

Suicide Prevention Policy (Full Board Policy)

Board Policy #: 3191

Adopted/Ratified: June 22, 2017

Amended Dates: October 21, 2020; March 18, 2022, June 22, 2023, February 28, 2024, June 26, 2024

The Board of Directors of Altus Schools Southern CA hereby adopts this policy to apply to apply to Altus Schools East County, Altus Schools North County, Altus Schools South Bay, Audeo Charter School II, Audeo Valley Charter School, and Mirus Secondary School (“Charter School”). The Board recognizes that suicide is a major cause of death among youth and should be taken seriously. In order to attempt to reduce suicidal behavior and its impact on students and families, the Governing Board has developed prevention strategies and intervention procedures.

In compliance with Education Code section 215, this policy has been developed in consultation with Charter School and community stakeholders, Charter School school-employed mental health professionals (e.g., school counselors, psychologists, social workers, nurses), administrators, other school staff members, parents/guardians/caregivers, students, local health agencies and professionals, the county mental health plan, law enforcement, and community organizations in planning, implementing, and evaluating Charter School’s strategies for suicide prevention and intervention. Charter School must work in conjunction with local government agencies, community-based organizations, and other community supports to identify additional resources.

To ensure the policies regarding suicide prevention are properly adopted, implemented, and updated, the Charter School shall appoint an individual (or team) to serve as the suicide prevention point of contact. The suicide prevention point of contact for Charter School and the Deputy Superintendent School Services shall ensure proper coordination and consultation with the county mental health plan if a referral is made for mental health or related services on behalf of a student who is a Medi-Cal beneficiary. This policy shall be reviewed and revised as indicated, at least annually in conjunction with the previously mentioned community stakeholders.

Suicide Prevention Crisis Team

To ensure the policies regarding suicide prevention are properly adopted, implemented, and updated, Charter School created an in-house Suicide Prevention Crisis Team (“SPCT”) consisting of administrators, mental health professionals, relevant staff, parents, and middle and high school students.

Charter School designates the following administrators to act as the primary and secondary suicide prevention liaisons to lead the SPCT:

1. School Psychologist
2. Deputy Superintendent School Services

The functions of the SPCT are to:

- Review mental health related school policies and procedures;
- Provide annual updates on school and district data and trends;
- Review and revise school prevention policies;
- Review and select general and specialized mental health and suicide prevention training;
- Review and oversee staff, parent/guardian, and student trainings;
- Ensuring the suicide prevention policy, protocols, and resources are posted on the district and school websites;
- Collaborate with community mental health organizations,
- Identify resources and agencies that provide evidence-based or evidence-informed treatment,
- Help inform and build skills among law enforcement and other relevant partners, and
- Collaborate to build community response.

Staff Development

Charter School, along with its partners, 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. It may also be provided, when appropriate, for other adults on campus (such as substitutes and intermittent staff, volunteers, interns, tutors, coaches, and afterschool staff). Training shall include the following:

1. All suicide prevention trainings shall be offered under the direction of mental health professionals (e.g., school counselors, school psychologists, healthy youth school therapist, other public entity professionals, such as psychologists or social workers) who have received advanced training specific to suicide. Charter School has collaborated with [Insert Names of One Or More County and/or Community Mental Health Agencies] to review the training materials and content to ensure it is evidence-based, evidence-informed, and aligned with best practices.
2. Staff training may be adjusted year-to-year based on previous professional development activities and emerging best practices.
3. Charter School shall ensure that training is available for new hires during the school year.
4. At least annually, all staff shall receive training on the risk factors and warning signs of suicide, suicide prevention, intervention, referral, and postvention.
5. At a minimum, all 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 or annually. Core components of the general suicide prevention training shall include:

- a. Suicide risk factors, warning signs, and protective factors.
 - b. How to talk with a student about thoughts of suicide.
 - c. How to respond appropriately to the youth who has suicidal thoughts. 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.
 - d. 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.
 - e. Emphasis on reducing stigma associated with mental illness and that early prevention and intervention can drastically reduce the risk of suicide.
 - f. 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 at <http://cal-schls.wested.org/>.
 - g. 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:
 - i. Youth affected by suicide.
 - ii. Youth with a history of suicide ideation or attempts.
 - iii. Youth with disabilities, mental illness, or substance abuse disorders.
 - iv. Lesbian, gay, bisexual, transgender, or questioning youth.
 - v. Youth experiencing homelessness or in out-of-home settings, such as foster care.
 - vi. Youth who have suffered traumatic experiences.
 - vii. [Charter School may Insert other Local Youth Populations Vulnerable to Depression and Suicide].
6. In addition to initial orientations to the core components of suicide prevention, ongoing annual staff professional development for all staff may include the following components:
- a. The impact of traumatic stress on emotional and mental health.
 - b. Common misconceptions about suicide.
 - c. Charter School and community suicide prevention resources.
 - d. Appropriate messaging about suicide (correct terminology, safe messaging guidelines).
 - e. The factors associated with suicide (risk factors, warning signs, protective factors).
 - f. How to identify youth who may be at risk of suicide.

- g. 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 and (based on Charter School guidelines) how to respond to such thinking; how to talk with a student about thoughts of suicide and appropriately respond and provide support based on Charter School guidelines.
- h. Charter School-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.
- i. Charter School-approved procedures for responding to the aftermath of suicidal behavior (suicidal behavior postvention).
- j. Responding after a suicide occurs (suicide postvention).
- k. Resources regarding youth suicide prevention.
- l. Emphasis on stigma reduction and the fact that early prevention and intervention can drastically reduce the risk of suicide.
- m. 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.

Specialized Professional Development for School-based Mental Health Staff (Screening and/or Assessment)

Additional professional development in suicide risk assessment (SRA) and crisis intervention is provided to designated student mental health professionals, including but not limited to school counselors, psychologists, healthy youth school therapist, social workers, administrators, and nurses employed by Charter School. Training for these staff is specific to conducting SRAs, intervening during a crisis, de-escalating situations, interventions specific to preventing suicide, making referrals, safety planning, and re-entry.

Specialized Professional Training for targeted School-based mental health staff includes the following components:

- Best practices and skill building on how to conduct an effective suicide risk screening/SRA using an evidence-based, Charter-approved tool; Patient Health Questionnaire 9 (PHQ-9) Depression Scale; BSS Beck Scale for Suicide Ideation ; National Institute of Mental Health (NIMH)'s Ask Suicide-Screening Questions (ASQ) Toolkit; and the Adolescent Suicide Assessment Protocol – 20.
- Best practices on approaching and talking with a student about their thoughts of suicide and how to respond to such thinking, based on district guidelines and protocols.
- Best practices on how to talk with a student about thoughts of suicide and appropriately respond and provide support based on district guidelines and protocols.
- Best practices on follow up with parents/caregivers.
- Best practices on re-entry.

Virtual Screenings for Suicide Risk