Alpha Public Schools
Suicide Prevention Policy
2022 - 2023

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INTRODUCTION

The Governing Board of Alpha Public Schools recognizes that suicide is a leading cause of death among youth and that an even greater amount of youth consider (17 percent of high school students) and attempt suicide (over 8 percent of high school students, as well as 2.5 percent of middle school students) (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 district and schools 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."

In an attempt to reduce suicidal behavior and its impact on students and families, the Counseling Department 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 in a position 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 Counseling Department shall develop and implement preventive strategies and intervention procedures that include the following:

Overall Strategic Plan for Suicide Prevention

Alpha Public Schools shall involve school-employed mental health professionals (e.g., mental health counselors, psychologists, social workers, nurses), administrators, other school staff members, parents/guardians/caregivers, students, local health agencies and professionals, law enforcement, and community organizations in planning, implementing, and evaluating the district's strategies for suicide prevention and intervention. Districts 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 district shall appoint an individual (or team) to serve as the suicide prevention point of contact for the district. In addition, each school shall identify at least one staff member to serve as the liaison to the district's suicide prevention point of contact, and coordinate and implement suicide prevention activities on their specific campus. This policy shall be reviewed and revised as indicated, at least annually in conjunction with the previously mentioned community stakeholders.

PURPOSE

The purpose of this policy is to protect the health and well-being of all Alpha students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. This policy is meant to be paired with other procedures supporting the emotional and behavioral health of students more broadly. Alpha:

- recognizes that physical, behavioral, and emotional health is an integral component of a student's educational outcomes,

- further recognizes that suicide is a leading cause of death among young people,

- has an ethical responsibility to take a proactive approach to suicide prevention, and

- acknowledges each school's role in providing an environment which is sensitive to individual and societal factors that either increase risk for harm or foster positive youth development.

This policy is meant to be paired with other procedures that support the emotional and behavioral health of students more broadly. This policy is also meant to be applied in accordance with the district's Child Find obligations.

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 a plan, means, and intent. 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.

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 a 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.

3. **Mental health.** A state of mental and emotional being that can impact choices and actions that affect wellness. Mental health problems include mental illness and substance use disorders.

4. **Risk assessment.** An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, mental health 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.

5. **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.

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. **Protective factors for suicide.** Characteristics or conditions that may decrease risk of suicide. Protective factors may include social supports, internal characteristics of the individual, or other variables.

8. **Self-harm.** 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.

9. **Suicide 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.

10. **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.

11. **Suicidal gesture.** 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.

12. **Suicide contagion.** The process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification, communication, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.

13. **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 considered passive suicidal ideation and should also be taken seriously.

PREVENTION

Messaging about Suicide Prevention

Messaging about suicide has an effect on suicidal thinking and behaviors. Consequently, Alpha Public Schools 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.

Suicide Prevention Training and Education

The Alpha Public Schools along with its partners has carefully reviewed available staff training to ensure it promotes the mental health model of suicide prevention and does not encourage the use of the stress model to explain suicide.

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 [afterschool] staff).

Training:
- At least annually, all staff shall receive training on the risk factors and warning signs of suicide, suicide prevention, intervention, referral, and postvention.
- Prior to Mental Health Counselors (MHCs) delivering suicide prevention trainings to staff, MHCs will attend a 'train the trainer' session to ensure fidelity across staff trainings
- All suicide prevention trainings shall be offered under the direction of school-employed mental health professionals (e.g., mental health counselors, psychologists, or social workers) who have received advanced training specific to suicide and may benefit from collaboration with one or more county and/or community mental health agencies. Staff training can be adjusted year-to-year based on previous professional development activities and emerging best practices.
- At a minimum, all staff shall participate in training on the core components of suicide prevention (identification of suicide risk factors and warning signs, prevention, intervention, referral, and postvention) at the beginning of their employment. Previously employed staff members shall attend a minimum of one-hour general suicide prevention training during summer staff training. Core components of the general suicide prevention training shall include:
    - Suicide risk factors, warning signs, and protective factors;
    - Creation and implementation of safety plans within the school setting;
    - How to talk with a student about thoughts of suicide;
    - How to respond appropriately to the youth who has suicidal thoughts. Such responses shall include constant supervision of any student judged to be at risk for suicide and an immediate referral for a suicide risk assessment;
    - Emphasis on immediately referring (same day) any student who is identified to be at risk of suicide for assessment while staying under constant monitoring by staff member;

- Emphasis on reducing stigma associated with mental illness and that early prevention and intervention can drastically reduce the risk of suicide;
- Reviewing the data annually to look for any patterns or trends of the prevalence or occurrence of suicide ideation, attempts, or death. Data from the California School Climate, Health, and Learning Survey (Cal-SCHLS) should also be analyzed to identify school climate deficits and drive program development. See the Cal-SCHLS Web site at http://cal-schls.wested.org/.

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 theirthoughts 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; including, as necessary, role plays to increase understanding;
- 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.

The professional development also shall include additional information regarding groups of students judged by the school, and available research, to be at elevated risk for suicide. These groups include, but are not limited to, the following:
- 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;

Employee Qualifications and Scope of Services

Employees of the Alpha Public Schools and their partners must act only within the authorization and scope of their credential or license. While it is expected that school professionals are able to identify suicide risk factors and warning signs, and to prevent the immediate risk of a suicidal behavior, treatment of suicidal ideation is typically beyond the scope of services offered in the school setting. In addition, treatment of the mental health challenges often associated with suicidal thinking typically requires mental health resources beyond what schools are able to provide.

Specialized Staff Training (Assessment)

Additional professional development in suicide risk assessment and crisis intervention shall be provided to mental health professionals (mental health counselors, psychologists, social workers, and nurses) employed by Alpha Public Schools.

Parents, Guardians, and Caregivers Participation and Education

To the extent possible, parents/guardians/caregivers should be included in all suicide prevention efforts. At a minimum, schools shall share with parents/guardians/caregivers the Alpha Public Schools suicide prevention policy and procedures.

This suicide prevention policy shall be prominently displayed on the Alpha Public Schools Web page and included in the parent handbook.

Parents/guardians/caregivers should be invited to provide input on the development and implementation of this policy.

All parents/guardians/caregivers should 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.

Student Participation and Education

The Alpha Public Schools 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.

Student-focused suicide prevention education can be incorporated into classroom curricula (e.g., health classes, freshman orientation classes, science, and physical education).

Alpha Public Schools 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, On Campus Clubs, etc.).

REFERRAL AND RISK ASSESSMENT

When a student is identified by a staff person as potentially having suicidal ideations, i.e., verbalizes about suicide, or a student self-refers, the student will be seen by a mental health counselor or school psychologist within the same school day to assess risk and facilitate referral. If there is no mental health professional available, a school leader will fill this role until a mental health professional can be brought in.

Transient threats of harm, listed below, will be managed by a school leader or counseling intern.
- Non-genuine expression
- Non-enduring intent to harm
- Temporary feelings of anger
- Tactic in an argument
- Intended as joke or figure of speech
- Resolved on scene or in office
- Ends with apology, retraction, or clarification

Substantive threats, listed below, will be managed by a mental health counselor or school psychologist.
- Specific and plausible details such as a specific time, place, and method
- Repeated over time or communicated to multiple individuals
- Involves planning, substantial thought, or preparatory steps
- Recruitment or involvement of accomplices
- Invitation for an audience to observe threat being carried out
- Physical evidence of intent to carry out threat (e.g., lists, drawings, written plan)

Risk assessment documents and procedures can be found here.

RISK FACTORS AND PROTECTIVE FACTORS

Risk Factors for Suicide are characteristics or conditions that increase the chance that a person may try to take her or his life. Suicide risk tends to be highest when someone has several risk factors at the same time.

The most common risk factors for suicide are:
- Mental health disorders that may impact a student's ability to cope with stressors and regulate emotions
- Problems with alcohol or drugs
- Unusual thoughts and behavior, such as thinking they are a burden to others or socially isolating
- Confusion about reality
- Personality traits that create a pattern of intense, unstable relationships or trouble with the law
- Impulsivity and aggression, especially along with a mental disorder
- Previous suicide attempt or family history of a suicide attempt or mental disorder
- Serious medical condition, brain injury, and/or pain
- Exposure to stigma and discrimination based on sexual orientation; gender identity; race and ethnicity; disability; or physical characteristics, such as overweight. Stigma and discrimination can lead to:
    - Victimization and bullying by others, lack of support from the rejection by family and peers, dropping out of school, lack of access to work opportunities and healthcare;
    - Internalized homophobia, stress from being different and not accepted, and stress around disclosure of LGBTQ identity, which can lead to low self-esteem, social isolation, and decreased help-seeking;
    - Stress due to the need to adapt to a different culture, especially reconciling differences between one's family and the majority culture, which can lead to family conflict and rejection.
- Imitative behavior. The following may increase a student's level of risk after a suicide has occurred:
    - Failed to recognize the suicidal intent
    - Facilitated the suicide
    - Believe they may have caused the suicide
    - Had a relationship with the suicide victim
    - Identify with the suicide victim
    - Have a history of prior suicidal behavior
    - Have a history of psychopathology
    - Shows symptoms of helplessness and/or hopelessness
    - Have suffered significant life stressors or losses
    - Lack of internal and external resources
    - Graphic descriptions or visuals of suicide

Protective Factors for Suicide are characteristics or conditions that may help to decrease a person's suicide risk. While these factors do not eliminate the possibility of suicide, especially in someone with risk factors, they may help to reduce that risk. Protective factors for suicide have not been studied as thoroughly as risk factors, so less

is known about them. Note that protective factors do not entirely remove risk, especially when there is a personal or family history of depression or other mental disorders.

> Internal: ability to cope with stress, religious beliefs, frustration tolerance

> External: responsibility to children or beloved pets, positive therapeutic relationships, social supports

Protective factors for suicide include:
- Receiving effective mental health care
- Positive connections to family, peers, community, and social institutions such as marriage and religion that foster resilience
- The skills and ability to solve problems

It is important for schools to be aware of student populations that are at elevated risk for suicidal behavior based on various factors:
- LGBTQ (lesbian, gay, bisexual, transgender, or questioning) youth
- Youth living with mental and/or substance use disorders
- Youth who engage in self-harm or have attempted suicide
- Youth in out-of-home settings
- Youth experiencing homelessness
- American Indian/Alaska Native (AI/AN) youth
- Youth bereaved by suicide
- Have experienced trauma, abuse, or neglect

WARNING SIGNS

A change in behavior or the presence of entirely new behavior(s) is of concern if the new or changed behavior is related to a painful event, loss, or change. Most people who take their lives exhibit one or more warning signs, either through what they say or what they do.

- **Suicide notes.** These are a very real sign of danger and should be taken seriously.
- **Threats.** Threats may be direct ("I want to die." "I am going to kill myself.) or indirect ("The world would be better without me," "Nobody will miss me anyway," "I have no reason to live"). In adolescence, indirect clues could be offered through joking or through references in school assignments, particularly creative writing or art pieces. Young children and those who view the world in more concrete terms may not be able to express their feelings in words, but may provide indirect clues in the form of acting out, violent behavior, often accompanied by suicidal/homicidal threats.
- **Previous attempts.** 8.0% of students report attempting suicide one or more times in the previous 12 months, with 10.6% of females and 5.4% of males. (Center for Disease Control, 2015)
- **Depression (helplessness/hopelessness).** When symptoms of depression include pervasive thoughts of helplessness and hopelessness, a child or adolescent is conceivably at greater risk for suicide. Expression of being a burden to others, feeling trapped, experiencing unbearable pain, etc.
- **Masked depression.** Risk-taking behaviors can include acts of aggression, gunplay, and alcohol/substance abuse. Anger and aggression are common symptoms or presentations of depression in adolescent males, for example.
- **Final arrangements.** This behavior may take many forms. In adolescents, it might be giving away prized possessions such as jewelry, clothing, journals or pictures.
- **Self harm or suicidal gestures.** Self-mutilating behaviors occur among children as young as elementary school-age. Self-harm behaviors include running into traffic, jumping from heights, scratching/cutting/marking the body. Individuals who self-harm do not usually mean to end their lives, however, they are at higher risk for attempting suicide if they do not get help. The most widely accepted theory in understanding why self-harming occurs is that it provides the individual with a sense of emotional relief when dealing with personal problems.
- **Poor school attendance or a decline in school attendance.** Poor school attendance may be an indicator of underlying social-emotional needs which require support. If a student has poor school attendance or a sudden decline in attendance, it is advised that the school staff follow school truancy procedures as well as investigate whether the student is experiencing social-emotional distress in order to promptly offer support.
- **Inability to concentrate or think rationally.** Such problems may be reflected in children's classroom behavior, work habits, academic performance, household chores, and even conversation.
- **Changes in physical habits and appearance.** Changes may include inability to sleep or sleeping all the time, lethargy, sudden weight gain or loss, enclosed posturing, disinterest in appearance, decreased hygiene, etc.

- **Sudden changes in personality, friends, behaviors.** Parents, teachers, and peers are often the best observers of sudden changes in suicidal students. Changes can include withdrawing from normal relationships, increased absenteeism in school, loss of involvement in regular interests or activities, and social withdrawal and isolation.
- **Fixation on death and suicidal themes.** These might appear in classroom drawings, work samples, journals, or homework.
- **Plan/method/access.** A suicidal child or adolescent may show an increased focus on guns and other weapons, increased access to guns, pills, etc., and/or may talk about or allude to a suicide plan. The greater the planning, the greater the potential for completed suicide.

Responding to Warning Signs
- Refer the student immediately to school leaders, who will contact the mental health counselor or school psychologist as appropriate. Do not leave the student unsupervised.
- Remove means for self-harm if appropriate to do so
- Provide constant supervision
- Listen
- Remain calm
- Ask the youth if he or she is thinking about suicide
- Focus on your concern for their wellbeing and avoid being accusatory
- Reassure them that there is help available
- Advocate for the child. Sometimes risk factors and warning signs can be minimized in particular students. Advocate for the student until you are certain the student is safe.

INTERVENTION, ASSESSMENT, REFERRAL

Staff

Each Alpha Public Schools site's Mental Health Counselor (MHC) have received advanced training in suicide intervention and shall be designated as the primary suicide prevention liaisons. 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. The secondary liaison will be the School Psychologist assigned to each site or one of the other site's MHC.

- Under normal circumstances, the primary and/or secondary contact persons shall notify the principal, another school administrator, school psychologist or mental health 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 and district websites.
  - Blanca Alvarado: Dominique Percy (dpercy@alphaps.org); Rosalie Toren (rtoren@alphaps.org)
  - Jose Hernandez: Judy Patton (jpatton@alphaps.org); Sumaiyah Ali (sali@alphaps.org)
  - Cindy Avitia: Salsabyl Elnadi (selnadi@alphaps.org); Rosalie Toren (rtoren@alphaps.org)
  - Cornerstone Academy: Sumaiyah Ali (sali@alphaps.org)
- The principal, another school administrator, mental health 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.

Outside Resources for Support in Crisis

If the student displays active suicidal ideation and cannot commit to a safety plan, but is not judged to be in imminent medical danger, a call shall be made to the Uplift Mobile Crisis Service. If the student is in imminent medical danger (has access to a gun, is on a rooftop, or in other unsafe conditions), a call shall be made to 911. Procedures shall be followed as indicated in Alpha's Suicide Risk Assessment Document.

- 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.
- 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 Superintendent 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.

Community Resources
- Local Law Enforcement
  - Emergency: Dial 9-1-1, Non-Emergency, Dial 3-1-1
- Emergency Mental Health Services
  - Uplift Mobile Crisis Unit (408) 379-9085
  - Santa Clara County Suicide & Crisis Hotline (SACS) (855)-278-4204
- Community Mental Health Agencies
  - Uplift Family Services - (408) 379-3796
  - Bill Wilson Center - (408) 243-0222
  - Alum Rock Counseling Center - (408) 510-5190
  - Santa Clara County Department of Mental Health - 1-800-704-0900
  - YWCA - (408) 295-4011
  - Almaden Valley Counseling Service - (408) 997-0200
- Volunteer Community Crisis Counselors
  - Uplift Family Services - (408) 379-9085
  - Alum Rock - (408) 294-0579

Parents, Guardians, and Caregivers

A referral process should be prominently disseminated to all parents / guardians / caregivers, so they know how to respond to a crisis and are knowledgeable about the school and community-based resources.

Students

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.

Parental Notification and Involvement

Confidentiality of passive suicidal ideation is a legal right of minors to promote their ability to process emotions and thoughts in a safe manner, and will be breached if there is clinically assessed risk of harm to the scholar or with the scholar's consent. There will be separate operating procedures for disclosure of suicidal ideation or self harm to parents based upon assessment of risk of harm. Staff will also seek parental permission to communicate with outside mental health care providers regarding their child.

Prior suicide attempt, but reporting no current suicidal ideation
In the event a scholar reports a prior suicide attempt without current or recent ideation, the scholar will be assessed by school site counselor, school psychologist, or principal for current ideation or risk of self harm. If no risk of self harm or ideation is found, factors to be taken into consideration in notifying parent may include history of attempt(s), length of time since suicide attempt, age, developmental maturity, relationship with parent,

and emotional regulation. If no disclosure is made, documentation for clinical response in maintaining confidentiality will be made.

Passive suicidal ideation
In the event a scholar is reported to have possible suicidal ideation by self report, peer report, or notification of search history within GoGuardian, the student will be assessed for suicidal ideation by school site counselor, school psychologist, or principal. It will be determined by the assessor the severity of ideation and if parent notification is deemed necessary or to maintain confidentiality for the student. Factors to be taken into consideration that may prompt parent notification or lack thereof include: age, developmental maturity, severity and history of ideation, history of attempts or self harm, relationship with parent, and emotional regulation. If the student refuses to answer questions regarding possible suicidal ideation, in turn disallowing clinical assessment of risk, parents will be notified regarding possible risk of self harm unless disclosure may contribute to harm of the student. If no disclosure is made, documentation for clinical response in maintaining confidentiality will be made.

Self harm
In the event of self harm, the student will be assessed for suicidal ideation by school site counselor, school psychologist, or principal. The assessor will aid student in the creation of a safety plan, and discuss implementation of the plan in home, school, and other environments. Parent may be notified regarding self harm based on clinical judgment comprised of age of child, severity of self harming behavior, type of self harming behavior, co-occurring suicidal ideation, and risk of injury or death. If the parent is to be notified of the student's self harm behavior and possible suicidal ideation, discuss safety plan and implementation of plan in student's daily life, and be given community resources and other aids to support use of plans and student's mental health.

Active suicidal ideation
In the event a scholar is reported to have active suicidal ideation, the student will be assessed for suicidal ideation by school site counselor, school psychologist, or principal. The parent will receive notification immediately regarding suicidal ideation and assessor's mandated responsibility to call for emergency services.

Each school within Alpha Public Schools shall identify a process to ensure continuing care for the student identified to be at risk of suicide. The following steps should be followed to ensure continuity of care:
- After a referral is made for a student, school staff shall verify with the parent/guardian/caregiver that follow-up treatment has been accessed.
- 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 student.

In School Suicide Attempts

The following procedures are to be used following a suicide attempt at school. A suicide attempt is to be handled as both a medical and psychiatric emergency. The first and most immediate actions are designed to manage the medical emergency.

1. **Secure the scene and respond with appropriate first-aid measures.** The first priority following a suicide attempt is to do all that is possible to maintain student health and safety. All appropriate first-aid measures should be employed, including removing other students from the general area, Do not leave the student alone. If there are unsafe objects in the vicinity, remove and secure these objects, taking care to note any information that would be helpful to emergency responders.

2. **As soon as possible, call for emergency medical assistance.** Call 911 as soon as possible. Print out pertinent student information for first-responders (i.e., student demographic information in Illuminate, current medications, etc.)

3. **Keep an appropriate demeanor when talking to the student.** Remain calm, remember the student is overwhelmed, confused, and emotionally distressed. Listen to the student, and encourage them to talk.

4. **Have another staff member call the mental health counselor immediately.** The mental health counselor should remain with the student, and delegate a School Leadership Team member to contact the parents or legal guardians.

5. **The student should be transported to the hospital as soon as the appropriate medical personnel arrive.** Staff should avoid transporting the student to a hospital unless no other option exists. As a rule wait for the parents, paramedics or the police to arrive. If medical attention is needed, the student would be transported to the hospital as soon as the appropriate medical personnel arrive.

6. **Follow up by calling the appropriate contact (e.g. hospital, social worker, Uplift care team member) to determine the current status of the student.** This should be done by the mental health counselor or designee. Stay informed about progress, plans for therapy, and the school's role in helping the student when he/she returns to school. Before following up, obtain a written Release of Information signed by the parents.

7. **Follow procedures set forth in your school's Emergency Plan**. Shift intervention focus from the student who was injured or attempted suicide to other students and staff who may have been traumatized by the incident. Initiate the site-level crisis response team.

8. **Consult with school mental health providers regarding appropriate school crisis interventions.** In order to minimize possible contagion effect, if will be important to provide crisis intervention to students who are already at risk and/or who were close to the individual who was injured/attempted suicide. Consultation with mental health staff may help to determine the appropriate course of action with these students.

ACTION PLAN FOR OUT-OF-SCHOOL SUICIDE ATTEMPTS

If a staff member becomes aware of a student's <u>passive suicidal ideation</u> in an out-of-school location, the staff member will:

1. Provide the student with emergency mental health services, such as:
    a. Uplift's 24 hour Mobile Crisis Unit – 408-379-9085 or toll-free 877-412-7474
    b. Santa Clara County Suicide Crisis Line – 1-855-278-4204
    c. National Suicide Prevention Lifeline – 1-800-273-8255 (English) or 1-888-628-9454 (Spanish)

2. Contact SLT, who will contact Mental Health Counselor

3. Mental Health Counselor will perform suicide risk assessment within 24 hours. If counselor is unable to carry out assessment within 24 hours (e.g., weekend, holiday), parents will be contacted.

If a staff member becomes aware of a student's <u>active suicidal ideation</u> in an out-of-school location, the staff member will:

1. Provide the student with emergency mental health services, such as:
    ○ Uplift's 24 hour Mobile Crisis Unit – 408-379-9085 or toll-free 877-412-7474
    ○ Santa Clara County Suicide Crisis Line – 1-855-278-4204
    ○ National Suicide Prevention Lifeline – 1-800-273-8255 (English) or 1-888-628-9454 (Spanish)

2. Contact SLT, who will contact Mental Health Counselor

3. SLT or MHC will Inform the student's parent or guardian and share the need for engaging with emergency mental health services

4. Mental Health Counselors will follow up with students, family, and/or Uplift within 24 hours to confirm risk assessment outcome. MHC will perform suicide risk assessment within 24 hours if one has not been completed. If the counselor is unable to carry out assessment within 24 hours (e.g., weekend, holiday), parents will be contacted.

If a staff member becomes aware of <u>a suicide attempt</u> by a student that is in progress in an out-of-school location, the staff member will:

1. Call the police and/or emergency medical services, such as 911.

2. Inform the student's parent or guardian.

3. Inform the principal, mental health counselor and school psychologist.

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.

RE-ENTRY PROCEDURES

A student who attempted / made a serious threat of suicide is at greater risk for a suicide in the months following the crisis; therefore, it is extremely important to closely monitor his or her reentry into school and to maintain close contact with parents and mental health professionals working with the student.

Assuming the student will be absent after a suicide attempt/serious threat and possibly hospitalized in a treatment facility, schools should follow these steps:

1. **As soon as possible,** obtain a written Release of Information signed by the parents. This makes it possible for confidential information to be shared between the school personnel and treatment providers.
2. Seek recommendations for aftercare from the student's therapist and/or hospital that treated the student. Request a copy of the student's discharge paperwork.
3. **Within 3 school days,** convene either a Crisis Response Team meeting, comprised of appropriate school leaders, teachers, and mental health counselor. The meeting should address any updates on student's hospitalization status and projected return, communication with family and appropriate resources, and communication with teachers (days of absence, assignments).
4. Ask returning student or parent/legal guardian if he/she has special requests about what is said/done by school.
5. **Prior to the student returning to campus,** convene a re-entry meeting, using the [Student Re-Entry Form](#) - this team should include the mental health counselor, school leader, parent, and (if appropriate) student.
6. **Once the student returns to school**, a school crisis team member should maintain regular contact with the student. If the student has a previous, positive relationship with a trusted staff member, provide support to that staff member in maintaining ongoing contact with the student.
7. The school crisis team member should convey relevant non-confidential information to appropriate school staff regarding the aftercare plan.
8. The mental health counselor should maintain contact to collaborate with the outpatient team or parent/legal guardian to provide progress reports and other appropriate information, and be kept informed of any changes in the aftercare plan.
9. **Within 1 week of the student's return,** Crisis Response Team will convene to discuss appropriate next steps for long-term scholar support; possible options include: ongoing Crisis Response Team meetings, add to mental health counselor's caseload for 6 week cycle, refer for an SST, convene an IEP team, recommend a SPED assessment, etc.

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 that we are prepared ahead of time in the event of such a tragedy. The Mental Health Counselors at Alpha Public Schools shall ensure that each school site adopts an action plan for responding to a suicide death as part of the general Crisis Response Plan. The Suicide Death Response Action Plan (Suicide Postvention Response Plan) needs to incorporate both immediate and long-term steps and objectives.

Student Leadership Team (SLT)
- Suicide Postvention Response Plan shall:
  - Identify a staff member to confirm death and cause (school site administrator);
  - Identify a staff member to contact deceased's family (within 24 hours);
  - Enact the Suicide Postvention Response Plan, include an initial meeting of the district/school Crisis Response Team;
  - Notify all staff members (ideally in-person or via phone, not via e-mail or mass notification).
- Coordinate an all-staff meeting, to include:
  - Notification (if not already conducted) to staff about suicide death;
  - Emotional support and resources available to staff;
  - Notification to students about suicide death and the availability of support services (if this is the protocol that is decided by administration);
  - Share information that is relevant and that which you have permission to disclose.
- Prepare staff to respond to needs of students regarding the following:
  - Review of protocols for referring students for support/assessment;
  - Talking points for staff to notify students;
  - Resources available to students (on and off campus).

Crisis Response Team
- Identify students significantly affected by suicide death and other students at risk of imitative behavior;
- Identify students affected by suicide death but not at risk of imitative behavior;
- Consider practical constraints and solutions, e.g. space for counseling services
- Include long-term suicide postvention responses:
  - Consider important dates (i.e., anniversary of death, deceased birthday, graduation, or other significant event) and how these will be addressed.
  - Support siblings, close friends, teachers, and/or students of deceased.
  - Consider long-term memorials and how they may impact students who are emotionally vulnerable and at risk of suicide.

Mental Health Counselor
- Collaborate with SLTs to designate a "grieving space" where students can receive pop in support, staffed by Mental Health Counselors and SLT.
- Clear space in schedule to respond to higher numbers of student check-in requests, develop triage system.

- Collaborate with other school site mental health counselors to facilitate increased individual and group grief counseling services for the impacted campus.
- Provide Tier 1 support to school, with particular emphasis on vulnerable classes that may be widely affected by students death.
- Provide scholars and families with long term counseling resources provided by outside agencies.

Network Staff
- Respond to memorial requests in respectful and non-harmful manner; responses should be handed in a thoughtful way and their impact on other students should be considered;
- Identify media spokesperson skilled to cover story without the use of explicit, graphic, or dramatic content (go to the Reporting on Suicide.Org Web site at www.reportingonsuicide.org). Research has proven that sensationalized media coverage can lead to contagious suicidal behaviors. If you are contacted by the media, immediately direct them to Jennie Taing (jtaing@alphaps.org) and Shara Hegde (shegde@alphaps.org)
- Utilize and respond to social media outlets:
  - Identify what platforms students are using to respond to suicide death
  - Identify/train staff and students to monitor social media outlets
- Coordinate additional supports via community service agencies, in conjunction with the parent learning center.

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
- 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
- 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/
- Assessing and Managing Suicide Risk (AMSR) is a one-day training workshop for behavioral health professionals based on the latest research and designed to help participants provide safer suicide care. See the Suicide Prevention Resource Center Web page at http://www.sprc.org/training-events/amsr
- 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
- 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/

CREDITS

Based on California Department of Education's Youth Suicide Prevention guidance and model policy, which can be found here:
https://www.cde.ca.gov/ls/cg/mh/suicideprevres.asp

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Suicidality Risk Assessment

STUDENT INFORMATION   Date/Time: _____

Student: _____   Age: _____   Gender: _____
School: _____   Grade: _____
Parent/Guardian: _____   Phone Number: _____
Assessor: _____

Student Referred By: **Description of Risk Threat:**
☐ Self   ☐ Teacher   ☐ suicidal ideation: ☐ verbal ☐ writing ☐ drawing
☐ Parent   ☐ School Leader   ☐ google search   ☐ social media post
☐ GoGuardian
                                              ☐ self-harm:
☐ Other: _____   method of self-harm:
_____
                                                    bodily location:

- Do you have thoughts of hurting yourself/ending your life?
- Tell me more about these thoughts…
- How often do they occur?
- How long do that last?
- How likely are you to act on these thoughts?

- Before today have you tried to hurt yourself/attempt to end your life?
    In what way?
- What happened to cause these thoughts?
- Did you try anything to help make them go away?
- How often do you engage in self-harm?

- Do you have a plan to end your life?
    Do you have a plan to end your life today?
- Have you thought about how you might do it?
- How would you get these things (pills, razors, etc)?

Additional Notes/Comments:

The risk levels described are designed to assist you in determining suicide risk, but is not an absolute measure of risk.	
☐ Student relayed no suicidal ideation. Comments:	**Mandatory Next Steps:** ☐ Consult with on-site counselor (or another counselor if not available) by end of day
Risk Level I: Thoughts of suicide, **but no**: previous attempts, plan, intent, means, immediate suicides, direct or indirect threats, major change in personality, evidence of self harm in written/non-written work.	**Risk Level 1 - Mandatory Next Steps:** ☐ Consult with on-site counselor (or another counselor if not available) by end of day
Risk Level 2: Suicidal ideation, plan, possible self-injury, **but no**: intent, means, previous attempts, or recent suicides among family/friends or high profile suicide in media or community, alcohol/drug use, or change in medication. Willing to complete Safety Plan.	**Risk Level 2 Mandatory Next Steps:** ☐ Consult with on-site counselor (or another counselor if not available) by end of day ☐ Contact parent/guardian and give resources ☐ Fill out Student Safety Plan--identify support systems on campus ☐ Complete follow up with student and parent when student returns
Risk Level 3: Ideation, plan, means, intent, cannot commit to being safe, previous suicide attempts, previous hospitalization for mental health, recent trauma, depression signs, recent suicide in family or friend, recent suicide/goodbye letter, alcohol/drug use, repetitive self-injurer, access to lethal methods, changes in medication, lack of support system.	**Risk Level 3 Mandatory Next Steps:** ☐ Consult with on-site counselor (or another counselor if not available) by end of day ☐ Refer to Uplift for an Emergency Evaluation (408) 379-9085 ☐ Complete Emergency Evaluation Form & Release of Information ☐ Release ONLY to parent or guardian who commits to seek an immediate mental health assessment OR to Uplift if parent is unavailable or uncooperative. ☐ Complete follow up with student and parent when student returns to school ☐ Upon return, fill out Student Safety Plan--identify support systems on campus

Next Steps

☐ Parent/Guardian Contacted - Date/Time: _____
  ● Notes: _____
☐ Safety Plan with all required signatures
☐ Resources Provided to Parent/Guardian, including: _____
☐ Outside Referral Made: _____
☐ CPS Report Filed (if applicable)
☐ Counselor contacted _____ on (date/s) _____
☐ Principal/Vice Principal contacted _____ on (date/s) _____
☐ Student check-in with: _____ on (date) _____
☐ Other: _____

ALPHA PUBLIC SCHOOLS
STUDENT SAFETY PLAN

Purpose: The purpose of this plan is to build the student's support system on campus. By connecting students to a team of identified staff members we are providing a safety net of individuals that the student can turn to in time of need, and the staff can check in on the student, encouraging students to follow their safety plan. It is recommended that a minimum of 3 staff be identified to contact for a minimum of two weeks and re-evaluated for modification after that time.

Student Name: _____ Staff Name: _____
Parent Name: _____ Date: _____

Student Agreement

If I experiences any of the following triggers (feelings, thoughts, or self-injurious behaviors):

Feelings:
_____

Thoughts:
_____

Behaviors:
_____

I agree to follow this plan:

_____

_____

_____

_____

By signing this Safety Plan, I am agreeing to do what is listed above.

Student Signature: _____ Date:

Staff member: _____ Date:

Make a copy for the student, keep the original. File in counselor's confidential file, NOT cumulative file.

CALL 911 FOR IMMEDIATE SAFETY ISSUES.
Call Uplift's 24-Hour Mobile Crisis Line for mental health concerns outside of school (408) 379-9085

ALPHA PUBLIC SCHOOLS
STUDENT SAFETY PLAN
COPING SKILLS CHECKLIST (for staff to use as needed)

Triggers: When these things happen I am more likely to feel unsafe and upset.

Coping Skills: These are things that might help me calm down and keep myself safe when I'm feeling upset.

(Check what you know works and circle what you would like to try)

□ Deep breathing   □ Listening to Music   □ Reading a book   □ Sitting with staff

□ Pacing   □ Talking with someone   □ Humor   □ Exercising   □ Writing

□ Hugging a stuffed animal   □ Taking a shower   □ Cold cloth on face   □ Lying down

□ Screaming into pillow   □ Holding ice in my hand   □ Mindful walk with adult

□ Male staff support   □ Female staff support   □ Other: _____

Warning Signs: These are things that other people may notice me doing when I begin to lose control.

□ Sweating   □ Breathing Hard   □ Clenching teeth   □ Clenching fists

□ Red faced   □ Wringing hands   □ Loud voice   □ Sleeping a lot   □ Crying

□ Sleeping less   □ Overactive   □ Swearing   □ Bouncing legs   □ Rocking

□ Can't sit still   □ Being rude   □ Pacing   □ Hurting things   □ Eating less

□ Not taking care of myself   □ Isolating/avoiding   □ Laughing loudly/excessively giddy

□ Singing inappropriately   □ Other: _____

Problem Behaviors: These are behaviors I sometimes show, especially when I'm stressed.

□ Losing Control   □ Assaulting people   □ Feeling like I want to hurt myself

□ Trying to or actually hurting myself   □ Threatening others   □ Feeling unsafe

□ Running away   □ Other: _____

THINGS THAT MAKE IT WORSE: These are things that do <u>NOT</u> help me calm down or stay safe

□ Being Alone   □ Being Around People   □ Humor   □ Not being listened to □ Peers teasing □

Being disrespected   □ Loud voice tone   □ Being Ignored   □ Having staff support   □

Talking to an adult   □ Being reminded of the rules   □ Being touched

□ Other: _____

Alpha Public Schools
Parent Notification Form

I, _____, have been informed that the school has serious concern about my child, _____, and his/her thoughts of suicide or self-harm (circle one).

I understand that by signing this form I am acknowledging that the school is fulfilling its duty to notify me regarding a matter involving my child's safety and that professional counseling is recommended to begin immediately.

☐   Referrals to local counseling services have been provided to me and I understand that it is recommended that I contact one of them directly to schedule an appointment to obtain professional counseling services for my child.

OR

☐   Referrals for an emergency evaluation for suicide risk have been given to me and I understand that it has been recommended that I take my child to one of these agencies immediately to help ensure the safety of my child. (See Emergency Evaluation Form)

☐   I understand that a school counselor/school psychologist will have a mandatory follow up meeting with me and my child on (no later than 2 weeks) _____.

_____   _____
Parent/Legal Guardian Signature   Date

_____
 Signature of Assessor

Make a copy for the parent, keep the original. File in counselor's confidential file, NOT cumulative file.

EMERGENCY EVALUATION FORM

Blanca Alvarado School &
Jose Hernandez School
1601 Cunningham Ave
95122
San Jose, CA 95122

Cindy Avitia High School
1881 Cunningham Ave
San Jose, CA

Cornerstone Academy
Preparatory School
1598 Lucretia Ave
San Jose, CA 95122

TO: Mental Health Professional   DATE: _____
           Evaluator for 5150

FROM (Name/Title): _____   SCHOOL: _____

SUBJECT: (Student's Name) _____

The above student told me the following:

☐   Student said that he/she had been thinking about suicide, the last time he/she thought about
       suicide was _____ but is not clear with the thought.

☐   Student said that he/she had a plan, but will not divulge: _____
       _____.

☐   Student indicated that he/she had previously attempted suicide on _____ by
       means of _____.

Other Important Information:
_____
_____
_____
_____
_____

This is a recommendation for further psychological evaluation for suicide based on the following:
☐   Risk Assessment Interview
☐   Other:_____

If you should have any questions, please call _____ at _____ .
Upon the student's return to school I would like to meet with him/her and the parent(s)/guardian(s) to
determine how the school can assist with a mandatory follow up plan.

<u>Immediate/Emergency Support:</u>

1.   Uplift Crisis Stabilization (formerly EMQ): (408) 379-9085

The Mobile Crisis Program provides 24-hour intervention to children and adolescents in the community who are experiencing acute psychological crisis. Included are a 5150 assessment (mental health hospitalization) along with safety planning and referrals to community based mental health services. Length of service is two to four hours.

2.   Crisis Call Center (National Suicide Prevention Lifeline): (800) 273-8255

3.   Alum Rock Counseling Center - Crisis Line: (408) 294-0579

<u>Community Counseling Resources (long term support):</u>

1.   Santa Clara County, Department of Mental Health
   ● 800.704.0900 | http://www.sccgov.org/sites/mhd/Pages/default.aspx
   ● This will take you to a call center, they will take information, and refer you to the appropriate agency
   ● *This process can take a while, as there is generally a waiting list*

2.   YWCA
   ● (408) 295-4011 | http://ywca-sv.org/contact/index.php | 375 S. 3rd Street in San Jose
   ● Income based sliding scale available

3.   Gardner Health Services
   ● (408) 918-2600 | http://www.gardnerfamilyhealth.org/ | 160 E. Virginia Street in San Jose
   ● You must call the call center at (800) 704-0900 prior to calling the number above

4.   Almaden Valley Counseling Service
   ● (408) 975-2963 | http://www.avcounseling.org/ | 6529 Crown Blvd Suite D in San Jose

5.   Uplift Family Services (Formerly *EMQ Families First*)
   ● (408) 379-3796 | http://upliftfs.org/ | 1310 Tully Road, Suite 101 in San Jose
   ● Medi-Cal accepted

6.   Alum Rock Counseling Center
   ● (408) 510-5190 | http://www.alumrockcc.org | 75 E. Santa Clara Street in San Jose

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Student Re-Entry Plan

This form is intended to help guide school teams through a successful school re-entry process following suspension from school and/or psychiatric hospitalization.

Student: _____ Date: _____

School: _____ Grade: _____

Re-entry plan for:
☐ first suspension - reason for suspension: _____

☐ repeated suspension - reason for suspension: _____

☐ psychiatric hospitalization - inpatient staff contact: _____

SECTION 1
If this is the student's FIRST SUSPENSION complete only this section

Academic Needs
☐ Does student have academic needs?
    ☐ If yes, list: _____

    ☐ Academic support: _____

☐ Determine policy for missed work, grading

Behavior Needs
☐ Does student have behavior needs?
    ☐ If yes, list: _____

    ☐ Behavior support: _____

SECTION 2
If student has received REPEATED SUSPENSIONS complete only sections 1 and 2

History of Suspensions (number, cause, etc)**:** _____
_____

Academic Needs
☐ Collaborate with stakeholders to determine academic strategies/accommodations to increase student engagement

Behavior Needs
☐ Collaborate with stakeholders to determine behavioral strategies/accommodations to increase student engagement

Family Needs
☐ Help link parents to community resources, if needed

Notes:

SECTION 3
If the student underwent PSYCHIATRIC HOSPITALIZATION complete sections 1, 2, and 3

Indicate stakeholders involved in re-entry process:

☐ Student   ☐ Parent(s)   ☐ Classroom Teacher(s)   ☐ School Counselor   ☐ School Psychologist

☐ School Admin: _____   ☐ Education Specialist

☐ Others, as appropriate (please list): _____

PRIOR TO SCHOOL RE-ENTRY

Safety Needs
☐ Complete safety plan with student (indicate with whom and how often check-ins will occur)
☐ Share safety plan with relevant stakeholders
☐ Additional safety needs identified by student: _____

Academic Needs
☐ Inform teacher(s) about absence
☐ Inform teacher(s) of medications and side effects (only if medication will impact learning)
☐ Additional academic needs identified by student: _____

Social/Emotional Needs
☐ Obtain all applicable release(s) of information
☐ Contact inpatient staff to determine interventions needed to promote student adjustment, stress management
☐ Inform teacher(s) about symptomatology
☐ Inform teacher(s) of behavioral strategies/accommodations to promote student transition
☐ Help student develop plan for answering questions/comments by staff and peers about absence
☐ Help student identify supportive adults and peers at school
☐ Additional social/emotional needs identified by student: _____

Family Needs
☐ Contact parents to determine family needs
☐ Help link to outpatient therapist, if needed
☐ Help link to social support (NAMI, etc), if needed
☐ Additional family needs identified by student: _____

FOLLOWING SCHOOL RE-ENTRY

☐ Monitor student's progress (ex: no rehospitalization, fewer risk assessments, increased classwork engagement, fewer behavior referrals, fewer check-ins needed, etc)
☐ Maintain ongoing contact with parents (and outpatient therapist, if needed)

☐ Schedule team meeting to review student's progress
Notes: