

**LIBERTY ELEMENTARY SCHOOL  
DISTRICT**

**Suicide Prevention Plan**  
*2017-2021*

**Board Approved on June 13, 2017**

**LIBERTY ELEMENTARY SCHOOL DISTRICT**

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## **DISTRICT VISION**

We will prepare our students to assume responsibility to plan, design and build the future by providing a learning environment which is centered on students, directed by teachers and supported by home and community.

### **Mission**

TO ACHIEVE EXCELLENCE WE WILL:

- Challenge students academically by using current instructional practices and curriculum.
- Provide a quality education through exemplary programs, services, and activities that empower, and meet the needs, of ALL students in a safe environment.
- Encourage all individuals to maximize their potential in mind, body and spirit.
- Create a community that is involved, and supportive of, the overall success of students.
- Foster an atmosphere of open and effective communication among students, staff, and families.

### **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: Keri Montoya, 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 approved June 22, 2017.

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**

### **Student Training**

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 engage school resources and refer friends for help.

These presentations will be made by the TCOE Psychologist assigned to Liberty. They will be done as a PE Health Education class. At a minimum, one 45 minute class of instruction will be provided in the first trimester. In addition to these presentations, students will have the opportunity to participate in additional social-emotional curriculum based lessons in the classroom setting.

Students in grades K-8 will complete social-emotional wellness screeners each Fall and Spring to determine those who are at high risk and might require additional education and support.

### **Employee Training**

All Liberty employees will complete an on-line training on Youth Suicide: Awareness and Prevention. This shall be done within the first ten (10) days of the school year. The Business Manager will provide employees with log-in information and a link to the on-line training site. Subsequent training shall be repeated at least once per year for all District employees.

Each employee is responsible for providing proof of completion of the on-line course to the Business Manager. Training records shall include the following information:

- The date(s) of the training session.
- The name and URL of the website used for training.
- Proof of completion of the on-line course.

The Business Manager is responsible to coordinate, implement, and monitor the training of all employees regarding Suicide Prevention and to ensure that all employees complete training within 10 working days of being hired and annually thereafter.

In addition to the on-line training, each employee is to become familiar with the Liberty Suicide Prevention Plan, which is available on the school's website ([www.libertyelementary.org](http://www.libertyelementary.org)).

This plan is written to ensure that a school employee acts only within the authorization and scope of the employee's credential or license. Nothing in the plan is to be construed as authorizing or encouraging a school employee to diagnose or treat mental illness unless the employee is specifically licensed and employed to do so.

## **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

A national hotline is also available 24 hours per day every day:

Suicide Prevention Lifeline 1-800-273-8255

## **Intervention**

The TCOE School Psychologist who has received advanced training in suicide intervention and the Superintendent/Principal 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.

- Primary Suicide Prevention Liaison- Heidi Ferreira, TCOE School Psychologist
- Secondary Suicide Prevention Liaison-Keri Montoya, Superintendent

When an **in-school suicide attempt or threat** is reported, ensure student safety by taking the following actions:

1. Provide immediate first aid as needed. If first aid is required, contact the school nurse to provide continuing health support.
2. School nurse will call 911 for emergency services, if an injury warrants it.
3. Notify the Superintendent/Principal who will then notify the Crisis Team. If the Superintendent/Principal is not available, notify one of the crisis team members.

Crisis Team consists of:

- Heidi Ferreira, School Psychologist 559-686-1675
- Jenn Ward, IRC Staff 559-686-1675
- Abigail Espinoza, LVN 559-686-1675 x205
- Keri Montoya, Superintendent 559-686-1675 x203 or 559-786-3349
- Staci Soares, Principal 559-686-1675 x216

4. Keep the student under continuous adult supervision until the Crisis Team arrives. Do not leave the student alone for any reason!
5. The Crisis Team will contact the parent/guardian and/or appropriate support agent or an agency can be contacted and has the opportunity to intervene.
6. The school administrator or the school psychologist will conduct an interview and complete the **“Student Suicide Risk Assessment Form”** to determine if medical treatment and/or mental health services are necessary. (Contact numbers if needed: Tulare Youth Services Bureau 559-688-2043; Suicide Prevention Lifeline 1-800-273-8255). If mental health services or medical treatment is needed, the school administrator or the school psychologist will submit a referral.
7. School administrator or the school psychologist will notify law enforcement and/or other emergency assistance if a suicidal act is being actively threatened.
8. The school administrator or psychologist will contact the student’s parent/guardian with the following information:
  - Inform them of the incident with their child and that the school has a responsibility to ensure the safety of all students.
  - If the student is referred for crisis support and give the parent/guardian the address and phone number as listed above in Community Resources where their child is to be taken.
  - If the student is not going to be taken in for observation or medical treatment, have the students and parent/guardian sign the **“Personal Safety Plan”** and the **“Parent Contact Acknowledgement Form”** to show that they were made aware of the concern for their child’s safety.

Each person involved in the situation shall document their involvement in the incident on the **“Student Suicide Risk Documentation Form”** as soon as possible. Include the events that happened as you became aware of them and the steps that you and others took in response to the suicide attempt or threat. The documentation should be kept in the student’s medical file in the Nurse’s office.

The school administrator and/or psychologist involved in the situation shall follow up with the parent/guardian and student in a timely manner to provide referrals to appropriate services as needed. If the parent/guardian does not access treatment for the student, school staff needs to 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 administrator or psychologist involved will need to consider whether he/she is required, pursuant to laws for mandated reporters of child neglect, to refer the matter to the local child protective services agency.

When an **out-of-school suicide attempt or threat** is reported, it is crucial that the district 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:

1. Contact the parents/guardians and offer support to the family.
2. Discuss with the family how they would like the school to respond to the attempt while minimizing widespread rumors among staff and students.
3. Provide care and determine appropriate support to affected students.
4. Offer to the student and parents/guardians steps for re-integration to school.

A student who threatened or attempted suicide is at a higher risk for suicide in the months following the crisis. For any student returning to school after a mental health crisis, the Superintendent/Principal or designee and/or school psychologist may meet with the parent/guardian and, if appropriate, with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school. The following steps shall be implemented upon re-entry:

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

### **Postvention**

In the event that a student dies or is severely injured through an attempted suicide, the Superintendent/Principal or designee will communicate with the student's parent/guardian to offer condolences, assistance, and resources. At this time, the Superintendent/Principal or designee is to discuss with the parent/guardian what they want shared with other students and staff, and how that information will be disseminated. Keep in mind that confidentiality laws could prevent the sharing of any detailed information without the parent's/guardian's permission.

The Superintendent/Principal or designee will contact Tulare County Office of Education to provide additional psychologists to meet with students and staff as needed. Sharing information of the tragedy with students and staff will be done subject to permission from the parent/guardian of the student involved, and should follow recommendations from the school psychologist/TCOE psychologists on the best way to do so.

Parents/Guardians may remove their children from school to attend any memorial or funeral services. Staff wishing to attend services need to request the time off and may attend as approved by the Superintendent/Principal. The school will not schedule any memorial events on campus, nor put any memorial or monument on campus. Living memorials (donations to suicide prevention organizations, etc.) should be encouraged.

All media inquiries shall be directed to the Superintendent/Principal who will not divulge confidential information, unless specifically requested to do so by the parent/guardian. The

district's response shall not sensationalize suicide and shall focus on the district's postvention plan and available resources.

The school staff will identify students who are most likely to be significantly affected by the death so that they can be targeted for intervention services. The purpose of trying to identify and give services to other high risk students is to prevent another death or injury. Students identified as being more likely to be affected by the death will be assessed by a school or TCOE psychologist to determine the level of support needed.

#### 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://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.