student makes threats of suicide or self-harm while on campus, staff must follow specific protocols.

- First and foremost, do not leave the student alone. A responsible adult must be present with the student at all times.
- Keep the student away from sharp objects or potentially dangerous items, and do not attempt to move or transport the student off school grounds.
- If the student is exhibiting suicidal behavior and is in immediate danger or can harm themselves, call 911 immediately.
- If additional consultation is required about the level of student risk, contact the school designee, who will immediately notify the student's parent/guardian of the circumstances. If the student is a ward of the court, the school will immediately notify the legally responsible agency.
- The designated staff member or reporter shall complete the Crisis Intervention Form and forward it to the designated staff member (if applicable) within 24 hours of the incident.
  - All crisis documentation, including Crisis Intervention Forms and safety/re-entry plans, shall be stored in a secure, confidential file accessible only to authorized personnel.
  - Such documentation shall not be entered into a student's cumulative educational record. The school will comply with applicable privacy laws, including FERPA, and when applicable HIPAA. Access to these records will require authorization from the Executive Director or designee.
- Staff should contact the Executive Director for assistance with notifying other parents/guardians, students, and the school community if necessary.
- All media requests should be referred to the Executive Director.
- School staff may recommend that the parent/guardian seek appropriate professional help, such as discussing the situation with a physician, mental health professional, or psychologist.

### *Parental Notification and Involvement*

Notification of parents/guardians will occur as soon as practicable after an initial assessment, except when, after a formal initial assessment by a trained staff member (school counselor, psychologist, nurse, or designee), disclosure is determined to place the student at greater risk.

Any decision to delay or modify parental notification shall be documented with rationale and reviewed by the Executive Director or designee.

### *Ensuring Continuing Care*

To ensure continuing care for the student identified to be at risk of suicide, specific follow-up steps must be followed:

- 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 asked to provide documentation of care for the student.
- 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, such as cultural stigma or 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 to report neglect of the youth at (858) 560-2191.

## **Responding to Suicide Attempts**

### *In-School*

If a suicide attempt is made during the school day on campus, it is important to remember that the health and safety of the student and those around him/her is critical. Staff should remain calm and remember the student is overwhelmed, confused, and emotionally distressed. All other students should be moved out of the immediate area, and the administrator or suicide prevention liaison should be contacted immediately.

Staff must call 911 and give them as much information as possible about any suicide note, medications taken, and access to weapons, if applicable. If needed, staff should provide medical first aid until a medical professional is available. Parents/guardians/caregivers should be contacted as soon as possible. Under no circumstances should the student be sent away or left alone, even if they need to go to the restroom.

During this critical time, staff should listen and prompt the student to talk, review options and resources of people who can help, and be comfortable with moments of silence as both the staff member and the student will need time to process the situation. Staff should provide comfort to the student, promise privacy and help, and be respectful, but should not promise confidentiality. Students should only be released to parents/guardians/caregivers or to a person who is qualified and trained to provide help.



### *Out-of-School*

If a suicide attempt by a student occurs outside of Darnall Charter School's property, it is crucial that the school protects the privacy of the student and maintains a confidential record of the actions taken to intervene, support, and protect the student.

- Staff will contact the parents/guardians/caregivers and offer support to the family.
  - They will discuss with the family how they would like the school to respond to the attempt while minimizing widespread rumors among teachers, staff, and students.
- Staff will obtain permission from the parents/guardians/caregivers to share information to ensure the facts regarding the crisis are correct.
- A staff member will be designated, if different from the Executive Director, to handle media requests.
- The school will provide care and determine appropriate support to affected students and offer to the student and parents/guardians/caregivers steps for re-integration to school.

### **Student Support**

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. Staff should treat every threat with seriousness and approach with a calm manner, making the student a priority. They should listen actively and non-judgmentally to the student, letting the student express his or her feelings.

Staff should acknowledge the feelings and not argue with the student. They should offer hope and let the student know they are safe and that help is provided, but should not promise confidentiality or cause stress. Staff should explain calmly and get the student to a trained professional, guidance counselor, or designated staff to further support the student. The school will keep close contact with the parents/guardians/caregivers and mental health professionals working with the student.

### *Re-Entry to School After a Suicide Attempt*

Students returning after a suicide attempt shall have a written re-entry/safety plan. The plan shall identify responsible staff for daily monitoring and specify check-in frequency for the first 30 days, with adjustments documented by the school if necessary. 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 school shall obtain a written release of information signed by parents/guardians/caregivers and providers. Staff will confer with the student and parents/guardians/caregivers about any specific requests on how to handle the situation.

The student's teachers will be informed about possible days of absences. The school will allow accommodations for the student to make up work and be understanding that missed assignments may add stress. Mental health professionals or trusted staff members will maintain ongoing contact to monitor the student's actions and mood. The school will work with parents/guardians/caregivers to involve the student in an aftercare or treatment care plan.

## **Postvention**

A death by suicide in the school community, whether by a student or staff member, can have devastating consequences on students and staff. Therefore, it is vital to be prepared ahead of time in the event of such a tragedy. The Suicide Postvention Response Plan incorporates both immediate and long-term steps and objectives.

### *Immediate Response Steps*

The school will identify a staff member to confirm death and cause, typically the Executive Director or other school administrator. A staff member will be identified to contact the deceased's family within 24 hours. The school will enact the Suicide Postvention Response Plan, including an initial meeting of the school's Suicide Postvention Response Team.

All staff members should be notified, ideally in-person or via phone, not via email or mass notification. The school will coordinate an all-staff meeting that includes notification to staff about the suicide death (if not already conducted), information about emotional support and resources available to staff, and guidance about notification to students about suicide death and the availability of support services (if this is the protocol that is decided by administration).

Staff will share information that is relevant and that which they have permission to disclose. The school will prepare staff to respond to needs of students, including a review of protocols for referring students for support and assessment, talking points for staff to notify students, and information about resources available to students on and off campus.

### *Identifying and Supporting Affected Students*

The school will identify students significantly affected by suicide death and other students at risk of imitative behavior. Additionally, staff will identify students affected by suicide death but not at risk of imitative behavior. The school will communicate with the larger school community about the suicide death and consider funeral arrangements for the family and school community.

The school will respond to memorial requests in respectful and non-harmful ways. Responses should be handled in a thoughtful way and their impact on other students should be considered. Memorials that could glamorize or sensationalize the death, or that may increase contagion risk, will not be permitted.

### *Media and Communication Management*

The school will identify a media spokesperson to cover the story without the use of explicit, graphic, or dramatic content. The resource [www.reportingonsuicide.org](http://www.reportingonsuicide.org) provides guidance on responsible reporting. Research has proven that sensationalized media coverage can lead to contagious suicidal behaviors.

The school will utilize and respond to social media outlets appropriately. Staff will identify what platforms students are using to respond to suicide death and identify and train staff and students to monitor social media outlets.

### *Long-Term Postvention Responses*

The school will include long-term suicide postvention responses in its planning. Staff should consider important dates, such as the anniversary of death, the deceased's birthday, graduation, or other significant events, and how these will be addressed. The school will continue to support siblings, close friends, teachers, and/or students of the deceased over time.

When considering long-term memorials, staff must carefully evaluate how they may impact students who are emotionally vulnerable and at risk of suicide. The goal is to honor the memory of the deceased while protecting the mental health and safety of the living school community.

## **Review and Updates**

The Executive Director or designee will review suicide prevention procedures annually and update practices as needed. This annual review will include an examination of data to identify any patterns or trends in the prevalence or occurrence of suicide ideation, attempts, or death. The Darnall Charter School Board of Directors shall review this policy on pupil suicide prevention at a minimum of every fifth year and, if necessary, update its policy to reflect current best practices and emerging research in suicide prevention.

## **Resources**

### *Legal and Legislative Resources*

Assembly Bill 2246 Pupil Suicide Prevention provides the legal foundation for this policy and can be accessed at

[https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201520160AB2246](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB2246).

### *Training Resources*

The California Department of Education provides Statewide Suicide Prevention Training at <https://www.cde.ca.gov/nr/ne/yr20/yr20rel44.asp>. Youth Mental Health First Aid offers specialized training for working with young people and can be found at <https://www.mentalhealthfirstaid.org/cs/take-a-course/course-types/youth/>. Question, Persuade, and Refer (QPR) training is available through <http://www.qprinstitute.com/>. LivingWorks provides comprehensive suicide intervention training at <https://livingworks.net/>.

### *Prevention and Support Organizations*

The Heard Alliance offers resources and support at <http://www.heardalliance.org/>. The National Action Alliance for Suicide Prevention provides messaging guidance at <http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/>. Your Voice Counts offers resources on social media use at <http://resource-center.yourvoicecounts.org/content/how-use-social-media>.

The Suicide Prevention Resource Center maintains comprehensive resources at <https://sprc.org/>. Suicide Awareness Voices of Education (SAVE) provides educational materials at <https://www.save.org/>. The American Foundation for Suicide Prevention offers the "More Than Sad" program at <https://afsp.org/our-work/education/more-than-sad/>.

### *School-Based Programs and Resources*

Project Cal-Well provides mental health resources for California schools at <http://www.cde.ca.gov/ls/cg/mh/projectcalwell.asp>. Reconnecting Youth Inc. offers the CAST program at <http://www.reconnectingyouth.com/programs/cast/>. Mental Health Recovery Services provides resources specifically for schools at [http://www.mhrsonline.org/resources/suicide%5Cattempted\\_suicide\\_resources\\_for\\_schools-9/](http://www.mhrsonline.org/resources/suicide%5Cattempted_suicide_resources_for_schools-9/).

Help For Students in Crisis is available through the California Department of Education at <https://www.cde.ca.gov/ls/mh/studentcrisishelp.asp>. The CDE Safe Schools Planning resource can be found at <http://www.cde.ca.gov/ls/ss/vp/safeschlplanning.asp>.

### **Board Approval:**