

Da Vinci Schools

Policy and Procedures

SUICIDE PREVENTION

The Board of Trustees recognizes that suicide is a leading cause of death among young people and that an even greater amount of youth consider and attempt suicide. As students spend a significant amount of their young lives in school, school personnel who regularly interact with them are in a prime position to recognize the warning signs of suicide and to offer appropriate referral and/or assistance. As such, Da Vinci Schools has an ethical responsibility to take a proactive approach in preventing deaths by suicide, and to equip school personnel with the knowledge, tools, and resources to respond. Da Vinci Schools must also work to create a safe and nurturing school environment that minimizes suicidal ideation in students.

Recognizing that it is the duty of Da Vinci 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.

In an attempt to reduce suicidal behavior and its impact on students and families, the Chief Executive Officer or designee shall develop measures and strategies for suicide prevention, intervention, and postvention, and the identification of the mental health challenges frequently associated with suicidal thinking and behavior. The Chief Executive Officer or designee shall consult with school-employed mental health professionals (*e.g.*, school 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 Da Vinci Schools' strategies for suicide prevention and intervention.

The Board shall be review, and if necessary, update, this policy at least every five years.

Scope

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

Prevention

The Chief Executive Officer shall appoint a suicide prevention coordinator who is responsible for planning and coordinating implementation of this policy. In addition, each school principal

shall identify at least one staff member to serve as the school suicide prevention coordinator, and coordinate and implement suicide prevention activities on their specific campus.

Schools that issue student identification cards shall have printed on either side of the cards the telephone number for the National Suicide Prevention Lifeline, 1-800-273-8255. The Crisis Text Line, which can be accessed by texting HOME to 741741, and a local suicide prevention hotline telephone number may also be printed on either side of the student identification cards.

Da Vinci Schools' suicide prevention policy shall be distributed annually, posted on its website, and included in all student and teacher handbooks. Each school shall determine the method to provide information to parents/guardians regarding risk factors and warning signs of suicide, the severity of the suicide problem among youth, its suicide prevention curriculum, basic steps for healing suicidal youth, and/or school and community resources that can help youth in crisis.

Staff Development

All staff shall receive annual training on the risk factors and warning signs of suicide, suicide prevention, intervention, referral, and postvention. The training shall include research and information regarding the following components:

1. Individual risk factors such as previous suicide attempt(s) or self-harm, history of depression or mental illness, family history of suicide or violence, feelings of isolation, interpersonal conflicts, a recent severe stressor or loss, family instability, impulsivity, and other factors
2. Warning signs that may indicate depression, emotional distress, or suicidal intentions, such as changes in students' personality or behavior and verbalizations of hopelessness or suicidal intent
3. Protective factors that may help to decrease a student's suicide risk, such as resiliency, problem-solving ability, access to mental health care, and positive connections to family, peers, school, and community
4. The needs of high-risk groups, including but not limited to students: bereaved by suicide; with a history of suicide ideation or attempts; with disabilities, mental illness, or substance use disorders; experiencing homelessness or in out-of-home settings, such as foster care; who are lesbian, gay, bisexual, transgender, or questioning youth; who have suffered traumatic experiences
5. Instructional strategies for teaching the suicide prevention curriculum and promoting mental and emotional health
6. School and community resources and services, including resources and services that meet the specific needs of high-risk groups
7. Appropriate ways to interact with a student who is demonstrating emotional distress or is suicidal and procedures for intervening when a student attempts, threatens, or discloses the desire to die by suicide, including, but not limited to, appropriate protocols for monitoring

the student while the immediate referral of the student to medical or mental health services is being processed

8. Procedures for responding to the aftermath of suicidal behavior and after a suicide has occurred

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

Suicide prevention trainings shall be offered under the direction of school-employed mental health professionals (*e.g.*, school counselors, psychologists, or social workers) who have received advanced training specific to suicide and/or in 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.

Instruction

Da Vinci School's comprehensive health education program shall promote the healthy mental, emotional, and social development of students and shall be aligned with the state content standards and curriculum framework. Developmentally-appropriate, student-centered education materials will be integrated into the curriculum of all advisory classes. The content of these age-appropriate materials will include:

1. The importance of safe and healthy choices
2. How to develop coping strategies, resiliency skills, and self-esteem
3. How to recognize risk factors and warning signs of mental disorders and suicide in oneself and others
4. Help-seeking strategies for oneself or others, including how to engage school and/or community resources and refer friends for help, recognizing that there is no stigma associated with seeking services for mental health, substance abuse, and/or suicide prevention

Intervention

Students shall be encouraged to notify a teacher, counselor, administrator, or other trusted adult when they are experiencing thoughts of suicide or when they suspect or have knowledge of another student's suicidal intentions.

Every statement regarding suicidal intent shall be taken seriously. Whenever a staff member suspects or has knowledge of a student's suicidal intentions based on the student's verbalizations or act of self-harm, the staff member shall promptly notify the principal or school suicide prevention coordinator, who shall implement Da Vinci Schools' intervention protocols as appropriate.

Although any information of a personal nature disclosed to a school counselor by a student 12 years of age or older shall generally not be revealed, released, referenced, or discussed with third parties, the counselor may report to the principal or student's parents/guardians when there is reasonable cause to believe that disclosure is necessary to avert a clear and present danger to the health, safety, or welfare of the student or others within the school community. In addition, the counselor may disclose information of a personal nature to psychotherapists, other health care providers, or the school nurse for the sole purpose of referring the student for treatment.

School employees shall act only within the authorization and scope of their credential or license. An employee is not authorized to diagnose or treat mental illness unless specifically licensed and employed to do so.

When a suicide attempt or threat is reported, the following steps, when appropriate and necessary, shall be taken to ensure the student's safety:

1. Immediately securing medical treatment and/or mental health services
2. Notifying law enforcement and/or other emergency assistance if a suicidal act is being actively threatened
3. Continuously supervising the student until the parent/guardian and/or appropriate support agent or agency can be contacted and has the opportunity to intervene
4. Removing all other students from the immediate area as soon as possible

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

The principal or school suicide prevention coordinator shall document the incident in writing, including the steps that the school took in response to the suicide attempt or threat.

Parental Notification and Involvement

In situations where a student is assessed at risk for suicide or has made a suicide attempt, the student's parent/guardian shall be informed as soon as practicable by the principal, school suicide prevention coordinator, or school-employed mental health professional.

If the student has exhibited any kind of suicidal behavior, the parent/guardian may be counseled on "means restriction," limiting the child's access to mechanisms for carrying out a suicide attempt. Staff shall also obtain parent consent to communicate with outside mental health care providers regarding the student.

The principal, school-employed mental health professional, or school suicide prevention coordinator shall provide referrals to appropriate services, as needed, in a timely manner. If the parent/guardian does not access treatment for the student, the school-employed mental health professional, principal, or school suicide prevention coordinator may meet with the parent/guardian to identify barriers to treatment and assist the family in providing follow-up care for the student. If follow-up care is still not provided, the school-employed mental health

professional, principal, or school suicide prevention coordinator shall consider whether it is necessary, pursuant to laws for mandated reporters of child neglect, to refer the matter to the local child protective services agency.

If the principal, school suicide prevention coordinator, or school-employed mental health professional believes, in his/her professional capacity, that contacting the parent/guardian would further endanger the health or well-being of the student, he/she may delay such contact as appropriate. If contact is delayed, the reasons for the delay shall be documented.

Re-Entry Procedure

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

1. A school-employed mental health professional or other designee shall be identified to coordinate with the student, his/her parent/guardian, and any outside mental health care providers.
2. The parent/guardian shall provide documentation from a mental health care provider that the student has undergone examination and that he/she is no longer a danger to himself/herself or others.
3. The designated staff person shall periodically check in with the student to help him/her readjust to the school community and address any ongoing concerns.

Postvention

In the event that a student dies by suicide, the Chief Executive Officer or designee shall communicate with the student's parents/guardians to offer condolences, assistance, and resources. In accordance with the laws governing confidentiality of student record information, the Chief Executive Officer or designee shall consult with the parents/guardians regarding facts that may be divulged to other students, parents/guardians, and staff.

The Chief Executive Officer or designee shall implement procedures to address the grief of students and staff and to minimize the risk of imitative suicide or suicide contagion. The Chief Executive Officer or designee shall provide students, parents/guardians, and staff with information, counseling, and/or referrals to community agencies as needed. Staff may receive assistance from school counselors or other mental health professionals in determining how best to discuss the suicide or attempted suicide with students.

After any suicide or attempted suicide by a student, the Chief Executive Officer or designee shall provide an opportunity for all staff who responded to the incident to debrief, evaluate the effectiveness of the strategies used, and make recommendations for future actions.

External Communication

Any response to media inquiries shall be handled by the spokesperson designated by the Chief Executive Officer. Staff shall refer all inquiries from the media directly to the spokesperson. The spokesperson shall not divulge confidential information, speculation about victim motivation, means of suicide, or personal information of family members, but shall:

1. Respond to all media inquiries.
2. Keep the Chief Executive Officer and suicide prevention coordinator informed of school actions relating to the death.
3. Address facts of the death, postvention plans, and available school and community resources.

Legal Reference:

EDUCATION CODE

215 Student suicide prevention policies
215.5 Suicide prevention hotline contact information on student identification cards
216 Suicide prevention online training programs
32280-32289 Comprehensive safety plan
47605 Establishment of charter schools within a school district
47605.6 Establishment of county-wide charter school
49060-49079 Student records
49602 Confidentiality of student information
49604 Suicide prevention training for school counselors

GOVERNMENT CODE

810-996.6 Government Claims Act

PENAL CODE

11164-11174.3 Child Abuse and Neglect Reporting Act

WELFARE AND INSTITUTIONS CODE

5698 Emotionally disturbed youth; legislative intent
5850-5883 Children's Mental Health Services Act

Adopted: February 20, 2019