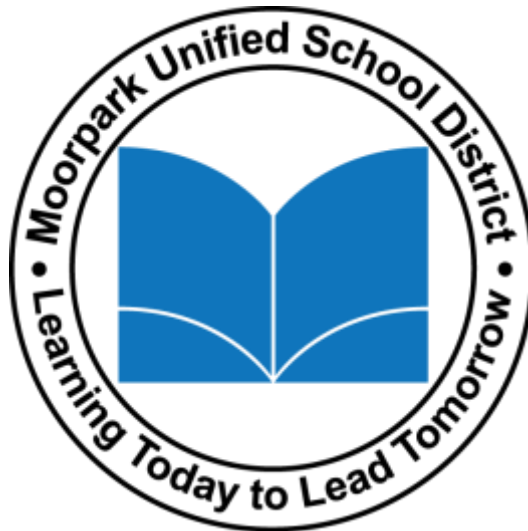


Moorpark Unified School District

Suicide Prevention Plan

California Education Code (EC) Section 215, as added by Assembly Bill 2246, (Chapter 642, Statutes of 2016) mandates that the Governing Board of any local educational agency (LEA) that serves pupils in grades seven to twelve, inclusive, adopt a policy (Moorpark Unified School District Board Policy 5141.52) on pupil suicide prevention, intervention, and postvention.

For additional resources regarding youth suicide prevention, go to the State Superintendent of Public Instruction (SSPI) letter regarding Suicide Prevention Awareness Month on the California Department of Education (CDE) Web page (<http://www.cde.ca.gov/nr/el/le/yr16ltr0901.asp>) and the Directing Change For Schools Web page (<http://www.directingchange.org/schools/>).



INTRODUCTION

Moorpark Unified School District (MUSD) recognizes that suicide is a leading cause of death among youth and that even greater amounts 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 are ethically and legally responsible for providing an appropriate and timely response in preventing suicidal ideation, attempts, and deaths. We also must work to create a safe and nurturing campus that minimizes suicidal ideation in students.

Recognizing that it is the duty of the district and schools to protect the health, safety, and welfare of its students, this plan 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 plan shall be paired with other policies that support the emotional and behavioral wellness of students.

This plan is based on research and best practices in suicide prevention, and has been created with the understanding that suicide prevention activities decrease suicide risks, increase help-seeking behavior, identify those at risk of suicide, and decrease suicidal behaviors. Empirical evidence refutes a common belief that talking about suicide can increase risk or “place the idea in someone’s mind.”

In an attempt to reduce suicidal behavior and its impact on students and families, the Moorpark Unified School District has developed strategies for suicide prevention, intervention, and postvention, and the identification of the mental health challenges frequently associated with suicidal thinking and behavior. These strategies include professional development for all school personnel who regularly interact with students or are in a position to recognize the risk factors and warning signs of suicide.

The Moorpark Unified School District Suicide Prevention Committee has developed and implemented preventive strategies and intervention procedures that include the following:

Overall Strategic Plan for Suicide Prevention

Moorpark Unified School District employees including the Assistant Superintendent of Curriculum and Instruction, Director of Curriculum and Instruction, Director of Special Education, MUSD Psychologist, school counselors, principals, School Resource Officer (SRO), district nurse, community mental health professionals, and parents have been involved in planning, implementing, and evaluating the district’s strategies for suicide prevention and intervention. MUSD will continue to work in conjunction with local government agencies, community-based organizations, and other community supports to identify additional resources. (Ventura County Behavioral Health Mobile Crisis Team, Moorpark Police Department, Clinicas Mental Health providers, etc...)

A suicide prevention team has been assembled and will meet annually to ensure the policies regarding suicide prevention are properly adopted, implemented, and updated. Each school site serving students in grades 7-12 will appoint a point person (principal) to serve as the suicide prevention point of contact for their school site. The principal will coordinate and implement suicide prevention activities on their campus. In addition, each school shall identify at least one staff member to serve as the liaison to the district’s suicide prevention team. The District Psychologist will be the point person at the district level.

Resources

The K–12 Toolkit for Mental Health Promotion and Suicide Prevention has been created to help schools comply with and implement AB 2246, the Pupil Suicide Prevention Policies. The Toolkit includes resources for schools as they promote youth mental wellness, intervene in a mental health crisis, and support members of a school community after the loss of someone to suicide.

Additional information about this Toolkit for schools can be accessed on the Heard Alliance Web site (<http://www.heardalliance.org/>).

PREVENTION

Messaging about Suicide Prevention

Messaging about suicide has an effect on suicidal thinking and behaviors. Consequently, Moorpark Unified School District, along with its partners has critically reviewed and will continue to review all materials and resources used in awareness efforts to ensure they align with best practices for safe messaging about suicide.

Suicide Prevention Training and Education

The Moorpark Unified School District 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.

Training

At least annually, staff working with students in grades 7-12 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 may be adjusted year-to-year based on previous professional development activities and emerging best practices.

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. Currently employed staff members shall attend a minimum of one-hour general suicide prevention training. MUSD will utilize one or more of the following staff training programs annually:

- Youth Suicide: Awareness and Prevention, Target Solutions
- The Society for the Prevention of Teen Suicide: Training for Educators (<http://sptsusa.org/educators>)
- Free YMHFA Training is available on the CDE Mental Health Web page (<http://www.cde.ca.gov/ls/cg/mh/projectcalwell.asp>)
- SafeTALK: Offered for free through Ventura County Office of Education Half-day alertness training that prepares anyone over the age of fifteen, regardless of prior experience or training, to become a suicide-alert helper. See the LivingWorks Web page (<https://www.livingworks.net/programs/safetalk/>).
- More than Sad: AFSP (<https://afsp.org/our-work/education/more-than-sad/>)

Core components of the general suicide prevention training

- 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;
- Reviewing the data annually to look for any patterns or trends of the prevalence or occurrence of suicide ideation, attempts, or death. Data from the California School Climate, Health, and Learning Survey (Cal-SCHLS) should also be analyzed to identify school climate deficits and drive program development. See the Cal-SCHLS Web site (<http://cal-schls.wested.org/>).

In addition to initial orientations to the core components of suicide prevention, ongoing annual staff professional development for all staff includes the following components:

- The impact of traumatic stress on emotional and mental health;
- Common misconceptions about suicide;
- School and community suicide prevention resources;
- Appropriate messaging about suicide (correct terminology, safe messaging guidelines);
- The factors associated with suicide (risk factors, warning signs, protective factors);
- How to identify youth who may be at risk of suicide;
- Appropriate ways to interact with a youth who is demonstrating emotional distress or is suicidal. Specifically, how to talk with a student about their thoughts of suicide (based on district guidelines) and how to respond to such thinking; how to talk with a student about thoughts of suicide and appropriately respond and provide support based on district guidelines;
- District-approved procedures for responding to suicide risk (including multi-tiered systems of support and referrals). Such procedures should emphasize that the suicidal student should be constantly supervised until a suicide risk assessment is completed;
- District-approved procedures for responding to the aftermath of suicidal behavior (suicidal behavior postvention);
- Responding after a suicide occurs (suicide postvention);
- Resources regarding youth suicide prevention;
- Emphasis on stigma reduction and the fact that early prevention and intervention can drastically reduce the risk of suicide;
- Emphasis that any student who is identified to be at risk of suicide is to be immediately referred (same day) for assessment while being constantly monitored by a staff member.

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

- Youth affected by suicide;
- Youth with a history of suicide ideation or attempts;
- Youth with disabilities, mental illness, or substance abuse disorders;
- Lesbian, gay, bisexual, transgender, or questioning youth (LGBTQ);
- Youth experiencing homelessness or in out-of-home settings, such as foster care;
- Youth who have suffered traumatic experiences or bullying

Resources

- Protocol to Refer Students (Site specific)
- Responding to LGBTQ youth: The Trevor Project (www.thetrevorproject.org/).

Employee Qualifications and Scope of Services

Employees of the Moorpark Unified School District 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 (school counselors, psychologists, and health office nurses) employed by Moorpark Unified School District. The Ventura County Office of Education offers a variety of mental health training opportunities that focus primarily on suicide prevention, which specialized staff can participate in each year. AMSR (see below) is another option for additional training for specialized staff.

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

Parents, Guardians, and Caregivers Participation and Education

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

This suicide prevention policy shall be prominently displayed on the Moorpark Unified School District Web page and information regarding where to find it included in the parent handbook.

All parents/guardians/caregivers should have access to suicide prevention information/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.

General Guidelines for Parents (Secondary)

Youth Suicide in the United States*

- Suicide is the second leading cause of death for youth aged 10-24 in the United States.
- In recent years more young people have died from suicide than from cancer, heart disease, HIV/AIDS, congenital birth defects, and diabetes combined.
- For every young person who dies by suicide, between 100-200 attempt suicide.
- Males are four times as likely to die by suicide as females- although females attempt suicide three times as often as males.

*M. Heron, D.L. Hayert, S.L. Murphy, J. Xu, K.D. Kochanek, & B. Tejada-Vera. (April, 2009). Deaths: Final Data for 2006. National Vital Statistics Reports 57(14).

Suicide is Preventable (what you can do if you suspect your child is depressed or has suicidal thoughts)

- Talk to your child about suicide. Don't be afraid; you will not be "putting ideas into his/her head." Asking for help is the single skill that will protect your child. Help your child identify and connect to caring adults that they can talk to when they need guidance and support.
- Know the risk factors and warning signs of suicide.
- Remain calm. Establish a safe environment to talk about suicide.
- Listen without judging. Allow for the discussion of experiences, thoughts, and feelings. Be prepared for expression of intense feelings. Try to understand the reasons for considering suicide without taking a position about whether or not such behavior is justified. Ask open-ended questions.
- Supervise constantly. Do not leave the child alone.
- Ask if your child has a plan to kill mis/herself, and if so, remove means. As long as it does not put the caregiver in danger, attempt to remove the suicide means such as a firearm, knife or pills.
- Take action. It is crucial to get professional help for your child and the entire family. When you are close to a situation it is often hard to see it clearly. You may not be able to solve the problem by yourself.

Youth Suicide Risk Factors

While the path that leads to suicidal behavior is long and complex and there is no "profile" that predicts suicidal behavior with certainty, there are certain risk factors associated with increased suicide risk. In isolation, these factors are not signs of suicidal thinking. However, when present they signal the need to be vigilant for the warning signs of suicide. Specifically, these risk factors include the following:

- History of depression, mental illness or substance/alcohol abuse disorders
- Presence of a firearm or rope
- Isolation or lack of social support
- Situational crises
- Family history of suicide or suicide in community
- Impulsivity
- Hopelessness
- Incarceration

Suicide Warning Signs

Warning signs are observable behaviors that may signal the presence of suicidal thinking. They might be considered “cries for help” or “invitations to intervene.” These warning signs signal the need to inquire directly about whether the individual has thoughts of suicide. If such thinking is acknowledged, the suicide interventions will be required. Warning signs include the following:

- **Suicide threats:** It has been estimated that up to 80% of all suicide victims have given some clues regarding their intentions. Both direct (“I want to kill myself”) and indirect (“I wish I could fall asleep and never wake up”) threats need to be taken seriously.
- **Suicide notes and plans:** The presence of a suicide note is a very significant sign of danger. The greater the planning revealed by the youth, the greater the risk of suicidal behavior.
- **Prior suicidal behavior:** Prior behavior is a powerful predictor of future behavior. Thus anyone with a history of suicidal behavior should be carefully observed for future suicidal behavior.
- **Making final arrangements:** Giving away prized possessions, writing a will, and/or making funeral arrangements may be warning signs of impending suicidal behavior.
- **Preoccupation with death:** Excessive talking, drawing, reading, and/or writing about death may suggest suicidal thinking.

Changes in behavior, appearance, thoughts, and/or feelings. Depression (especially when combined with hopelessness), sudden happiness (especially when preceded by significant depression), a move toward social isolation, giving away personal possessions, and reduced interest in previously important activities are among the changes considered to be suicide warning signs.

Important Contact Numbers:

Ventura County Crisis Team (Adult/Child).....	(866) 998-2243
NAMI (National Alliance on Mental Illness) Ventura County.....	(805) 500-NAMI
California Youth Crisis Hotline.....	(800) 843-5200
Trevor Lifeline (LGBTQ youth).....	(866) 488-7386
National Suicide Prevention Lifeline.....	(800) 273-8255
Ventura County Behavioral Health	(805) 981-4233
Ventura County Sheriff’s Department.....	(805) 654-9511
Interface Children and Family Services.....	211

General Guidelines for Parents (Elementary)

Youth Suicide in the United States*

- Suicide is the second leading cause of death for youth aged 10-24 in the United States.
- In recent years more young people have died from suicide than from cancer, heart disease, HIV/AIDS, congenital birth defects, and diabetes combined.
- For every young person who dies by suicide, between 100-200 attempt suicide.
- Males are four times as likely to die by suicide as females- although females attempt suicide three times as often as males.

*M. Heron, D.L. Hayert, S.L. Murphy, J. Xu, K.D. Kochanek, & B. Tejada-Vera. (April, 2009). Deaths: Final Data for 2006. National Vital Statistics Reports 57(14).

Suicide is Preventable (what you can do if you suspect your child is depressed or has suicidal thoughts)

- Talk to your child about suicide. Don't be afraid; you will not be "putting ideas into his/her head." Asking for help is the single skill that will protect your child. Help your child identify and connect to caring adults to talk to when they need guidance and support.
- Know the risk factors and warning signs of suicide.
- Remain calm. Establish a safe environment to talk about suicide.
- Listen to your child's feelings. Don't minimize what your child says about what is upsetting him or her. Put yourself in your child's place; don't attempt to provide simple solutions.
- Be honest. If you are concerned, do not pretend that the problem is minor. Tell the child that there are people who can help. State that you will be with him or her to provide comfort and love.
- Be supportive. Children look for help and support from parents, older brothers and sisters. Talk about ways of dealing with problems and reassure your child that you care. Let children know that their bad feelings will not last forever.
- Take action. It is crucial to get professional help for your child and the entire family. When you are close to a situation it is often hard to see it clearly. You may not be able to solve the problem yourself.

Help may be found at the local mental health agency, with therapists through your private insurance or through your clergy.

Become familiar with the support services at your child's school. Contact the appropriate person(s) at the school, for example, the school counselor, school psychologist or school health office nurse.

Youth Suicide Risk Factor

While the path that leads to suicidal behavior is long and complex and there is no "profile" that predicts suicidal behavior with certainty, there are certain risk factors associated with increased suicide risk. In isolation, these factors are not signs of suicidal thinking. However, when present they signal the need to be vigilant for the warning signs of suicide. The behaviors listed may indicate that a child is emotionally distressed and may begin to think and act in self-destructive ways. If you are concerned about one or more of the following behaviors, please seek assistance at your child's school or at our local mental health agency.

Home Problems

- Running away from home
- Arguments with parents/guardians

Physical Problems

- Frequent stomachaches or headaches for no apparent reason
- Changes in eating or sleeping habits
- Nightmares or night terrors

Behavior Problems

- Temper tantrums
- Thumb sucking or bed wetting/soiling
- Acting out, violent, impulsive behavior
- Bullying
- Accident proneness
- Sudden change in activity level or behavior
- Hyperactivity or withdrawal

School Problems

- Chronic truancy or tardiness
- Decline in academic performance
- Fears associated with school

Serious Warning Signs

- Severe physical cruelty towards people or pets
- Scratching, cutting or marking the body
- Risk taking, such as intentional running in front of cars or jumping from high places
- Thinking, talking, drawing about suicide
- Previous suicide attempts
- Intense/excessive preoccupation with death

Important Contact Numbers:

Ventura County Crisis Team (Adult/Child).....	(866) 998-2243
NAMI (National Alliance on Mental Illness) Ventura County.....	(805) 500-NAMI
California Youth Crisis Hotline.....	(800) 843-5200
Trevor Lifeline (LGBTQ youth).....	(866) 488-7386
National Suicide Prevention Lifeline.....	(800) 273-8255
Ventura County Behavioral Health	(805) 981-4233
Ventura County Sheriff's Department.....	(805) 654-9511
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Resources

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 (<https://www.save.org/product/parents-as-partners/>).

Resources in Spanish (<http://www.elsuicidioesp prevenible.org/>).

Student Participation and Education

The Moorpark Unified School District along with its partners has carefully reviewed available student curricula to ensure it promotes the mental health model of suicide prevention and does not encourage the use of the stress model to explain suicide.

Under the supervision of school-employed mental health professionals, and following consultation with county and community mental health agencies, students shall:

- Receive developmentally appropriate, student-centered education about the warning signs of mental health challenges and emotional distress;
- Receive developmentally appropriate guidance regarding the district's suicide prevention, intervention, and referral procedures.

The content of the education shall include:

- Coping strategies for dealing with stress and trauma;
- How to recognize behaviors (warning signs) and life issues (risk factors) associated with suicide and mental health issues in oneself and others;
- Help-seeking strategies for oneself and others, including how to engage school-based and community resources and refer peers for help;
- Emphasis on reducing the stigma associated with mental illness and the fact that early prevention and intervention can drastically reduce the risk of suicide.

Youth suicide prevention is everyone's business. Students need to report without fear of violating confidentiality.

Student-focused suicide prevention education can be incorporated into classroom curricula (e.g., health classes, core classes, and physical education or be done through school counselor classroom presentations).

Resources

- More Than Sad is school-ready and evidence-based training material, listed on the National Suicide Prevention Resource Center's best practices list, specifically designed for teen-level suicide prevention. See the American Foundation for Suicide Prevention Web page (<https://afsp.org/our-work/education/more-than-sad/>).
- Break Free from Depression (BFFD) is a 4-module curriculum focused on increasing awareness about adolescent depression and designed for use in high school classrooms. See the Boston Children's Hospital Web page (<http://www.childrenshospital.org/breakfree>).
- Worried About Suicide? Learn the Facts! Flyers
- Emergency contact numbers on the back of student ID cards
- The Jason Foundation (<http://jasonfoundation.com/get-involved/programs/>).

INTERVENTION, ASSESSMENT, REFERRAL

Protocol for Responding to Students at Risk for Suicide

The following are general procedures for the administrator, school counselor or crisis team member to utilize when responding to reports of students at risk for suicide or exhibiting self-injurious behaviors. The urgency of the situation will dictate the order and applicability in which the subsequent steps are followed.

Respond Immediately

- Report concerns or incidents to the school counselor or administrator immediately or as soon as possible. Make direct contact with the school counselor or administrator. For example, do not wait until the end of the day or leave a note, send an e-mail, or leave a voicemail without ensuring the message was received.
- Supervise the student at all times. Ensure that any student sent to the office for assessment is accompanied by a staff member, not a student.

Secure the Safety of the Student

- For immediate, emergency, life threatening situations call 911.
- Supervise the student at all times.
- If appropriate, conduct an administrative search to ensure there is no access to means, such as razor blades or pills.
- If a student is agitated, unable to be contained or there is a need for immediate assistance, contact the local law enforcement agency. (805) 654-9511
- District employees should not transport students.
- If the school receives information that the student may pose a danger to self and/or others, but is not in attendance, contact local law enforcement to conduct a welfare check to determine the safety and well-being of the student.

Assess for Suicide Risk

- The school counselor or designated school site crisis team member/members should gather essential background information that will help with assessing the student's risk for suicide (e.g., what the student said or did, information that prompted concern or suspicion, copies of any concerning writings, drawings, text messages, or social media).
- The school counselor/school site crisis team member should meet with the student to complete a risk assessment. Based on the information gathered and assessment of the student, the assessing party should collaborate with at least one other designated school crisis team member to determine the level of risk.
- If the assessing party makes phone calls for consultation, consider making these call in a confidential setting and not in the presence of the student of concern. The student should be supervised at all times by another designated staff member. The privacy of all students should be protected at all times. Disclose information only on right to know and need to know basis.

Identify Suicide Risk Levels

The assessing party should collaborate with at least one other like professional to determine appropriate action(s) based on the level of risk. Action items should be based upon the severity and risk of suicide. There are circumstances that might increase a student's suicide risk.

Risk Level/Definition	Warning Signs May Include
No known current risk	<ul style="list-style-type: none"> • Denial of being suicidal • No known history of suicidal ideation/behavior or self-injurious behavior • No current evidence of depressed mood/affect (Example: statement made was a figure of speech, intended as a joke, or was a repetition of song lyrics or movie script)
<p style="text-align: center;">Level 1</p> <p>Does not pose imminent danger to self, insufficient evidence for suicide risk</p>	<ul style="list-style-type: none"> • Passing thoughts of suicide; evidence of thoughts may be found in notebooks, internet postings, drawings • No evidence of self-harm • No plan • No history of previous attempts • No means or access to weapons • No recent losses or suicides of family/friends • No history of alcohol/substance use or current intoxication • No signs of depression • No change in personality • Student can commit to safety (Have the student sign a <i>Student Safety Plan</i>) • Support system is in place
<p style="text-align: center;">Level 2</p> <p>May pose imminent danger to self, but there is insufficient evidence to demonstrate a viable plan of action to do harm</p>	<ul style="list-style-type: none"> • Thoughts of suicide • Some details indicating a plan for suicide (the more detailed the plan, the greater the risk) • Student can commit to safety (Have the student sign a <i>Student Safety Plan</i> but do not use in isolation) • No previous attempts or recent suicide among family or friends • No diagnosed or undiagnosed mental illness • No history of alcohol/substance use or current intoxication • No recent trauma • No recent changes in medications
<p style="text-align: center;">Level 3</p> <p>Poses imminent danger to self with a viable plan to do harm; exhibits extreme or persistent inappropriate behaviors; may qualify for hospitalization</p>	<ul style="list-style-type: none"> • Current thoughts of suicide • Has a plan (the more detailed the plan, the greater the risk) • Has access to weapons or methods(s) of committing suicide • Repetitive self-injurer • Isolated and withdrawn • Previous suicide attempt/hospitalization • Making final arrangements (e.g., giving away prized possessions or goodbye messages in writing, text or on social networking sites) • Current sense of hopelessness • No support system • Current alcohol/substance use or current intoxication • Knows someone who has attempted/committed suicide • Was part of a suicide pact • Student unable to commit to safety or sign <i>Student Safety Plan</i>

Protocol for Student with Warning Signs or for Students Making Oral or Written Threat of Suicide

School Counselor/Psychologist or Principal Response

- Do not leave the student alone or unsupervised at any time.
- Let another school counselor or administrator know you are conducting an assessment.
- Assess the seriousness of threat via an interview with the student.
- Consult with another school counselor, or like professional.
- Determine necessary intervention or action.
- Contact SRO or VCBH Mobile Crisis Team (866) 998-2243 when appropriate.
- Contact parent/guardian and meet with them as appropriate.
- Document all contacts under the visits pull down in Q.

Assessing Risk Level-Action to Take

No Known Current Risk of Suicide

- You have met with and conducted a Suicide Assessment but student denies any suicidal ideation. If after consulting with a like professional, you determine there is No Known Current Risk, contact parent/guardian.
- Provide information regarding the incident or statement made to parent/guardian. Explore with the parent/guardian if there are any concerning behaviors at home, school or community (see *Suicide Assessment Form*). If so, this might change the level of risk originally determined. Provide resources if appropriate.
- Fill out a *Student Safety Plan* when appropriate – identify support systems on campus and community resources. Do not put in cum file.
- Document student and parent contact under visits in Q.
- Notify site administrator of incident.
- Notify the special education case manager when student has an IEP.

Risk Level I Actions

- Assess for suicide risk by talking with student and asking questions on the *Suicide Assessment Form*. If after consulting with a like professional you determine it is a Level I risk, contact the parent/guardian. Notify administrator of the situation.
- Explore with the parent/guardian if there are any concerning behaviors at home, school or community (See *Suicide Assessment Form*). If so, this might change the level of risk originally determined. Provide resources if appropriate.
- Fill out a *Student Safety Plan* with student. Identify support systems on campus and in the community. Do not put in cum file.
- Document student and parent contact in Q under visits.
- Notify site administrator of incident.
- Notify special education case manager when student has an IEP.
- Contact Child Protective Services (805) 654-3200 if suspected abuse. Contact SRO/Law Enforcement if parent/guardian can't be reached.

Risk Level II Actions

- Assess for suicide risk by talking with student and asking questions on the *Suicide Assessment Form*. If after you consult with a like professional you determine it is a Level II risk and you determine that a SRO or Ventura County Crisis Team does not need to be contacted to do an assessment, contact

parent/guardian. Notify administrator of the situation. (There may be times you request the assistance of the SRO/Ventura County Crisis Team due to not being able to determine a Level II from a Level III risk.)

- Meet with parent/guardian. Ask if they are willing to contact their own medical mental health provider or Ventura County Crisis Team to be assessed.
- Have the parent/guardian sign the *Threat of Suicide Parent Notification and Referral Form* and give them a copy. Keep a copy for your personal confidential file. Do not put in cum file.
- Notify special education case manager if student has an IEP.
- Fill out a *Return to School after Assessment or Hospitalization Form* for parent/guardian to take with them so that the Clinic Clinician can release them to return to school if they deem appropriate. Have parents sign it and take it with them. Keep a copy for yourself. Do not put in cum file.
- Ensure that the student submits the *Return to School after Assessment or Hospitalization Form* in order to be cleared to attend school. Do not put in cum file.
- Require the student meet with you upon return to school to develop a *Student Safety Plan*. Do not put in cum file.
- Document all contacts in Q under visits.
- Contact Child Protective Services (805) 654-3200 if suspected abuse. Contact SRO/Law Enforcement if parent/guardian is not compliant with recommendations, or cannot be contacted.

Risk Level III Actions

- Assess for suicide risk by asking questions on the *Suicide Assessment Form*.
- If after consulting with a like professional you determine a Level III Risk, notify site administrator that you have contacted or are going to contact SRO/ Ventura County Crisis Team.
- SRO/Ventura County Crisis team interviews student. If they determine it is appropriate, they will remove student or call for an ambulance. Notify site administrator when SRO/Crisis Team transports student.
- SRO/Ventura County Crisis Team will inform you if they are going to contact parent/guardian or if they would like you to contact the parent/guardian.
- Fill out a *Return to School after Assessment or Hospitalization Form* for parent and give to parent/guardian to take with them so that the Clinic Clinician can release the student to return to school if they deem appropriate. Have parent sign the form and take it with them. Keep a copy for yourself. Do not put in cum file.
- Notify the special education case manager if the student has an IEP.
- Document all contacts under visits in Q.
- **Require that the student bring the signed *Return to School after Assessment or Hospitalization Form* and meet with you upon return to school to develop a *Student Safety Plan*. Do not put in Cum File.**

Return of Student to School

- Request discharge documents and *Return to School after Assessment or Hospitalization Form*.
- Review any accommodations/recommendations requested by hospital.
- If medication was prescribed, it is recommended that you inform the school health office nurse of medication(s) and dosage. However, if the student needs to have medication administered at school by the health office nurse, be sure to request the appropriate documentation from the treating physician.
- Student should meet with the referring school counselor to develop a *Student Safety Plan*. Give a copy to student and parent/guardian. Keep a copy for yourself, but do not put in cum file.
- Verify with student and parent what type of counseling support plan they have in place. Provide parent with *Authorization for Release of Health Information Form* to give any additional mental health providers they will be seeing.

- Implement the *Student Safety Plan* for student, which includes: Frequent casual contacts to regularly monitor student's progress.
- Arrange for and introduce a back-up care provider in case you are unavailable.
- Advise the principal and other appropriate personnel of the plan in place.
- Confer with student and parents/guardians/caregivers about any specific requests on how to handle the situation.
- Allow accommodations for student to make up work (be understanding that missed assignments may add stress to student).

Communicate with Parent/Guardian

The administrator/designee or crisis team member should contact the parent/guardian or consult the emergency card for an appropriate third party. When communicating with parent/guardian:

- Share concerns and provide recommendations for safety in the home (e.g., securing/removing firearms, medications, cleaning supplies, cutlery, razor blades, etc...).
- If the student is transported to the hospital, communicate a plan for re-entry.
- Provide school and/or local community mental health resources. Students with private health insurance should be referred to their provider.
- Facilitate contact with community agencies and follow-up to ensure access to services.
- Obtain parent/guardian permission to release and exchange information with community agency staff using *Authorization for Release of Health Information Form* .
- Have parent sign *Threat of Suicide Parent Notification and Referral Form*.

Resources

- Suicide Assessment Form
- Student Safety Plan
- Threat of Suicide Parent Notification and Referral Form
- Return to School after Assessment or Hospitalization Form
- Authorization for Release of Health Information Form

**Do Not Put in
Cum File**

**Moorpark Unified School District
Suicide Assessment Form**

**Do Not Put in
Cum File**

An assessment should be conducted individually in a private setting. Listen to what the student says; observe his/her body language. There is no danger of “giving someone the idea” when you bring up the topic of suicide. In fact, it can be a relief to bring the topic into the open and discuss it freely without showing shock or disapproval. Discussions show that you are taking the person seriously and responding to the potential of his/her distress. A “yes” to any of the questions must be taken seriously with ensuing action.

This is not meant to be read off like a checklist. Gather the information in a conversational fashion.

Category	Assessment Questions		
Current ideation	Is the student thinking of suicide now?	Yes	No
Communication of Intent	Has the student communicated directly or indirectly ideas or plan to harm/kill themselves? (Communication may be verbal, non-verbal, electronic, written, drawings)	Yes	No
Plan	Does the student have a plan to harm/kill him/herself?	Yes	No
Means and Access	Does the student have the means/access to kill him/herself?	Yes	No
Past Ideation	Has the student ever had thoughts of suicide?	Yes	No
Previous Attempts	Has the student ever tried to kill him/herself (i.e., previous attempts, repetitive self-injury)?	Yes	No

Parents/guardians need to be notified in the event of an assessment being done. When talking with them, asking the following questions may alter your assessment.

Category	Assessment Questions		
Changes in Mood/Behavior	In the past year, has the student ever felt so sad he/she stopped doing regular activities?	Yes	No
	Has the student demonstrated abrupt changes in behaviors?	Yes	No
	Has the student demonstrated recent, dramatic changes in mood and/or appearance?	Yes	No
Stressors	Has the student ever lost a loved one by suicide?	Yes	No
	Has the student had a recent death of a loved one or a significant loss (e.g., death of family member, parent separation/divorce, relationship/breakup)?	Yes	No
	Has the student experienced a traumatic/stressful event (e.g., domestic violence, community violence, natural disaster)?	Yes	No
Mental Illness	Does the student have a history of mental illness (e.g., depression, conduct or anxiety disorder)?	Yes	No
Substance Use/Abuse	Does the student have a history of alcohol/substance use/abuse?	Yes	No
Protective Factors	Does the student have a support system of family or friends at school and/or at home?	Yes	No
	Does the student have a sense of purpose in his/her life?	Yes	No
	Can the student readily name plans for the future, indicating a reason to live?	Yes	No

Notifying parents that their child is presenting with warning signs of suicide serves at least three purposes: (1) It can initiate the family help and support needed for psycho-emotional healing and the prevention of an adolescent taking his or her life, (2) parental information can be valuable for assessing the student’s risk for suicide and (3) It can prevent lawsuits in the event of a student suicide.

If calling a parent would endanger the child (abuse/neglect by the parent is suspected), then Child Protective Services should be notified.

**Do Not Put
in Cum File**

**Moorpark Unified School District
Threat of Suicide Parent Notification and Referral
Form**

**Do Not Put
in Cum File**

Escuela _____

Yo, el padre/tutor de _____ he sido notificado que mi hijo(a) ha sido evaluado por personal de la escuela porque estaba en riesgo de suicidio.

- Se me ha recomendado por personal de la escuela que busque ayuda psicológica para mi niño inmediatamente. He sido notificado de que puedo contactar:

Ventura County Behavioral Health
(24/7) Mental Health Crisis # 1-866-998-2243
- Si no contacto a Ventura County Behavioral Health, me comprometo a hacer una cita para que mi hijo sea visto por un médico o terapeuta en las próximas 24 horas.
- Entiendo la necesidad de mantener a mi hijo bajo constante vigilancia (24 horas/día) hasta que él/ella ha sido visto por un médico o profesional de salud mental. Yo estoy de acuerdo con esta petición.
- He sido informado de la necesidad de eliminar todos los medios de la autodestrucción (armas, venenos, cuchillos grandes, medicamentos disponibles, etc.) de mi casa como medida de precaución.
- Si no cumplo con estas recomendaciones, no guardare responsable al distrito si mi hijo(a) llega a suicidarse.
- En este momento el estudiante ha negado tener pensamientos de suicidio. Los padres han sido informados de que no hay predictors de suicidio y deben conocer las señales de advertencia de suicidio.

Firma del padre

Fecha de notificación

Hora de notificación

Testigo

Fecha

Hora de notificación

**Do Not Put
in Cum File**

**Moorpark Unified School District
Return to School After Assessment or Hospitalization**

**Do Not Put
in Cum File**

Student Name: _____ D.O.B. _____

Parent/Guardian: _____ Parent/Guardian Phone: _____

School Counselor: _____ School Counselor Phone: _____

School: _____

PARENT AUTHORIZATION: I give my permission for school personnel and physician to exchange information regarding my child. Permission is granted for one year from the date signed.

Parent/Guardian Signature _____

* * * * * **Below To Be Completed by Psychiatrist, Licensed Therapist** * * * * *

Mental Health Assessment Date: _____ Time: _____

At the time of this assessment, the student:

- Was not a danger to him/herself or others.
- Was not gravely disabled.
- May return to school on _____ (date).

Restrictions/Accommodations: No Yes If yes, please specify: _____

Mental Health Symptoms: _____

Restrictions/Accommodations: _____

Follow-up Recommendations for Psychotherapy: _____

Medication(s): _____

If medication will be required for student to take at school, a required form can be requested from the school site.

Clinician Signature

Date

Clinician Name (Please Print)

Phone

**Do Not Put
in Cum File**

**Moorpark Unified School District
Student Safety Plan**

**Do Not Put
in Cum File**

Name: _____ Date: _____

If I experience any of the following thoughts, feelings, or self-injurious behaviors:

Feelings:

Thoughts:

Behaviors:

Or any event that causes excessive stress, I will do one or more of the following instead of hurting myself:

_____ I will remind myself that I can never, under any circumstances harm myself in any way, attempt suicide, or die by suicide.

_____ I can come to the office of _____ to talk about my feelings.

_____ I can talk to a parent, teacher, or other trusted adults about my feelings.

_____ I can call one of the hotline numbers listed below.

_____ I can ask someone to take me to the hospital. If no one is around, I can call 911. The hospital is a safe place where I can get help and can be safe from hurting myself.

Hotline Numbers I can call:

- California Youth Crisis Hotline..... (800) 843-5200
- National Suicide Prevention Hotline..... (800) 273-8255
- Trevor Lifeline (LGBTQ)..... (866) 488-7386
- Ventura County Crisis Team..... (866) 998-2243

By signing this Safety Contract in the presence of a school counselor, I agree to take positive actions whenever I feel like hurting myself. I will not hurt myself or try to kill myself. I will be near people who can help me or will be able to make a phone call if I need to contact people who can help me.

Student Signature: _____

Counselor Signature: _____

Authorization Restrictions and Rights

- Signing this authorization is voluntary. You can refuse to sign this authorization. Refusing to sign this authorization will not affect Moorpark Unified School District's (MUSD) commitment to providing a quality education for your child; however, refusing to sign may inhibit the school's ability to implement an optimal plan of education, learning accommodations and/or health care plan for your child.
- This authorization may be revoked at any time. To revoke this authorization, you must provide the organization or individual listed in Section B of this form with a written request to revoke the authorization. Any information disclosed before your written revocation is received may be used as previously permitted.
- MUSD is responsible for maintaining confidential files for access and review by involved educational staff only. Academic, psychological and health records are exchanged among California Public Schools. No further disclosure of this information by MUSD should be done without specific, written and informed release by parent/legal guardian.
- If you authorize disclosure of information to a person or entity that is not legally required to keep it confidential, the information may be re-disclosed and may no longer be protected by state or federal law.
- You may inspect or copy the information to be disclosed, as provided in CFR 164.524

Staff

Whenever a staff member suspects or has knowledge of a student's suicidal intentions, they shall promptly notify the student's school counselor and the site principal.

The principal, another school administrator, school counselor, school psychologist, social worker, or health office 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 an attempt is made by a student or adult on campus or at a school-sponsored activity.

Parents, Guardians, and Caregivers

The Suicide Prevention Policy including resources for parents will be shared and available to all parents/guardians/caregivers, so they know how to respond to a crisis and are knowledgeable about the school and community-based resources. The Suicide prevention policy including specific information for parents and links to additional resources will be posted on the MUSD website.

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. Students at the high school level will have emergency hotline numbers listed on the back of their student ID cards and the flyer *Worried about Suicide? Learn the FACTS!* will be shared with students during suicide awareness lessons as appropriate.

Parental Notification and Involvement

Each school within the Moorpark Unified School District 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. (*Return to School After Assessment or Hospitalization Form*)

If parents/guardians/caregivers refuse or neglect to access treatment for a student who has been identified to be at-risk for suicide or in emotional distress, the suicide point of contact (or other appropriate school staff member) will meet with the parents/guardians/caregivers to identify barriers to treatment (e.g., cultural stigma, financial issues) and work to rectify the situation and build understanding of the importance of care. If follow-up care for the student is still not provided, school staff should consider contacting Child Protective Services at (805) 654-3200 to report neglect of the youth.

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.
- Call 911 and give them as much information about any suicide note, medications taken, and access to weapons, if applicable.
- Move all other students out of the immediate area.
- immediately contact the administrator or suicide prevention liaison.
- 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.

Document all actions

- The administrator/designee shall maintain records and document actions taken at the school for each case.
- Notes, documents and records related to the incident are considered confidential information and remain privileged to authorized personnel. These notes should be kept in a confidential file separate and apart from the student's cumulative records.

Action Plan for Out-of-School Suicide Attempts

If a suicide attempt by a student is outside of MUSD property, MUSD will make every effort to protect the privacy of the student and maintain a confidential record of the actions taken to intervene, support, and protect the student. The following steps will 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 are correct.
- Designate a staff member to handle media requests.
- Provide care and determine appropriate support to affected students.
- Offer steps for re-integration to school to the student and parents/guardians/caregivers.

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 be 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, school 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.

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 shall be implemented upon re-entry:

- Request discharge documents and completed *Return to School after Assessment or Hospitalization Form*.
- Review any accommodations/recommendations requested by doctor/clinician/hospital.
- If medication was prescribed, it is recommended that you inform the school health office nurse of medication(s) and dosage. However, if the student needs to have medication administered at school by the health office nurse, be sure to request the *Authorization for any Medication Taken During School Hours Form* (available in school health office).
- Student should meet with the referring school counselor to develop a *Student Safety Plan*. Give a copy to student and parent/guardian. Keep a copy for yourself, but do not put in cum file.
- Verify with student and parent what type of counseling support plan they have in place. Have parent sign the *Release and Use of Information Form* to give any additional mental health providers they will be seeing.
- Implement the *Student Safety Plan* for student, which includes: Frequent casual contacts to regularly monitor student's progress.
- Arrange for and introduce a back-up care provider in case you are unavailable.
- Advise the principal and other appropriate personnel of the plan in place.
- Confer with student and parents/guardians/caregivers about any specific requests on how to handle the situation.
- Allow accommodations for student to make up work (be understanding that missed assignments may add stress to student).

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

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

POSTVENTION (RESPONDING AFTER A SUICIDE DEATH)

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 District Suicide Prevention Team will ensure that each school site is familiar with the action plan steps listed below for responding to a suicide death as part of the general Crisis Response Plan.

Suicide Postvention Response Plan:

- Superintendent or principal to confirm death and cause;
- Superintendent, principal or designee to contact deceased's family (within 24 hours);
- Enact the Suicide Postvention Response Plan actions listed below; include an initial meeting of the district/school Suicide Postvention 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).

Additional Post-Vention actions

- Identify and support students significantly affected by suicide death and other students at risk of imitative behavior;
- Identify and support students affected by suicide death but not at risk of imitative behavior;
- Communicate with the larger school community about the suicide death;
- 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 (Superintendent). (Refer to Reporting on Suicide.Org Web site (www.reportingonsuicide.org)).
- Utilize and respond to social media outlets as needed

Long-Term Post-Vention actions

- 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

Resources

After a Suicide: A Toolkit for School is a comprehensive guide that will assist schools on what to do if a suicide death takes place in the school community. See the Suicide Prevention Resource Center Web page (<http://www.sprc.org/comprehensive-approach/postvention>).

Help & Hope for Survivors of Suicide Loss is a guide to help those during the bereavement process and who were greatly affected by the death of a suicide. See the Suicide Prevention Resource Center Web page (<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 (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 (<http://www.cde.ca.gov/ls/ss/vp/safeschlplanning.asp>).

Additional resources regarding student mental health needs can be found in the SSPI letter responding to Student Mental Health Needs in School Safety Planning (<http://www.cde.ca.gov/nr/el/le/yr14ltr0212.as>)