

**LIBERTY ELEMENTARY SCHOOL  
DISTRICT**



**Suicide Prevention Plan  
2023-2028**

**Board Approved on August 8, 2023**

**LIBERTY ELEMENTARY SCHOOL DISTRICT**

1771 E. Pacific Ave.

Tulare, CA 93274

Phone: (559) 686-1675

Fax: (559) 686-2879

## Table of Contents

Suicide Prevention Policy for Grade K-6, 7-12	3
Purpose, Background, and Scope	3
Suicide Prevention	4
Suicide Prevention Training and Education	4-7
Employee Qualifications and Scope of Services	6
Resources	7
Intervention, Assessment, Referral	8-12
Postvention	12
Resources	14
Definitions	15-16

## **Suicide Prevention Policy for Grades K-6 and 7-12 (AB 1767 and AB 2246)**

Liberty Elementary School District Board of Trustees recognizes that suicide is a leading cause of death among youth and that school personnel who regularly interact with students are often in a position to recognize the warning signs of suicide and to offer appropriate referral and/or assistance. In an effort to reduce suicidal behavior and its impact on students and families, the principal or designee shall develop measures and strategies for suicide prevention, intervention, and postvention.

In developing measures and strategies for use by the district, the Superintendent or designee shall consult with school and community stakeholders such as administrators, other staff, parents/guardians, and students; school-employed mental health professionals such as school counselors, school psychologists, school social workers, and school nurses; suicide prevention experts such as local health agencies, mental health professionals, and community organizations; law enforcement; and, in developing policy for grades K-6, the county mental health plan. (Education Code 215)

### **LIBERTY NON-DISCRIMINATION STATEMENT**

Liberty Elementary School District is committed to providing equal opportunity for all individuals in education. District programs, activities, and practices shall be free from discrimination based on race, color, ancestry, national origin, ethnic group identification, age, religion, marital or parental status, physical or mental disability, sex, sexual orientation, gender, gender identity or expression, or genetic information; the perception of one or more of such characteristics; or association with a person or group with one or more of these actual or perceived characteristics. The following person has been designated to handle inquiries regarding the non-discrimination policies:

Dr. Deanna Cardoza, Superintendent, 1771E. Pacific Ave., Tulare, CA 93274, 559-686-1675.

### **Purpose, Background and Scope**

The purpose of this document is to serve as Liberty Elementary School District's written Suicide Prevention Plan in compliance with AB 2246 as initially approved June 13, 2017, then updated and approved on August 8, 2023.

Liberty recognizes that, while all students are at risk for suicide, certain groups of students are at high risk, including, but not limited to, students who are bereaved by suicide; students who engage in self-harm or have attempted suicide; students with disabilities, mental illness, or substance use disorders; students who are experiencing homelessness or who are in out-of-home settings such as foster care; and students who are lesbian, gay, bisexual, transgender, or questioning youth.

## **Prevention**

### **A. Messaging about Suicide Prevention**

Messaging about suicide has an effect on suicidal thinking and behaviors. All materials and resources used in awareness efforts are critically reviewed to ensure they align with best practices for safe messaging about suicide.

#### Resources:

- 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://resourcecenter.yourvoicecounts.org/content/making-headlines-guide-engaging-mediasuicide-prevention-california-0>
- For information on how to use social media for suicide prevention, see the Your Voice Counts Web page at <http://resourcecenter.yourvoicecounts.org/content/how-use-social-media>

### **B. Suicide Prevention Training and Education**

Training shall be developmentally appropriate, student-centered education materials will be presented to Kindergarten through 8<sup>th</sup> grade students annually. The content of these age-appropriate materials will include: the importance of safe and healthy choices and coping strategies, how to recognize risk factors and warning signs of mental disorders and suicide in oneself and others, and help-seeking strategies for oneself or others, including how to access school resources and refer friends for help.

#### Employee Training:

- At least annually, all staff shall receive training on the risk factors and warning signs of suicide, suicide prevention, intervention, referral, and postvention.
- All 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 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, primarily through SafeSchools training programs. Core components of the general suicide prevention training shall include:

- Suicide risk factors, warning signs, and protective factors;
  - 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.
- Professional development and training shall also 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;

Resources:

- 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>

- Youth Suicide Prevention support is available on the CDE Youth Suicide Prevention Web page at <https://www.cde.ca.gov/ls/mh/suicideprevres.asp>

### **C. Employee Qualifications and Scope of Services**

Employees of the district and/or contracted services with the Tulare County Office of Education (TCOE) and their partners, or school partnership agencies 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.

### **D. 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, the school shall share with parents/guardians/caregivers the Liberty Elementary School suicide prevention policy and procedures.
- This suicide prevention policy shall be prominently displayed on the Liberty School Web page at <https://www.libertyelementary.org>
- 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.

#### Resource:

- 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/>

## **E. Student Participation and Education**

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 will be incorporated into classroom curricula (e.g., health classes, and physical education).

Employees of the district or contracted services with the Tulare County Office of Education (TCOE) and their partners, 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).

### **Community Resources**

Mental Health Services are available locally through:

- Tulare Youth Services Bureau (TYSB) Hotline 559-688-2043
- Tulare County Psychiatric Emergency Team (PET) (after hours crisis intervention) 559-730-9922
- National Hotline is available 24 hours per day 7-days a week
- Call and/or SMS: 9-8-8; Suicide and Crisis Lifeline – Speak with someone 24-hours a day

Resources:

- 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

## **Intervention, Assessment, Referral**

### **A. Staff**

Employees of the district and specialized TCOE mental health staff, who have received advanced training in suicide intervention, shall be designated as the primary and secondary 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.

- Under normal circumstances, the primary and/or secondary contact persons shall notify the principal, another school administrator, school psychologist or school social worker, if different from the primary and secondary contact persons. The Primary and Secondary Suicide Prevention Liaisons at Liberty School shall be the School Psychologist, Social Worker, Principal and Superintendent, respectively.
  - **Primary Suicide Prevention Liaison** – Tessa Wilson, Liberty School Psychologist; and/or Kathia Valdez, TCOE School Psychologist
  - **Secondary Suicide Prevention Liaison** – Lorena Campana, TCOE Social Worker
  - **Tertiary Suicide Prevention Liaison** – Stesha Newkirk, Principal and/or Dr. Deanna Cardoza, Superintendent
- The principal, another school administrator, school social worker, 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.
- If the student is in imminent danger (has access to a gun, is on a rooftop, or in other unsafe conditions), 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.
- 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 a student or adult on campus or at a school-sponsored activity makes an attempt.

## **B. 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.

## **C. 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.

## **D. Parental Notification and Involvement**

Liberty 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. Parents/guardians/caregivers will be required 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 (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 Welfare Services (CWS) to report neglect of the child. Contact the Tulare County Child Welfare Services hotline:
  - **1-800-331-1585**

## **E. Action Plan for In-School Suicide Attempts**

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. The following steps should be implemented:

- Remain calm, remember the student is overwhelmed, confused, and emotionally distressed;
- Move all other students out of the immediate area;

- Immediately contact the administrator or suicide prevention liaison who will then notify the Crisis Team. If the administrator (principal and/or superintendent) are not available, notify one of the **Crisis Team Members**.

**Crisis Team Members:**

- Liberty Psychologist, Tessa Wilson 559-686-1675 x218
  - Steve McMahon, IRC Staff 559-686-1675
  - Chelsea Leyendekker, RN 559-686-1675 x205
  - Dr. Deanna Cardoza, Superintendent 559-686-1675 x203
  - Stesha Newkirk, Principal 559-686-1675 x162
  - Lorena Campana, TCOE Social Worker 559-686-1675 x113
  - Kathia Valdez, TCOE Psychologist 559-686-1675
- Call 911 and give them as much information about any suicide note, medications taken, and access to weapons, if applicable;
  - If needed, provide medical first aid until a medical professional is available;
  - Parents/guardians/caregivers should be contacted as soon as possible;
  - Do not send the student away or leave them alone, even if they need to go to the restroom;
  - Listen and prompt the student to talk;
  - Review options and resources of people who can help;
  - Be comfortable with moments of silence as you and the student will need time to process the situation;
  - Provide comfort to the student;
  - Promise privacy and help, and be respectful, but do not promise confidentiality;
  - Student should only be released to parents/guardians/caregivers or to a person who is qualified and trained to provide help.

**F. Action Plan for Out-of-School Suicide Attempts or Threat**

When an out-of-school suicide attempt or threat is reported, it is crucial that the LEA protects the privacy of the student and maintain a confidential record of the actions taken to intervene, support, and protect the student. The following steps should be implemented:

- Contact the parents/guardians/caregivers and offer support to the family;

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

### **G. Supporting Students after a Mental Health Crisis**

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. The following steps should be implemented after the crisis has happened:

- Treat every threat with seriousness and approach with a calm manner; make the student a priority;
- Listen actively and non-judgmental to the student. Let the student express his or her feelings;
- Acknowledge the feelings and do not argue with the student;
- Offer hope and let the student know they are safe and that help is provided. Do not promise confidentiality or cause stress;
- Explain calmly and get the student to a trained professional, guidance counselor, or designated staff to further support the student;
- Keep close contact with the parents/guardians/caregivers and mental health professionals working with the student.

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

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 following steps shall be implemented upon re-entry:

- Obtain a written release of information signed by parents/guardians/caregivers and providers.
- Obtain a Health and Education Plan-Physician Report from the physician and a Consent Form from the parents/guardians/caregivers.
- Confer with student and parents/guardians/caregivers about any specific requests on how to handle the situation;
- Inform the student’s teachers about possible days of absences;
- Allow accommodations for student to make up work (be understanding that missed assignments may add stress to student);
- Mental health professionals or trusted staff members should maintain ongoing contact to monitor student’s actions and mood;
- Work with parents/guardians/caregivers to involve the student in an aftercare plan.

Resource:

- 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/](http://www.mhrsonline.org/resources/suicide%5Cattempted_suicide_resources_for_schools-9/)

**I. Responding After a Suicide Death (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 school psychologist, social worker, or Principal shall ensure that the school 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.

- 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 Suicide 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).
- 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;
- Communicate with the larger school community about the suicide death;
- Consider funeral arrangements for family and school community;
- 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](http://www.reportingonsuicide.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
- 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

Each person involved in the situation shall document his or her involvement in the incident as soon as possible. Include the events that occurred as you became aware and the steps that you and others procured in response to the suicide attempt or threat. The documentation should be kept in the student's medical file in the School Nurse's office.

#### Resources:

- Help & Hope for Survivors of Suicide Loss Guide: 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/](http://www.mhrsonline.org/resources/suicide%5Cattempted_suicide_resources_for_schools-9/)
- Information on school climate and school safety is available on the CDE Safe Schools Planning Web page at <http://www.cde.ca.gov/ls/ss/vp/safeschlplanning.asp>
- 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>
- 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/>

## 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 potential means of death and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedure.
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 been specifically trained in crisis preparedness through recovery and take the leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery supports.
3. **Mental Health** A state of mental and emotional being that can impact choices and actions that affect wellness. Mental health problems include mental and substance use disorders.
4. **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
5. **Risk Assessment** An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, school counselor, or school social worker). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.
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. **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.
8. **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.
9. **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.
10. **Suicidal Behavior** 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.

11. **Suicide Contagion** The process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.
12. **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 still considered suicidal ideation and should be taken seriously.