SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT
Informed, Prepared, Engaged Culture of Safety

EMOTIONAL HEALTH & WELLBEING PLAN
DECEMBER 1, 2023

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1. INTRODUCTION

The San Luis Coastal Unified School District (District) maintains a proactive focus on establishing a culture of wellness, thoughtfully creating opportunities for detecting early warning signs of mental and emotional distress, and engaging resources to support the emotional needs of students and staff. Many of the details of this proactive approach are captured in this Emotional Health and Wellbeing Plan. Planning for the emotional wellbeing and mental health of students and staff is a vital component for supporting the entire community.

The goals of this Plan include:

1. Proactively promote and sustain a positive culture of emotional wellbeing and mental health

2. Define the roles and responsibilities of staff and partner agencies

3. Provide tools and resources to support the emotional needs of students and staff following a tragic event

4. Identify a distressed student and identify the resources available to prevent harm with support for a healthy reengagement

5. Support mental health needs after a crisis event

6. Assess potential threats to school safety and steps to investigate, intervene and respond to threats

School-based crisis planning must recognize that traumatic experiences can interfere with student and staff performance due to mental health impact. By having a comprehensive mental health program, both students and staff will better know how to navigate the inevitable stress that arises during a crisis. Including planning for unexpected mental health crisis needs of the impacted students and staff, including those with access and functional needs, is a critical aspect of emergency planning.

The District recognizes the impact that traumatic events have on the mental health of both students and staff. Failure to adequately address the mental health needs at the time of a traumatic event, or a mental health crisis, may result in secondary trauma or even a posttraumatic stress reaction. These reactions in students may result in the inability to focus, poor school performance, substance abuse, inflicting abuse on self and others, school violence and the overall ability for students to learn in school. For staff, failing to adequately address mental and emotional needs could result in poor performance, absenteeism, and even the loss of good employees.

Good mental health or mental wellness should be a goal for everyone. The District believes that all staff, students and families should be educated about the importance of maintaining good mental health. The District engages in the promotion of productive dialogue and supportive actions to enhance and sustain good mental health for all students and staff, free from any negative assumptions or stigmas related to this important aspect of the human condition.

The World Health Organization defines mental wellness as "a state of well-being in which each individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."

The District expects all staff to support the emotional and mental health needs of students. In a culture of committed, proactive support, all staff recognize the value and responsibility of assisting students who are experiencing difficult things in their lives. **The San Luis Coastal Unified School District aspires to create and sustain a culture where no student feels invisible or stigmatized in seeking mental health support.**

It is the District's belief that all students should feel connected and cared for **because every student is important and has value.** Staff enact this belief through both simple behaviors and structured roles that support positive culture. Simple behaviors may include a smile as a student enters the class or time taken to thoughtfully engage with a student, helping to make them feel important and included. Structured roles include safety measures and supervisory expectations. This culture promotes school learning, higher school performance, better mental health and creates resiliency when traumatic events do occur. It also results in matriculating young adults who are prepared to engage with society in a healthy and productive manner. In this District's desired culture, students should know they are safe and know they belong. The three key areas of mental health and well-being, include:

- **Emotional:** perceived life satisfaction, happiness, cheerfulness, peacefulness.

- **Psychological:** self-acceptance, personal growth (openness to new experiences), optimism, hopefulness, purpose in life, control of one's environment, self-direction, a sense of connection to something larger than self, and positive relationships.

- **Social:** social acceptance, beliefs in the potential of people and society, personal self-worth and usefulness, and a sense of community.

2.   PROMOTING AND SUSTAINING A POSITIVE CULTURE OF EMOTIONAL WELLBEING AND MENTAL HEALTH

The District follows the principles outlined in the California's Social and Emotional Learning Guiding Principles:

3. Adopt Whole Child Development as the Goal of Education
4. Commit to Equity
5. Build Capacity
6. Partner with Families and Communities
7. Learn and Improve

To address the individual needs of students within the framework of the guiding principles above the District utilizes a Multi Tiered System of Support (MTSS) to address student needs. While all students receive positive interactions with staff, safe classrooms, access to staff and instruction (Tier I), some students need increased support (Tier II) and a few students need intensive intervention (Tier III). The District implements systems of support through collaborative efforts of families and school counselors, school psychologists, school nurses, program specialists, mental health supports, site administrators, and classroom teachers.

Tier III ————————
Individualized intensive interventions

Tier II ————————
Targeted small group interventions for at-risk students

Tier I ————————
Whole class research-based core instruction
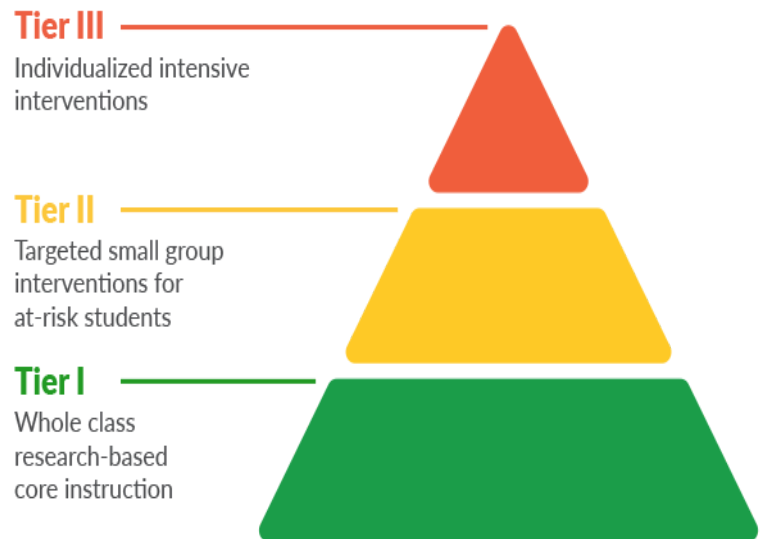
TIER I: UNIVERSAL (All Students)

Tier I provides the foundation for how all students are given the opportunity to thrive including core curriculum, individual student planning, and school-wide programs and activities. The District ensures that all students also have access to school counseling services to optimize emotional health and wellbeing.

District Emotional Health and Wellbeing Resources

The District maintains continuous access to resources via the District Website at www.slcusd.org. The Student Support Services web page provides the Mental Health Resources tab with links for crisis hotlines, students resources and parent resources (inclusive of local supports in English and Spanish). The District website provides confidential reporting via a 24-hour "Report a Concern"

and "Bully Button" under the Safety tab for continuous reports of bullying and concerns for District investigation and response.

The District ensures all families have access to the SLO Coastal Family Resource Center. The Family Resource Center mission is to provide resources and referrals to ensure the healthy development of children, youth and adults in Los Osos, Morro Bay, Avila and San Luis Obispo.

Curriculum

Students receive instruction and activities for social emotional learning to "acquire and apply the knowledge, skills, and attitudes to develop health identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions."[1] The District is utilizing the CASEL (Collaborative for Academic, Social and Emotional Learning) competencies for social emotional learning instruction as well as targeted curriculum at the secondary and elementary levels. Secondary schools provide mental health curriculum in Health Education Courses in accordance with state law. The elementary level targeted curriculum addresses problem-solving, emotion management, anti-bullying, health and safe decision making and mindfulness. All students and staff are instructed in "See something, Say something, Do something." and "Start with Hello" to promote a culture of safety and inclusion where all students are visible.

Social & Emotional Learning (SEL) framework includes five core social and emotional competencies
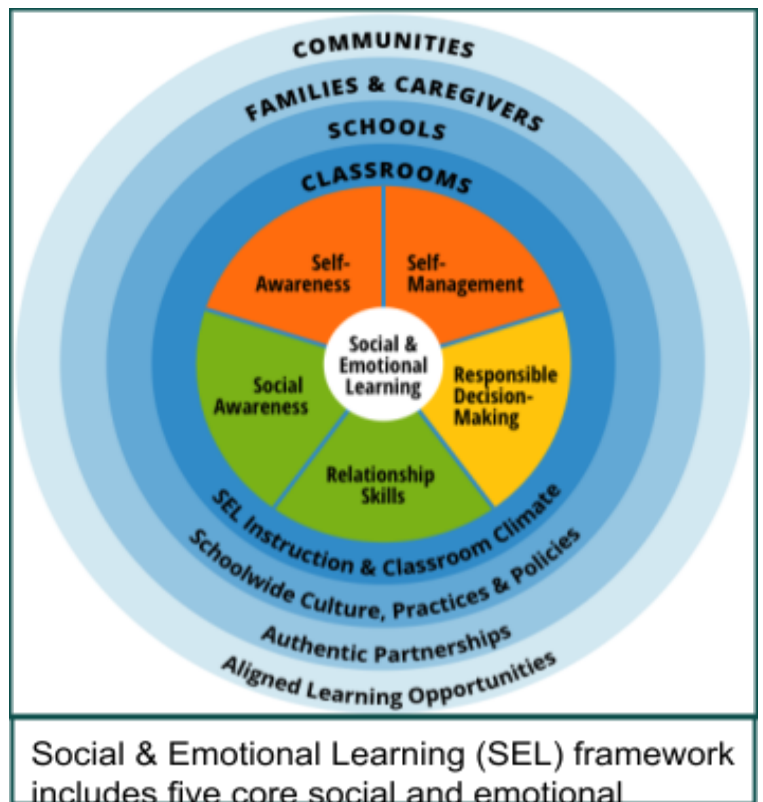
The District utilizes evidence-based curriculum to support mental health and wellness. Secondary schools may utilize targeted social emotional lessons coupled with available programs. Lessons at the secondary level may focus on suicide prevention, stress and anxiety management as well as drug and alcohol abuse prevention. K-8 teachers implement the social emotional lessons from the Second Step curriculum with support from school counselors. Teachers may incorporate emotional regulation and understanding of feelings, instruction and activities through classroom incorporation of restorative practices, trauma informed care, and *Leader in Me* program strategies.

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[1] https://drc.casel.org/

The District provides suicide prevention curriculum for students and training for staff. The District utilizes suicide prevention modules in 7th thru 12th grades. All school staff serving 7th-12th grade students receive biannual suicide prevention training for how to identify appropriate mental health services at the school site and within the community, and when and how to refer youth and their families to those services. District mental health professionals are trained in suicide prevention and intervention, as well as suicide risk assessment and crisis intervention. The District has provided staff voluntary training in Youth Mental Health First Aid.

Student Planning

All students have access to school counselors to support them with school-based planning. School counselors monitor student progress for early intervention related to disruption of academic, behavioral and social emotional wellness. Starting in Grade 7, all students receive support for "6 Year Plans" with utilization of the California Colleges Guidance Initiative to support college readiness and transition.

District Mental Health Professionals

The District employs school counselors and school psychologists. All students have access to school counselors. School counselors are trained as educators and mental health service providers. School counselors provide high quality services to all students in the areas of academic, career and social emotional learning. School counselors support students in the access of supplemental supports and community-based resources. They also provide a bridge of communication and understanding between home and school.

As described in Tier II and Tier III, school counselors and school psychologists serve as contributing mental health team members on CARE (Collaborate, Advocate, Restore & Educate) teams, Student Support Advisory Teams, Student Success Teams, Individual Education Plan (IEP) teams and 504 teams to support access to intervention and services when students are in danger of failing and those with identified behavioral, academic, attendance or social/emotional challenges.

Psychological First Aid

The District provides training for mental health professionals in Psychological First Aid for Schools (PFA-S). PFA-S is an evidence-based intervention model to assist students, staff, and families in the immediate aftermath of a disaster or traumatic event and can be used by any trained staff member or community partner. PFA-S uses brief interventions to prevent long term trauma. PFA-S is designed to reduce the initial distress caused by disasters or traumatic events, allows for the expression of difficult feelings and assists students in developing coping strategies and constructive actions to deal with fear and anxiety.

Acknowledging Every Student Every Day

The District strives to begin each school day by acknowledging every student. Acknowledgement supports early identification of a potentially "socially invisible" student as well as students showing early warning signs of need. This practice involves positioning school principals and staff at the primary point(s) of entry to the campus to greet each student every day.

This effort increases school safety and improves student wellness by ensuring that all students are welcomed to campus. It also provides an opportunity to identify and address individuals who have no legitimate purpose to be allowed to enter the campus. Further, as students depart school at the end of the day, staff positioned at points of egress recognize students for their attendance and provide a heightened sense of coordination in concluding the school day, and, in the case of younger students, ensuring that students connect with someone to aid them in safely leaving campus. Physical presence while acknowledging students at the end of the day allows for connection with the community through visibility and personal daily contact.

Staff working to greet students should be fully focused on engaging all students and visitors. During this time, staff should not have unrelated responsibilities or distractions and be present in body, mind, and intention at the entrance to school to start and end each day. Every passing student should be greeted on their way into school and receive a good-bye on their way out at the end of the day.

This practice of thoughtful engagement is extended to individual classrooms. These interactions allow notice of a student having a bad day and afford an opportunity for a compliment or word of encouragement at transitions to and from the classroom. When negative changes in student appearance or social engagement are detected, staff should communicate concerns with the site administrator and school counselor.

Positive Student-Staff Connection at School

The District strives to foster a positive staff connection for all students at their school. This person may be a teacher, counselor, sports coach, or other school staff member. A strong staff-student school connection can have tremendous benefits that include reducing bullying, improved attendance, lowering drop-out rates, and improving emotional wellbeing and mental health. A known strategy to assess the mental wellness of a student, based in suicide prevention strategies, is the ability of the student to identify at least one adult that he/she/they can trust.

In elementary school, the primary staff connection is the classroom teacher. As students progress to secondary school with multiple teachers on a rotation schedule, staff-student relationships require additional facilitation. Some of the District's secondary schools have implemented an "Advisory" period such that everyday the students begin the day with the same teacher for connectivity. Other secondary schools dedicate scheduled professional development time to

determine unknown students and implement follow up efforts to develop connections. Schools strive to ensure that every student has an adult who knows their name, strengths, interests and needs. Schools take intentional steps to foster relationships and frequent connections when students have been identified as not being deeply known or as not having connected with a trusted adult on campus.

The system of formalizing meaningful connections between staff and students enacts a deliberate process of an ongoing appreciation for the social connections each student maintains. Throughout a student's life, social connections change as students join or leave clubs or teams, meet new friends, and focus on new areas of interest. These changes are normal and typically healthy. Other changes, such as increased isolation for an otherwise outgoing student or elimination of a key friend for a student with a small social circle, may be indicative of a student in need of increased support and care. Every student should have at least one staff member who can be alert to these changes and aware of the resources to engage to assist students whose social engagement may be a concern.

To support staff in learning about students to foster connection and identification of those who may be experiencing isolation, staff may utilize Social Mapping activities. A social map serves to capture a student's social network, recognize changes that may require follow-up, and as well as identifying individuals that may be at higher risk of need should a crisis occur. Social maps are particularly important when students are struggling at home or school. When staff recognizes the early signs of distress and thoughtfully engages, no student feels invisible, helpless, or alone. In some instances, a student may either feel invisible or take deliberate steps to make themselves less visible for a variety of reasons - neither of which promote emotional wellbeing. Trusted staff members who maintain connection with students are poised to recognize concerning changes and respond appropriately.

Wellness Centers

Wellness Centers are opening at District high schools to provide mental health and wellness support for students. Wellness Centers are staffed with Mental Health professionals and aides who are available to support students in need of a calm and safe place to address mental health needs. Wellness Centers will support students in need of emotional regulation and those who are in crisis.

Universal Screener:

The District provides students in grades 2-12 access to a mental health and wellness assessment through the use of a confidential, digital universal screener three times a year. This screener is designed to identify students who are at increased risk for mental health and wellness needs. Screener results are confidentially reviewed by the school site mental health professionals to

provide identified students with necessary services in consultation and coordination with staff and families. Parents/guardians may review their students' results upon request to the school.

TIER II: SUPPLEMENTAL (Some Students)

Tier II provides intentional targeted interventions for students who are identified by pre-scheduled and predetermined data screening elements inclusive of staff and/or parent/guardian referral.

Social Emotional and Mental Health Interventions

Student intervention is implemented with parent/guardian communication through the school in accordance with District confidentiality practices, procedures and protocols. Intervention is need-based and quantified through observational and/or recorded data findings following proper referral procedures for Tier II referral documentation. Schools may utilize Student Success Team meetings to ensure understanding of the need, home-school communication and implementation of efforts. Student Success Team meetings bring together school staff and parent(s)/guardian(s) to discuss student progress and potential actions to support continued growth and development that may include intervention support. Interventions utilize pre-assessment and growth tracking with the understanding that progress will be communicated and reviewed for further action. Intervention may also come in the form of referral for community-based resources.

The District collaborates with community agencies to maintain a comprehensive list of community-based resources. The District publicly posts this resource list on the District and school websites. The community-based resource list is additionally made available in all District counseling offices.

Examples of Tier II District Interventions

- Short term one on one counseling with School Counselor at school
- Classroom accommodations
- Small group counseling at school (inclusive of drug and alcohol intervention at secondary level)
- Daily Check In/Check Out (CICO)
- Social Skills Group
- Family Advocate Referral
- SLO/Coastal Family Resource Center Referral
- Intervention by School Nurse

Examples of Tier II Community Resources

Family Resource Centers
- SLO Coastal Family Resource Centers (FRC) with affiliated agencies (The Link, CAPSLO, County Behavioral Health, Department of Social Services)

Abuse, Neglect, or Domestic Violence
- Child Welfare Services
- Lumin Alliance

Alcohol and Substance Abuse Services
- County of SLO Drug and Alcohol Services

Behavioral and Mental Health Services
- County of SLO Behavioral Health, Youth Services
- Behavioral Health Central Access
- County of SLO Mental Health Evaluation Team
- Transitions Mental Health

Educational Services
- SLO SELPA
- SLO County Office of Education Early Learning and Educational Support

Fiscal Services
- Family Resource Centers
- United Way Tax Preparation Assistance

Food Services
- Food Bank of SLO County
- CalFresh, Department of Social Services

Homeless and Foster Youth Educational Services
- SLO County Office of Education Foster and Homeless Youth Services

Homeless and Housing Services
- Housing Authority of SLO (HASLO)
- Housing Support Program (HSP), Department of Social Services

Job and Work Services
- CalWORKS, Department of Social Services

Legal and Judicial Services
- Family Law Facilitator, SLO Courthouse

Medical and Healthcare Services
- Community Health Centers (CHC)

- MediCal, Department of Social Services

TIER III: INTENSIVE (Few Students)

Tier III provides service model intervention in accordance with referral and qualification procedures. Some situations are immediately Tier III due to necessary emergency response with consideration of potential harm to self or others.

District Systems of Intensive Support and Intervention

The District maintains compliance with the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Americans with Disabilities Act that supports equitable access to education for all students. Qualifying students may receive social-emotional and mental health services following District and legal procedures for Individual Education Plan (IEP) and Section 504. These services may include, but are not limited to, individual or group therapeutic intervention, individual or group social skills instruction, general education accommodations and modifications, and Educationally Related Social Emotional Support Services (ERSESS).

In alignment with the California Education Code, Section 48320, the District participates in referrals for the School Attendance Review Board (SARB) to support students in accessing their education through participation and attendance. The goal of SARBs is to keep students in school and exhaust all available resources to support access to education. SARBs must refer students and their parents or guardians to court when necessary.

Community-Based Intervention

The District may work with community agencies to provide intensive intervention when necessary, this may include law enforcement. The District must involve law enforcement when laws have been violated, such as incidents of a student setting fires or sexually acting out. School Resource Officers (SRO) who are local law enforcement officers specifically assigned to serve as law enforcement liaisons between the school system and the local law enforcement agency. The City of Morro Bay, the City of San Luis Obispo and the County Sheriff's Office provide full time officers/deputies to this role.

Some intensive interventions must be provided by outside agencies as they are beyond the scope, expertise, and/or resources available for the school system. The District works closely with community agencies to support students and their families with continued communication and coordination of education as feasible. The District mental health professionals work closely with the school administration, law enforcement and community agencies related to students' mental health and wellbeing during and after an intensive incident.

Suicide Risk Assessment

The District mental health professionals are trained in suicide risk assessment procedures and crisis intervention response. Upon learning of information related to self-harm, the District mental health professional(s), in coordination with the school leadership, will immediately assess for suicide risk, develop a Safety Plan for intervention and meet as a team to determine further action with a plan for follow up. Suicide risk assessment and response may involve, and is not limited to, District mental health professional(s), school site administrator(s), student(s) and parent(s)/guardian(s). The District mental health professional follows the District Suicide Risk Assement protocol. The Safety Plan identifies interventive actions details. The Safety Plan is distributed to the parent(s)/guardian(s), site administrator, and intervention manager as deemed appropriate per the assessment findings. A Re-entry Plan will be developed for students who necessitate absence to support a successful return to school.

Threat Assessment

While a culture of promoting and sustaining a positive culture of emotional wellbeing and mental health can significantly enhance the lives of students, faculty, and staff, not all threats can be eliminated. The District utilizes threat assessment as a prevention strategy that involves identifying threats with a potential for violence, investigating credible threats and implementing a plan to deescalate the factors that negatively influence potential offenders. The goal of threat assessment is to strategically keep schools and individual students safe. The District incorporates the Behavioral-Health Assessment Response Project (B-HARP) in threat assessment procedures with a multidisciplinary team that includes, but is not limited to, the Deputy Director of Student Services, Site Administrator, School Psychologist and School Resource Officer(SRO)/Deputy(SRD).

Threat Assessment Procedural Overview Chart
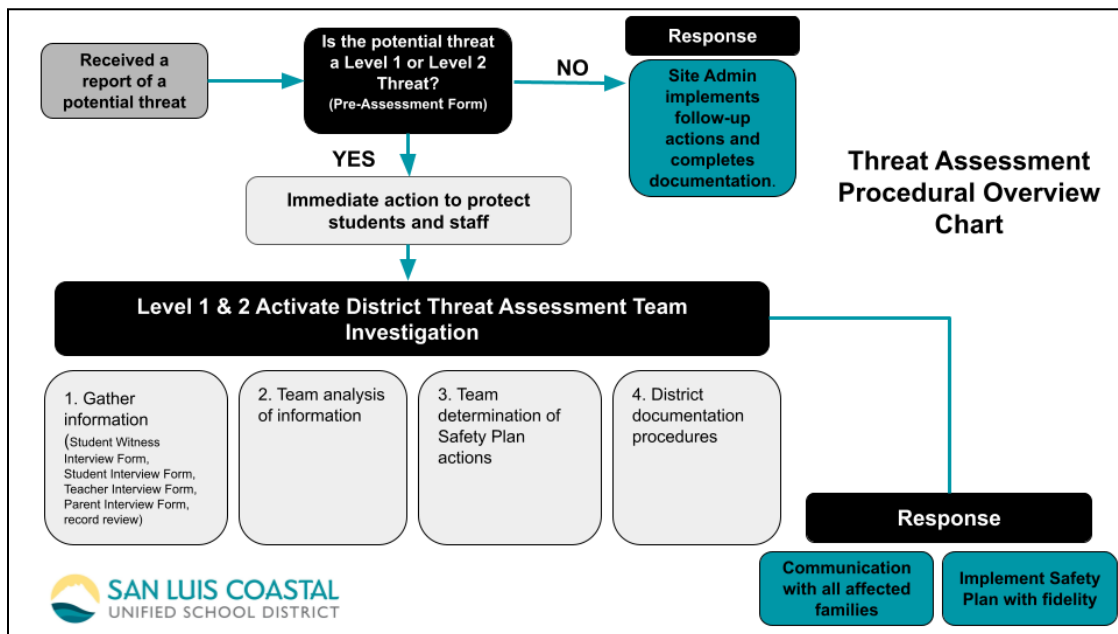
Documenting Threat Assessment

All potential threats should be reported to the District through site administrator notification or via the Report a Concern Button on the District website. Observers of imminent and immediate threats should call 9-1-1.

Upon knowledge of a potential threat, the site administrator reviews threat credibility criteria through communication with the SRO and a District mental health professional. Threats that are deemed likely are assessed through the collaborative assigned efforts of the members of the District Threat Assessment Team to determine the credibility of the threat. Threats that are found to not be credible will be addressed and documented by the site.

Credible threats will require investigation and strategic response by the Threat Assessment Team. Additional participants for information may include other site and District staff, parents/guardians, case managers (if the student has an IEP or 504) and caseworkers and/or probation officers (if the student is adjudicated or a ward of the state). The team will follow District procedures to gather information about the student and the specifics of the potential threat. A meeting will be held to evaluate information from questionnaires, interviews, and student records. The team will confidentially document findings and conclusions. The team will develop a Safety Plan of intervention and mitigation actions and, if needed, a Reentry Plan for the student.

Threat Assessment Response

Team members carry assigned responsibilities for Threat Assessment. Implementation of Threat Assessment procedures and resulting plans are the responsibility of the site administrator. The site administrator is also responsible for contacting parents of the threat recipient(s) and student(s) who made the threat. All communication efforts are confidentially documented by the site. The situation may necessitate preventative monitoring of the student who made the threat and those who may be a target of the threat on site under the authority of the site administrator. The site administrator ensures the confidential procedures for gathering site information, site documentation and site implementation of the Safety Plan with fidelity.

All Threat Assessment Team members contribute to information gathering and selected team members document the outcome. The school psychologist or District mental health professional completes the Threat Assessment findings report. The site administrator coordinates with site staff and the School Resource Officer/Deputy for follow up safety and/or re-entry planning with communication and documentation provided to the District Deputy Director of Student Support Services. The Deputy Director ensures Threat Assessment procedures by consulting with the site administrator, consulting with the School Psychologist on the report and verification of confidential District documentation of the Threat Assessment. The Deputy Director may also support the Threat Assessment Team in the creation of the Safety Plan and if applicable, the Re-entry Plan. Should response actions include service for a student with an existing IEP or 504 plan, the District will ensure that compliance is met in accordance with service agreement protocols.

8. EMOTIONAL HEALTH AND WELLBEING: RESILIENCY THROUGH DISASTERS

Phases of Disaster

Individuals as well as communities will experience the Phases of Disaster in reaction to a disaster or traumatic event. These phases include: Pre-Disaster, Impact, Heroic, Honeymoon, Disillusionment, and Reconstruction. The timing of these phases, whether each is present or not, and the extent to which they occur, are disaster specific. The District uses the model for Phases of Disaster to conceptualize progression from the initial stages of disaster into the long-term recovery and in turn, the common emotional responses which may be anticipated.

Pre-Disaster Phase: Some natural disasters may have a warning phase, such as fire season or rain season. This phase is characterized by fear, uncertainty and vulnerability or loss of control. These reactions may change with new information or when predications result in inaccuracies.

Impact Phase- "Intense Emotion": Emotional reactions depend on the type of disaster that is occurring. Slow, low-threat disasters have psychological effects that are different from those of rapid, dangerous disasters. As a result, these reactions can range from shock to overt panic. Initial confusion and disbelief typically are followed by a focus on self-preservation and family protection. The impact phase is usually the shortest of the six phases of disaster.

Heroic Phase- "High Activity/Low Productivity": In this phase there is a sense of altruism, and many individuals and communities exhibit adrenaline-induced rescue behavior. As a result, risk assessment may be impaired. This phase is short.

Honeymoon Phase- "Optimism": During the honeymoon phase, disaster assistance is readily available. Community bonding occurs. Optimism exists that everything will return to normal quickly. As a result, numerous opportunities are available for providers and organizations to establish and build rapport with affected people and groups, and for them to build relationships with stakeholders. The honeymoon phase typically lasts only a few weeks.

Disillusionment Phase- "Realization of Limitations": This phase is a considerable contrast to the honeymoon phase. During the disillusionment phase, communities and individuals realize the limits of disaster assistance. As optimism turns to discouragement and stress continues to take a toll, negative reactions, such as physical exhaustion or substance use, may begin to surface. The increasing gap between need and assistance leads to feelings of abandonment. Especially as the larger community returns to business as usual, there may be an increased demand for services, as individuals and communities become ready to accept support. The disillusionment phase can last months and even years. It is often extended by one or more trigger events, usually including the anniversary of the disaster.

Reconstruction Phase- "Recovery": Individuals and communities begin to assume responsibility for rebuilding their lives, and people adjust to a new "normal" while continuing to grieve losses. The reconstruction phase often begins around the anniversary of the disaster and may continue for some time beyond that. Following catastrophic events, the reconstruction phase may last for years.

Responses to Disasters or Traumatic Events

The District recognizes that disasters and tragedies cannot be predicted, and no two are alike. Multiple factors affect how and to what degree people will be emotionally affected. The interaction of multiple factors shapes how the immediate and long-term response occurs. The District ensures preparation for emotional consequences when implementing disaster planning as the improved wellbeing of students and staff strengthens response efforts and recovery for the greater community. Both students and staff will likely find it difficult to focus on the daily school processes when burdened with emotional disruption. The following section reviews resources and response preparations for events that would be emotionally disruptive for staff and students.

Possible Actions Following a Traumatic Incident

> Activate the Crisis Incident Response Team (CIRT)
>
> Contact the SLO County Office of Education for additional resources
>
> Contact community mental health partnership agencies for additional resources
>
> Open a Compassion Center
>
> Provide Grief Counseling
>
> Conduct Critical Incident Stress Debriefings for staff
>
> Hold a Parent or Town Hall Meeting
>
> Identify Students and Staff in Distress for additional support
>
> Complete Crisis Mapping of victims to identify others who may need help
>
> Provide regular communication to the school community
>
> Allow and manage a temporary memorial

District Crisis Incident Response Team (CIRT)

A Crisis Incident Response Team (CIRT) is key in making decisions about District mental and behavioral health in the event of a disaster or traumatic event under the direction of the District Operations Center (DOC). Each trained staff member of the team will be provided a defined role and has been made aware that should a need arise, he/she/they will be called upon. Members of the CIRT include, but are not limited to, the District CIRT Facilitator, District mental health professionals, Incident Command Post (ICP) members, designated site staff, and District classified support staff. The District CIRT follows the procedures outlined in the Student Support Services CIRT Manual.

CIRT members are deployed to the site to speak with impacted individuals and to establish continued access to mental health support on site. The team can also provide staff support by providing substitute teachers and staff so that school employees can access mental health support during the workday.

CIRT members meet with the Incident Commander for scheduled briefing multiple times a day while onsite during the course of CIRT activation. While the magnitude of the emergency will

determine the duration of CIRT activation on a site, the CIRT could be dismissed to return to their normal duties as early as a break period. The CIRT members will be debriefed at the time of dismissal by the Incident Commander.

Compassion Centers

The activation of an at-school Compassion Center is an effective option to provide universal access to support for students and staff after a disaster or traumatic event. A Compassion Center is a designated, temporary location onsite, such as a vacant classroom or meeting room, where students and staff may go for mental health support. The District strives to make Compassion Center locations comfortable, calm and attentive spaces. Compassion Centers may have spaces or locations that are differentiated for students and staff. The District may select to open a Compassion Center to families as well. A Compassion Center is staffed with CIRT members, site mental health professional staff, site and/or District administrative and/or classified staff members. The District may utilize community partnerships to provide additional mental health and community agency support in Compassion Centers.

Grief Counseling

The District makes additional grief resources available for students and staff following a tragedy. Grief counseling support may be via increased mental health professionals available at a site and offered in combination with Compassion Centers.

Critical Incident Stress Debriefing (CISD)

The District strives to provide a Critical Incident Stress Debriefing (CISD) as a support tool for staff as well as for any other homogenous group impacted (ex: team, club) by a disaster or traumatic event as a crisis intervention process when individuals' usual coping methods have been overwhelmed and there are signs of considerable distress, impairment or dysfunction. CISD is a supportive, crisis-focused discussion of a traumatic event that aims to reduce distress and restore group cohesion and performance. The District strives to provide a CISD within the first 24-72 hours after the event for impacted staff and homogenous groups. The District utilizes a trained mental health professional and administrator to assist with the facilitation of CISD.

Parent Meetings or Town Halls

The District provides Parent Meetings or Town Halls as community wellness interventions following disasters or traumatic events. The District provides an organized forum for community members to support learning about coping skills, how to talk to children about the disaster or traumatic event and to receive information about school plans when a regular schedule may be altered by the incident. A meeting may occur on a small scale with families of a single class which has been impacted or in a District-wide town hall format when the goal is to

open the forum to all District families. The meeting or town hall may include local experts. In some situations, meetings or town halls may necessitate the availability of mental health professionals to support attendees during or after the meeting.

<u>Intervention for Students Showing Signs of Distress</u>

The District is positioned to support students in crisis. The District encourages early identification of signs of distress and response efforts in the best interests of students' wellbeing. Any District staff who is seen as caring and trustworthy may be a potential student resource during times of trouble. Staff are trained to look for signs that a student may be in distress, to make contact with the student and to report concerns.

When a Student May be Experiencing Stress

Staff are encouraged to follow the "See Something, Say Something, Do Something" approach by implementing the following when observing that a student may be under stress:

- Meet with the student apart from peers.
- Listen sensitively.
- Be direct and nonjudgmental.
- Provide support information and report a concern using the District systems.
- Follow up with the student.

Confidential Reporting System for Distressed Students

The District maintains a confidential "Report a Concern" and "Bully Button" on the District website at www.SLCUSD.org where staff, students and families can report concerning behavior(s) or seek help for themselves or others. Some schools sites utilize "Text a Tip" for reporting concerns as well. Site administrators or the District Office leadership may also serve as direct points of contact for concerns.

<u>Crisis Mapping</u>

Crisis mapping is a strategy that the District may utilize to identify students who may be directly impacted by a traumatic event. This is an intentional extension of the Social Mapping strategy following a crisis used by CIRT and the Incident Command Post to identify individuals or groups (teams, clubs, friends, family, siblings, girlfriends/boyfriends) connected to the event (ex: deceased student or staff) for targeted outreach. This process also informs the District of the breadth of the impact and amount of services which may be needed.

Once a crisis map is developed, members of the CIRT or school site staff are assigned to connect with the identified students or groups to provide immediate support, communicate information

on death (in the event of a death or deaths) and assess for needs that require additional supports. The CIRT debriefing later in the day should include a determination of the level of impact and the potential expansion of resources.

District Communication

The Distristic generally provides student communication separately than communication with staff, families and the general public. The District recognizes that early staff communication that includes what will be shared with students and the greater community is helpful for staff preparation in support of the reactions of students and families. Communications regarding tragic events should follow the CIRT Manual with staff understanding of what can be shared and age-appropriate strategies for discussion with students. School staff should allow for healthy talk about the tragedy to learn how to get help or find help for another who is struggling. All messaging should include where students, parents and teachers can get support. The District has communication templates created with the help of professionals to address tragic situations. The District strives to implement the following procedures:

- Immediately notify the school Critical Incident Response Team (CIRT) and develop a communications plan with the District

- Notify teachers and staff first (schedule an emergency meeting with staff to discuss in person)

- Notify students face to face as feasible (start of class by teacher, individually for those identified on the crisis mapping) using a developed statement/talking points

- Prepare written communication for parents

- Prepare written communication for District staff

- Develop media release (if needed, depending on event)

Memorials and Anniversaries[2]

Memorials and anniversaries following emergency events can be important for recovery and healing for both victims' families, survivors and the community. Memorials and anniversary acknowledgment events can be both planned and spontaneous. The District must strategize approaches to memorials and anniversaries that are sensitive to the lasting impression of the victim(s) as desired by the family, impact on the school community and operations, and the longitudinal feasibility of maintenance.

> *Management principles for memorials and anniversaries of disasters or traumatic events:*
> *Be inclusive*
> *Be supportive*
> *Be respectful*
> *Be consultative*
> *Plan for removal*

[2] http://apps1.seiservices.com/remsemailblast/emailfiles/2019July/REMS_2019_07_08.html

Respectful management of the memorial site should be front of mind for all involved at every stage throughout the span of the memorial and should be integral to any decision-making processes.

The District supports limited planned events in consultation with mental health professionals and the short-term, spontaneous memorials that allow for operations to continue safely. The District reserves the right to remove or relocate memorials. The District will work to ensure sensitivity and communication for the removal or relocation of memorials in a respectful manner. The District supports memorial scholarship funds or foundations, gifts of library books or equiptment, cards/letters/memory books voluntarily written by students for the impacted family, spontaneous memorials (such as flowers at the site), facilitated moment of silence marking the event, facilitated memorial service or candlelight vigil, facilitated event (such as a fun run). The District does not support memorial plantings or installation of permanent structures on school campuses. To request a memorial or anniversary event, contact the site administrator.

Points of consideration for a memorial or anniversary event include:

- Stakeholder involvement in planning
- Community organization support (such as law enforcement for security)
- Access to counseling support surrounding the anniversary
- Prevention of retraumatization
- Feasibility of design
- Availability of maintenance resources
- Potential time commitment
- Location
- Donation management
- Long-term implications
- Short and longitudinal cost
- Cultural norms
- Stakeholder input

9. DISASTER MENTAL HEALTH

A physical disaster or community traumatic event can leave a school faced with students, staff and parents feeling distressed, anxious, and fearful even if the impact is vicarious. Physical disasters can amplify stress for individuals who have existing difficulties. The District uses a defined response model to help mitigate stress and create resiliency for the school community.

The District prepares for disasters that may impact schools including fires, earthquakes, active shooters, unexpected deaths of staff or students, suicide of staff or student, or other traumatic event which has occurred within the community. Disasters are unfamiliar events that are not easily understood by children, who can find them emotionally confusing and frightening.

The District recognizes that children are often the most vulnerable of those impacted during and after a disaster, as the National Child Traumatic Stress Network believes that children as young as infancy may be affected by events that threaten their safety or the safety of their parents or caregivers. The District encourages staff to look for warning signs of distress in students with response, reporting of concern and follow up. Children and teens most at risk for emotional distress include those who:

- Survived a previous disaster

- Experienced temporary living arrangements, loss of personal property, and parental unemployment in a disaster

- Lost a loved one or friend involved in a disaster

Potential Warning Signs of Distress in Children and Adolescents

Ages 6 to 11	Ages 12 to 18
- Withdrawing from playgroups and friends - Competing more for the attention of parents and teachers - Being unwilling to leave home - Being less interested in schoolwork - Becoming aggressive - Having added conflict with peers or parents - Having difficulty concentrating	- Physical complaints - Loss of interest in schoolwork, chores, or other responsibilities. - Rigorously seeking attention from parents and teachers - Become withdrawn - Resisting authority - Becoming disruptive or aggressive at home or in the classroom - Experimenting with high-risk behaviors such as underage drinking or prescription drug misuse and abuse

The District acknowledges that young people need time to experience their world as a secure place again and receive emotional support to recover following a disaster or tragic event. The reactions of children and teens following a disaster are influenced by how parents, relatives, teachers, and caregivers respond to the event. They often turn to these individuals for comfort and help. Teachers and other mentors play an especially important role after a disaster or other crisis by reinforcing normal routines to the extent possible, especially if new routines have to be established.

10. NON-DISTRICT INFORMATIONAL RESOURCES

- National Association of School Psychologists (Mitigating the Psychological Effects of Lockdowns):

  - https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-safety-and-crisis/systems-level-prevention/mitigating-psychological-effects-of-lockdowns

- Age Related Reactions to a Traumatic Event:

  - https://www.nctsn.org/resources/age-related-reactions-traumatic-event

- How to Talk with Children after Trauma and Death:

  - http://countyofsb.org/behavioral-wellness/asset.c/3135

- National Association of School Psychologists (Talking with Children about School Violence: Tips for Parents and Teachers)

  - https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-safety-and-crisis/school-violence-resources/talking-to-children-about-violence-tips-for-parents-and-teachers

- Child Trauma-Toolkit for Educators:

  - https://www.nctsn.org/resources/child-trauma-toolkit-educators

- After a Suicide-Toolkit for Schools:

  - http://www.sprc.org/sites/default/files/resource-program/AfteraSuicideToolkitforSchools.pdf

- After a Suicide Answering Questions and Assisting Youth:

  - https://www.countyofsb.org/behavioral-wellness/Asset.c/3851

- Suicide Media Guidelines:

  - http://reportingonsuicide.org/wp-content/themes/ros2015/assets/images/Recommendations-eng.pdf

- National Center for School Crisis and Bereavement:

  - https://www.schoolcrisiscenter.org/

- Managing Anniversaries and Memorials as a Part of School and Campus Safety Efforts:

  - http://apps1.seiservices.com/remsemailblast/emailfiles/2019July/REMS_2019_07_08.html