

## Suicide Prevention Policy

### Purpose:

The purpose of this policy is to protect the health and well-being of all district students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. The district:

- a) recognizes that physical, behavioral, and emotional health is an integral component of a student's educational outcomes,
- b) further recognizing that suicide is a leading cause of death among young people,
- c) has an ethical responsibility to take a proactive approach in preventing deaths by suicide, and
- d) acknowledges the school's role in providing an environment which is sensitive to individual and societal factors that place youth at greater risk for suicide and one which helps to foster positive youth development.

### Scope:

This policy covers all students in grades TK through 8<sup>th</sup> grade that attend any campus within the California Montessori Project network. The policy covers actions that take place in the school, on school property, at school sponsored functions, activities, or to and from school sponsored events where school staff are present. This policy applies to the entire school community, including educators, school and district staff, students, parents/guardians, and volunteers. This policy will also cover appropriate school responses to suicidal or high risk behaviors that take place outside of the school environment.

### Prevention:

1. *District Policy Implementation:* A district level suicide prevention coordinator shall be designated by the Superintendent. This may be an existing staff person. The district suicide prevention coordinator will be responsible for planning and coordinating implementation of this policy for the school district.

Each school principal shall designate a school suicide prevention coordinator to act as a point of contact in each school for issues related to suicide prevention and policy implementation. This may be an existing staff person. All staff members should report students they believe to be at elevated risk for suicide to the school suicide prevention coordinator.

2. *Staff Professional Development:* In accordance with Assembly Bill 2246, all staff will receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention.

The professional development will include additional information regarding groups of students at elevated risk for suicide, including those living with mental and/or substance use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings, those experiencing homelessness, American Indian/Alaska Native students, LGBTQ (lesbian, gay, bisexual, transgender, and questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities.

Additional professional development in risk assessment and crisis intervention will be provided to school employed mental health professionals and administration.

3. *Youth Suicide Prevention Programming:* Developmentally-appropriate, student-centered education materials will be integrated into the curriculum of all K-12 Health/Social-Emotional Learning lessons. The content of these age-appropriate lessons will include: the importance of safe and healthy choices and coping strategies as well as help-seeking strategies for one's self or others. In accordance with Assembly Bill 1808 Section 216, middle school students will receive an annual suicide prevention training, which will include identifying warning signs of suicide in themselves and others, how to respond, and how to seek help from a trusted adult.
4. *Publication and Distribution:* This policy will be distributed annually and included in all student and teacher handbooks and on the school website.
5. *Resources:* CMP will create and maintain a bank of local mental health resources on their [website](#). These resources will also be available upon request to any school staff, student, or family member.

### **Assessment and Referral:**

When a student is identified by a staff person as at risk for suicide, i.e. verbalizes about suicide, presents overt risk factors, makes an internet search on the topic of suicide or self-harm, or a student self-refers, the student will be seen by a school employed mental health professional to screen for risk, notify parents/guardians, and facilitate referral. If the student is a Medi-Cal beneficiary, coordination and consultation of services with county mental health may be provided. If there is no mental health professional available, an administrator will fill this role until a mental health professional can be brought in. When appropriate this may include calling local law enforcement and/or emergency services to transport the student to the Local Emergency Department for evaluation.

California Montessori Project acknowledges that risk screenings are fallible due to the fact that the information gathered is self-reported. The purpose of a risk screening is to gather information regarding the risk, share information with parents/guardians, and provide guidance to parents/guardians so that they can secure appropriate outside treatment. Risk screenings are not intended to determine the level of risk.

California Montessori Project employees may only act within the authorization and scope of the employee's 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 beyond the scope of services offered in the school setting. Treatment of the mental health challenges often associated with suicidal thinking requires mental health resources beyond what schools are able to provide.

### **Parental Notification and Involvement:**

In situations where a student is screened for risk of suicide or has made a suicide attempt, the student's parent/guardian will be informed as soon as possible by the principal, designee, or mental health professional. Staff may also seek parental permission to communicate with outside mental health care providers regarding their child.

If the principal, designee, or mental health professional believes, in their professional capacity, that contacting the parent or guardian would endanger the health or well-being of the student, they may delay such contact as appropriate and/or notify appropriate state protection officials. If contact is delayed, the reasons for the delay should be documented.

### **Postvention:**

*Development and Implementation of an Action Plan:* The crisis team will develop an action plan to guide school response following a death by suicide. A meeting of the crisis team to implement the action plan should take place as soon as possible following news of the suicide death.

*External Communication:* The school principal, or designee, will be the sole media spokesperson. Staff will refer all inquiries from the media or other families directly to the spokesperson.