



Aspire Pacific Academy Youth Suicide Prevention Policy 2017-18

The Governing Board of Aspire Pacific Academy 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) (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 must work to create a safe and nurturing campus that minimizes suicidal ideation in students by providing an appropriate and timely response in preventing suicidal ideation, attempts, and deaths.

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, Aspire’s Director of Student and Family Supports shall work collaboratively with the Aspire Los Angeles Regional Director of Student Services to develop and maintain strategies for suicide prevention, intervention, 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.

These strategies will be in line with, though expansive of, the Aspire Board Resolution approved and executed on June 15, 2017, the text of which can be found below.



Board Resolution

RE: Aspire Public School's Commitment to Suicide Prevention for Children and Youth

The meeting of the Board of Directors of Aspire Public Schools ("Aspire") was called to order on June 15, 2017 pursuant to notice and a quorum was present for the transaction of business.

WHEREAS, Aspire operates public charter schools committed to protecting the health and well-being of all students;

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

WHEREAS, suicide is a leading cause of death for youth and young adults 10 to 24 years of age;

WHEREAS, certain students are at higher risk for suicide than others, including, but not limited to:

- Youth bereaved by suicide
- Youth with disabilities, mental illness, and/or substance use disorders
- Youth experiencing homelessness or in out-of-home settings, such as foster care
- Lesbian, gay, bisexual, transgender, or questioning youth

WHEREAS, children and teens spend a significant amount of their young lives in school, and the personnel who interact with them on a daily basis are in a prime position to recognize warning signs of suicide and provide referrals and intervene as appropriate; and

WHEREAS the State of California legislature has enacted California Assembly Bill 2246 requiring Local Education Agencies to create resolutions specifying their suicide prevention and intervention policies in secondary schools.

NOW THEREFORE, LET IT BE RESOLVED, by the Board of Directors at Aspire that absent any applicable federal, state, or local law, regulation, ordinance or court decision, Aspire schools in California shall:

- 1) Require each Area Superintendent to designate a regional lead for suicide prevention planning and coordination of the implementation of this policy.
- 2) Require each school principal to designate a lead for suicide prevention planning, coordination and to act as a point of contact within the school for issues and concerns related to suicide prevention and policy implementation. All staff members shall report students they believe to be at an elevated risk for suicide to the school suicide prevention coordinator.
- 3) Provide annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth



suicide prevention to all staff. The professional development will include additional information regarding groups of students at elevated risk for suicide, how to identify appropriate mental health services, both at the school site and within the larger community, and when and how to refer youth and their families to those services.

- 4) Provide additional annual professional development to staff designated or assigned to take a school site or regional level lead position in suicide prevention coordination and suicide assessment. The professional development will include information relevant and appropriate for the certification of the employee so designated.
- 5) Affirm that school employees should only act within the scope and authorization of the employee's credential. Nothing in this policy shall be construed as authorizing or encouraging an Aspire employee to support student mental health or respond to crisis unless the employee is specifically employed to do so and holds the necessary credential to do so.
- 6) Apply policies related to suicide prevention in accordance with Child Find and other obligations related to student support.

The pages following expand on the above resolution, including specific implementation details for Aspire Pacific Academy (APA). APA's specific suicide prevention policy was created in collaboration with 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 the district's strategies for suicide prevention and intervention. APA consistently works in conjunction with local government agencies, community-based organizations, and other community supports to identify additional resources.

For questions related to the adoption, coordination, implementation or update of this policy, please contact:

LA Regional Contact:

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Suicide Prevention Policies and Procedures

Messaging About Suicide Prevention

Messaging about suicide has an effect on suicidal thinking and behaviors. Consequently, APA 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.

APA has utilized the National Action Alliance for Suicide Prevention's Framework for Successful Messaging in creating documentation and training around messaging related to suicide. More information on this framework can be found at the following site: <http://suicidepreventionmessaging.org/>

The Framework for Successful Messaging is researched based and highlights four key areas of focus when messaging about suicide in public situations:

- Strategy
- Safety
- Positive Narrative
- Guidelines

These key areas are expanded upon below:

Strategy: APA purposefully considers the “why, who, what and how” of any message that is sent out to the community around suicide. APA recognizes that purposefully pausing to reflect on messaging, even in the midst of intense issues such as suicide, is an integral part of the prevention process.

Safety: APA focuses on avoiding potentially harmful message content which would increase the likelihood that an at-risk individual would consider or attempt suicide.

Positive Narrative: Much of APA's suicide prevention policy is based on the core components of this portion of the framework:

- There are actions that people can take to help prevent suicide
- Prevention works
- Resilience and recovery are possible
- Effective programs and services exist, and
- Help is available

Guidelines: APA utilizes and follows vetted guidelines in areas of suicide prevention when formulating policy and practice.



The Do's- Practices to Utilize in public communication about Suicide

- **Screen content before sharing it.**
Review the content of emails, social media posts, event announcements, news articles, and other messages and materials before forwarding, reposting, or sharing them with the public. (You may still choose to share content privately with selected colleagues or friends, but be mindful that some language, stories, or images may be upsetting or trigger a painful psychological response.)
- **Spread the word about safety.**
Gently educate colleagues who forward problematic content about the importance of safety in public communications about suicide. If there is disagreement about whether or not that particular content is unsafe, use the opportunity to engage in a dialogue about what kinds of messaging, generally speaking, will be most helpful in advancing prevention goals (i.e., content that is Strategic, conveys a Positive Narrative, and follows applicable Guidelines.)
- **Be consistent.**
Think about safety when creating websites, newsletters, fundraising appeals, event publicity, press releases, and public talks, as well as posters and other educational materials. All of the messages we release into the public domain contribute to the public's perceptions about suicide. In addition, the messages we convey may be amplified by journalists, community members, educators, and others who use our messages and materials to shape their own communications.
- **Increase safety by conveying a **Positive Narrative****
One way to avoid many of the safety pitfalls is to focus on conveying a [Positive Narrative](#) about suicide that fits your strategy and audience. Many safety issues occur when messages focus on the *problem* of suicide, rather than on what can be done about it. By including at least one of the [many ways to be positive](#), messages can encourage action and help the public understand what prevention looks like in action. Also see [tips for conveying a Positive Narrative](#).
- **Be mindful of safety when sharing stories about individual suicide attempts or deaths with the public.**
While stories about people who have attempted or died by suicide can help to put a human face on the problem, avoid sharing unsafe details about the means, location, or other personal details that can encourage imitation. Instead, use the personal story as a way to introduce prevention messages, for example, to discuss pathways to coping and recovery, available resources, practical actions the audience can take, or other content that contributes to a [Positive Narrative](#) about suicide prevention.
- **Make sure data--if used--are strategic, safe, and prevention-focused.**
Don't assume all messages should include statistics. Part of developing your message [Strategy](#) is determining what content is most likely to lead to the intended action, given limited time and space to get your message across. Often, statistics *aren't* the best information to help your audience to take action. Data about the problem may be helpful to include in some contexts, for example, in advocacy materials. However, these types of statistics actually may be counterproductive with other audiences and goals, for example, messages aimed at teaching



parents to recognize warning signs and encouraging them to call the Lifeline. Why? Such statistics might discourage action by portraying suicide as overwhelming and unsolvable. They also take up valuable messaging 'space' that could instead provide the concrete guidance and resources parents need to be able to act.

In addition, repeated use of extensive statistics about suicide across many public messages can undermine prevention goals by making suicide seem more common than it is ("normalizing" it) and weakening the idea that prevention is possible (i.e. perpetuate a [negative narrative](#) about suicide). Make sure to use descriptive, non-sensational words such as "higher rates" or "rates rose" rather than terms like "epidemic" or "skyrocketing." Ensure that your messages emphasize solutions and action appropriate to the message rather than simply reiterating the problem (see [Tips for Conveying a Positive Narrative](#)). **In general, use data like salt: only when needed, and almost always in small amounts.**

- **Convey the complex causality of suicide.**

When appropriate to the message, convey that suicide results from a combination of factors rather than a single triggering event. If relevant to the message, discuss the [risk factors](#) ([link is external](#)) that can predispose a person to suicide and describe [protective factors](#) ([link is external](#)) that can help buffer that risk. For many audiences and goals, it may be more useful to focus on educating about the immediate [warning signs](#) ([link is external](#)) of suicide and describing how to respond to these signs as opposed to the underlying risk and protective factors.

- **Highlight solutions to stigma, rather than the problem of stigma.**

- Avoid messages that reinforce stigma. Instead, focus on messages that highlight recovery, lower barriers to assistance, or enable positive contact with people who have experienced mental health problems or suicidality. For example, you might share real stories of people who have found treatments or other supports that help them cope with suicidal thinking or other symptoms, convey information that counters beliefs or addresses practical challenges that impede help-seeking by your audience, or describe how family, friends, co-workers and others can support people affected by mental illnesses or suicidality.
- The term "stigma" describes a broad array of attitudes and behaviors. Use audience research and engagement to clarify exactly how stigma-related issues affect their behavior and create messages that reflect this understanding. For example, to reduce workplace discrimination against people with mental illnesses, audience research with employers would reveal which specific beliefs and attitudes were contributing to their discriminatory behavior. Likewise, engaging with people who are experiencing mental health symptoms might reveal that societal stigma has discouraged them from pursuing potentially helpful services in order to avoid being labeled with a stigmatized diagnosis (an aspect of stigma known as "label avoidance.") In this case, further consultation with the audience could help to identify the support options they would find acceptable and how best to describe those options. For instance, they may prefer the use of everyday language rather than clinical terminology to describe their experiences

- **Use non-stigmatizing language**

Use terms like "died by suicide," "completed suicide," "killed him/herself" and "attempted



suicide," instead of "successful suicide," "unsuccessful suicide," "failed attempt," or "committed suicide."

The Don'ts—Practices to avoid in public communications about suicide:

The following are practices to avoid because they can be (1) **Unsafe**, by increasing risk for vulnerable individuals; or (2) **Unhelpful**, by reinforcing problematic norms, conveying negative stereotypes or otherwise undermining prevention.

- **Don't show or describe suicide methods or locations.** Pictures or detailed descriptions of how or where a person died by suicide can encourage imitation or serve as a "how-to" guide.
- **Don't include personal details** of people who have died by suicide. Vulnerable individuals may identify with the personal or situational details of someone who died by suicide, encouraging them to end their own lives.
- **Don't glorify or romanticize suicide.** Portraying suicide as a heroic, romantic, or honorable act may encourage vulnerable people to view it more positively or lead them to desire the positive attention garnered by someone who has died by suicide.
- **Don't normalize suicidal behavior by presenting it as common or acceptable.** While we don't want to minimize the magnitude of the suicide problem, we also don't want to imply that suicidal behavior is acceptable, normal, or *what most people do* in a given circumstance. The vast majority of people who face adversity, mental illness, and other challenges—even those in high risk groups—do *not* die by suicide, but instead find support, treatment, or other ways to cope.
- **Don't use data or language that suggests suicide is inevitable or unsolvable.**
 - Describing suicide as an "epidemic," using terms like "bullycide," or providing extensive statistics about suicide without solutions or action steps are examples of messaging that can make suicide seem too overwhelming to address. These practices also contribute to normalizing suicide (described above) and add to an overall [negative narrative](#) about suicide by implying that nothing can be done about it.
- **Don't oversimplify causes.** Suicides result from a complex interplay of factors. Therefore:
 - Avoid **attributing suicide to a single cause or circumstance** (e.g., job loss, break-up, bullying, high stress, or being a military veteran, gay youth, or Native American). Presenting suicide as an understandable or inevitable response to a difficult situation or membership in a group can create a harmful "social script" that discourages other ways of coping.
 - Avoid **portraying suicide as having no cause.** Describing suicidal behavior as the inexplicable act of an otherwise healthy or high-achieving person may encourage identification with the person who died and convey that suicide can't be prevented. It's also a missed opportunity to educate the public about [warning signs](#) ([link is external](#)) and how to respond to them.



- **Don't reinforce negative stereotypes, myths, or stigma** related to mental illnesses or suicidal persons, as this may shift beliefs, attitudes, and behaviors in the wrong direction.

Examples:

- Messages linking particular groups with high rates of suicide or mental illness, especially without examples of effective interventions or stories of recovery, may inadvertently increase negative beliefs or discriminatory behaviors towards that group.
- Messaging themes such as “breaking the stigma of mental illness” or other language that reiterates the extent to which stigma is a problem may serve to reinforce stigma, rather than countering it.
- Adjectives like “successful” suicide, “unsuccessful” suicide,” and “failed attempt” inappropriately define a suicide death as a success and a nonfatal attempt as a failure. Terms such as “committed suicide” (associated with crimes), can reinforce stigmatizing attitudes about people who die by suicide.

Suicide Prevention Training and Education

Aspire Pacific Academy 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 long-term substitutes, long-term volunteers and intermittent staff, interns, tutors, coaches, and expanded learning [afterschool] staff).

Staff Training:

- At least annually, all staff shall receive at a minimum 1 hour training on the risk factors and warning signs of suicide, suicide prevention, intervention, referral, and postvention through the SafeSchools Training System. This training provides the following necessary information for staff:
 - a. Suicide risk factors, warning signs and protective factors
 - b. How to talk with a student about thoughts of suicide
 - c. How to respond appropriately to the youth who has suicidal thoughts.
 - d. Discuss need for immediate referral.
 - e. Discuss need for reducing stigma and that early prevention and intervention can reduce the risk of suicide
 - f. Additional information and resources from outside agencies such as the Suicide Prevention Resource Center, CDC, National Association of School Psychologists, Signs of Suicide, Jason Foundation and the American Foundation for Suicide Prevention.
- Additionally, all regular day staff at APA will receive Youth Mental Health First Aid's 8 hour training as provided by the California Department of Education within the 2017-18 school year. This training may occur in a 2 day, 4 hours per day format depending on scheduling. This training is recommended by the California Department of Education



and fulfills that requirements for training as recommended in their Model Youth Suicide Policy. <http://www.cde.ca.gov/ls/cg/mh/projectcalwell.asp>

- a. 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/>
- Additionally, all staff will have access to resources vetted through the Aspire Public Schools Home office which speak to the support of specific student populations at Aspire and found in Aspire's internal resources at <https://drive.google.com/open?id=1sfQK24Dnd9gFlr4p6BJHBeZUkXYjf43F>. These resources will address populations including, but not limited to:
 - a. LGBTQ+
 - b. Latinx
 - c. African American
 - d. Asian American and Pacific Islander
 - e. Native and First Nations

Employee Qualifications and Scope of Services

As described in the Board Resolution, employees of Aspire Pacific Academy 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 employed by Aspire Pacific Academy as part of their professional development provided by the Aspire Los Angeles Regional Manager of Student Services.

This specialized staff training includes, but is not limited to:

- Crisis Prevention Institute De-escalation Training
- Crisis Response Training for Behavioral and Emotional Crises including:
 - Specific response to and assessment of suicidal ideation and suicidal attempt
 - Usage of safety plans



- Post-crisis response for students in crisis including re-entry plans

Parents, Guardians, and Caregiver 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 Aspire Pacific Academy suicide prevention policy and procedures.

- A copy of the policy will be posted on the Aspire Pacific Academy website, the APA ParentSquare portal
- Information on the policy will be included in the Aspire Pacific Academy Student and Parent Handbook
- Parents and Guardians input is always welcome on Aspire Policies and Procedures
- Parents, Guardians and Caregivers will have access to the information about suicide prevention provided through ParentSquare and at school sites. These resources will be available in the necessary languages for families to access this information. Resources for posting and distribution are found [here](#) on Aspire's internal resource drive.
- Parents, Guardians and Caregivers at Aspire Pacific Academy also have the opportunity to engage with PIQE's K-12 Parent Engagement in Education Program, which includes workshops on helping their children developing healthy and constructive relationships with parents, teachers and counselors.

Student Participation and Education

Aspire Pacific Academy has carefully reviewed and chosen the research-based SEL curriculum Lion's Quest in an effort to promote the social emotional learning of all students. The Lion's Quest program is research-based and CASEL reviewed. The program:

- Helps provide protective factors by creating strong connection to school, involving parents in their children's live and helping students gain knowledge, skill and commitment
- Focuses on elements identified as critical in preventing adolescent drug use such as normative beliefs & personal commitments, social influences, resistance skills & other SEL competencies and bonding & pro-social peers/caring adults
- Has sequences that specifically target high school as a critical transition period in order to help students prepare for success in college, career & life, including beyond the



classroom community, in order to foster civic responsibility and build essential social, emotional, academic and workplace skills.

The scope and sequence for Lion's Quest include the following units:

- Positive Learning Community
- Personal Development
- Social Development
- Health and Prevention
- Leadership and Service
- Reflection and Closure

Domains addressed in Lion's Quest's units include: positive behavior, connection to school, character education, anti-bullying, drug/alcohol/tobacco awareness and service learning.

Additionally, Aspire training for Lion's Quest includes components that help directly connect the Lion's Quest curriculum to suicide prevention techniques and information including, but not limited to:

- Understand trauma in relation to students and initiating trauma informed practices
- Creating a safe, positive and welcoming campus for all students, including those often marginalized such as students of color and LGBTQ+ students.
- Setting and achieving positive goals
- The importance of adult SEL skills in creating a positive school culture and climate for and with students.



Intervention, Assessment and Referral

Staff

Two Aspire Los Angeles Regional or Aspire Pacific Academy school site staff members who have received advanced training in suicide intervention shall be designated as the primary and secondary suicide 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 counselor, if different from the primary and secondary contact persons.
- Primary and secondary suicide prevention liaisons will follow the Aspire Los Angeles Regional Crisis Response requirements as trained.
- In accordance with Aspire Los Angeles Regional Crisis Response Policies, the principal, another school administrator, school counselor, school psychologist or social worker 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.
- More information on this process can be found [here](#)

Parents, Guardians and Caregivers

Information for families about accessing counseling services is included in the Aspire Pacific Student and Family Handbook. Counseling services are an important and integrated part of how APA supports students.

Students

Students are 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.



Aspire Pacific Academy follows the Aspire Los Angeles Crisis Response protocols, a summary of which is found below:

- Teachers or other non-clinically trained Aspire staff should not attempt to independently resolve a crisis involving any student exhibiting self-harming, physically threatening / injurious, destructive, or suicidal / homicidal behavior or ideation. This also applies to any student presenting as incapacitated (i.e., out of touch with reality, delusional, under the influence).
- **Keep eyes on student in crisis at all times. Do not let student away from the supervision of a responsible staff member.** If need be, get assistance to guide bystanders to move away from setting.
- Gather any supporting documents (pictures or writing that indicate harm, injury, destruction, threats, incapacity, or suicidal / homicidal ideation).
- As soon as possible, report situation to the school principal and a specially trained staff member (i.e., Regional Crisis Response Team). These professionals have been specifically trained and include all School Counselors, School Social Workers and School Psychologists. Every effort should be made by specially trained staff to de-escalate the situation with student in order to minimize harming, injurious or destructive behaviors.
- In some instances, physical restraint may be used but only if necessary (i.e., student is out of control / irrational so staff unable to de-escalate using verbal interventions or other interventions are not possible and student presents imminent danger of physical harm / serious injury to self or others with such risk greater than risk involved in restraint). Note that physical restraint may only be attempted by full control CPI trained staff working as a team except in one exception (very small child) using specific proper techniques. Otherwise, school principal or specially trained staff member should call 911.
- As the situation is de-escalated and immediate danger is reduced, clinically trained professional staff should follow regional crisis response process and conduct brief crisis assessment. Crisis Responder must make an initial determination of whether the challenge is transient or substantive. Then this clinically trained professional also determines whether the situation involves only a crisis, only a discipline issue, or is both a crisis and a discipline matter to be handled secondarily. If situation is crisis, brief crisis assessment must be completed with student. No further assessment is needed unless this brief crisis assessment or professional judgement results in a risk of harm at or above Level 3. In such instances, an appropriate long form assessment must be completed.



- Brief crisis assessment cannot be completed without contacting parents to notify them of the situation and to obtain further information as needed. Such contact must be made except in rare situations (i.e., Crisis Responder determines contacting parent would put student in direct danger). In such circumstance, DCFS – CPS must be called immediately to consult. If DCFS – CPS does not assess an immediate response is warranted, Crisis Responder must work with parent in best interests of student.

Depending on level of risk, Crisis Responder must determine which of these should occur:

- Level 1 or 2 - student is released back to class
- Level 3 or 4 - student is released to family to be taken to community mental health agency or emergency clinic. Parent /guardian and, in some cases, student should be advised that a post-crisis support or re-entry meeting will be held with admin, teacher(s), and support personnel (SISP) before being able to return to class.
- Level 5 - student is released to local crisis response team (Psychiatric Mobile Response Team or PMRT), law enforcement or local emergency services at 911. Crisis Responder should recommend to family that school be kept current on status of student. Additionally, family should be informed of needed post-crisis support or re-entry meeting before returning to class.

Note that at or above Level 3, other assistance is deemed necessary. Crisis Responder will assist family in accessing assistance unless action must be taken independently. Outside professionals to contact could include a community mental health agency, an emergency clinic, local crisis response team (Psychiatric Mobile Response Team or PMRT), law enforcement or local emergency services at 911. A sealed copy of long form assessment should be provided to help any outside professional understand reasoning for referral.

For all substantive crisis situations including CPI response, a Mental Health Incident Report should be completed by School Counselor and kept on file along with Crisis Assessment(s). MH Incident Report original is given to principal but copy is kept in binder along with original assessment(s).

If behavior that occurred during crisis requires a discipline response, Crisis Responder should enter incident into OnCourse according to standardized protocol and may recommend disposition actions to admin. This may also require additional entries / form fields depending on situation due to OCR reporting requirements. Crisis Responder does not determine nor administer discipline!

Crisis Responder should follow up with staff member(s) and other student(s) who witnessed crisis behavior or ideation and determine additional supports needed in dealing with event. Use site specific system to identify and refer staff and/or students who may need support.



If a student made homicidal threats toward another individual, school must follow whatever steps are reasonably necessary under circumstances within mandated “duty to protect”. This may include informing police and/or targeted individual of threats but actions are not specifically required by the Tarasoff ruling. Crisis Responder should notify school principal and follow up on obligation to use reasonable care to protect any intended victims.

As with many other things, crisis situations that involve students with special needs require some different responses than students without 504 or IEP protections. If student has or is being evaluated for a 504 plan or an IEP, communicate with your school principal, SPED school counselor plus psychologist and program specialist for assistance in determining next steps.

Parental Notification and Involvement

Details of how Aspire Pacific Academy works to provide parental notification and involvement is listed above. It includes working with parents and outside providers as needed and appropriate. Working with families in support of students is an important part of Aspire Pacific Academy’s overall ethos and especially true for students struggling with mental health concerns.

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. Aspire Pacific Staff will follow the crisis protocols as trained. APA Crisis Response protocols for staff can be found [here](#).

Some highlights of the APA response protocols for an active suicide attempt include, but are not limited to:

- Remain calm, remember the student is overwhelmed, confused, and emotionally distressed;
- Do not send the student away or leave them alone, even if they need to go to the restroom;
- Move all other students out of the immediate area;
- Immediately contact the administrator or suicide prevention liaison;
- 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;
- 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;
- 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.

Action Plan for Out-of-School Suicide Attempts

If Aspire Pacific Academy becomes aware of a suicide attempt by a student that is outside of Aspire Pacific Academy's property or school activity, it is crucial that the student's privacy is protected and that the school 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 if necessary;
- Provide care and determine appropriate support to affected students;
- Offer to the student and parents/guardians/caregivers steps for re-integration to school.

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 are a part of Aspire Pacific Academy's approach to APA's required re-entry meetings 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-judgmentally 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.

Aspire Pacific Academy Trauma Informed Intervention for Self-Harm

In addition to the above supports, APA has adapted additional prevention contract components predicated on the idea that treating self-destructive behaviors requires interventions that directly address trauma, affect dysregulation and shame. Below are examples of the components involved in the C.A.R.E.S.S. process used:

- **C.A. – Communicate Alternatively (10-15 minutes)**: Hurting the body is often a way to communicate feelings, thoughts, need and unresolved trauma memories/pain. Students need other, less destructive modalities to communicate and the counselor discusses options for the student to add to their plan
- **R.E. – Release Endorphins (10-15 minutes)**: Students feel better after they self-harm because the brain releases endorphins (naturally occurring opiates), in response to pain/body trauma. Students need other ways to experience the release of endorphins (exercise, laughter, hugging). The counselors discusses options for the student to add to their plan.
- **S.S. – Self-Soothe (10-15 minutes)**: Students need to learn new strategies that promote self-care and decrease anxiety from future triggering events. The counselors discusses options for the student to add to their plan.

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 is an overview of Aspire LA Re-entry Protocols, which Aspire Pacific Academy follows:

After resolving an individual crisis, a post-crisis support or re-entry meeting to discuss further and future supports for that student upon returning to school is necessary. An initial re-entry plan must be developed and shared with any staff having contact with student (e.g., teachers, instructional aides, front office, campus monitors, after school personnel).

For students without a 504 plan or IEP, family and SST Coordinator should be notified that an SST meeting is needed. This meeting will be held within 10 school days of student's return to discuss any additional resources / actions needed to support overall success. SST meeting should include staff with experience in supporting students post crisis.

APA staff will invite parents to SST meeting and request written permission to speak with outside providers of service if available (e.g., outside therapists, crisis response team). Parents are not required to give permission.

SST meeting should go over crisis, crisis response and follow-up student has received thus far. At this level of crisis, at least one academic issue is likely to also be addressed. SST should determine an action plan to support student to prevent and/or respond to repeated crisis. Possible supports to consider include:

1. Behavior contract or support plan
2. Skill building group counseling
3. Individual and family counseling
4. Community service
5. Other educational supports
6. Mentoring
7. Possible SWD assessment referral (suspected disability)
8. Alternative placement (shortened day, change of classroom, small group supports)

SST action plan should be communicated to staff required to implement any needed supports and responsible for progress monitoring as determined in meeting.

For students with a current 504 plan or an IEP, a 504 plan or IEP review is needed. Student's disability and its possible effect on the crisis situation should be taken into consideration when revising any 504 plan or IEP.

Some crisis situations also involve infractions / violations requiring discipline based on school policies or California Ed Code. Discipline procedures should not be considered until crisis is fully resolved. Standard policies and procedures should be followed with appropriate consequences discussed during re-entry meeting or any mandated conferences.



For SWDs, if discipline actions are considered, a manifestation determination meeting may be necessary. School admin in consultation with DRH (504 plan) or SPED team (Director, program specialist, counselor or psychologist) will determine whether this is needed. That meeting would take place within specified time-frame dictated by 504 or SPED protocols.

If student has a current behavior plan in place, it should be evaluated to determine:

1. if plan was implemented as written
2. if crisis behaviors are within or outside of plan
3. if additional supports and/or changes to plan should be made

Any changes to behavior plans or additional supports must be communicated to staff required to implement these. Such changes to plans or supports involving SWDs would be formalized in revised 504 plan or IEP.

Additionally, the following steps are an important part of the above process re-entry:

- 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.

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 principal, counselor at Aspire Pacific Academy and the Regional Director for Student Services for the LA Region shall ensure that there is information for responding to a suicide death as part of the general Crisis Response Plan. Again, crisis response resources can be found [here](#).



Aspire Pacific Academy provides resources to staff on Postvention Response Plans which inform the administration of the processes needed to support their school after a suicide. After a suicide, Aspire Pacific Academy will work with the LA Regional Director of Student Services and their crisis response team to respond to the varying needs by:

- Identifying a staff member to confirm death and cause (school site administrator);
- Providing supports for staff members if necessary through engagement of Claremont EAP crisis support services as well as informing staff how they can get support for themselves during and outside of school.
- Identifying a staff member to contact deceased's family (within 24 hours);
- Holding an initial meeting of the district/school Suicide Postvention Response Team;
- Identifying process of notification of all staff members (ideally in-person or via phone, not via e-mail or mass notification).
- Supporting the process of coordinating an all-staff meeting, to include:
 - Notification (if not already conducted) to staff about suicide death;
 - Emotional support and resources available to staff (please see above)
 - 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.
- Preparing 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).
- Making sure the school initiates processes that
 - 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;



- Support responses 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;
- Requesting support for media inquiries through the Aspire LA Regional or Home Offices.
- Informing staff on how to 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
 - Remind staff of Aspire standards for media usage related to student events
- Determining 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

Conclusion

Aspire Pacific Academy is committed to the support of all our students, including suicide prevention. The above named procedures and resources are in service of the goal of preventing suicide for our young people. If you have any questions about this policy guide, please reach out to the principal.