

Hawthorne School District Youth Suicide Prevention Policy and Referral Protocols for Behavioral Health Concerns

Adopted March 11, 2026

The Governing Board of the Hawthorne School District recognizes that suicide is a leading cause of death among youth and that an even greater amount of youth consider (19 percent of high school students) and attempt suicide (over 9 percent of high school students) (Mental Health, Suicidality, and Connectedness Among High School Students During the COVID-19 Pandemic — Adolescent Behaviors and Experiences Survey, 2021).

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 promotes suicide prevention awareness and provides prevention strategies and resources that will offer help to those with serious thoughts of suicide.

Recognizing that it is the duty of the district and our schools to protect the health, safety, and welfare of its students, this policy aims to safeguard students and staff against suicide attempts, deaths, and other trauma associated with suicide, including ensuring adequate support for students, staff, and families affected by suicide attempts and loss. Given that students' emotional well-being significantly impacts school attendance and educational success, this policy shall be aligned with the Comprehensive School Safety Plan to support students' emotional and behavioral well-being.

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

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

Overall Strategic Plan for Suicide Prevention

This policy was developed in consultation with school and community stakeholders: school-linked behavioral health professionals and suicide prevention experts, to establish referrals to behavioral health professionals and support services.

:

- Hawthorne School District Directors of Pupil Personnel Services, Special Education and Special Projects
- Hawthorne School District Counselors
- Hawthorne School District Psychologists
- Hawthorne School District Licensed Vocational Nurse
- Hawthorne School District Roving Health Clerk
- Hawthorne School District Social Workers
- ASES Project Facilitator Action Youth America and Wood Craft Rangers Program Managers
- Hawthorne Police Department Community Affairs Unit Supervisor
- Hawthorne Police Department School Resource Officer
- Providence Little Company of Mary Social Work Supervisor
- Richstone Family Center Senior Director, Chief of Clinical and Programs Officer
- Masada Homes Community Outpatient Services Manager
- Didi Hirsch, Coordinator, School-Based Services
- Star View Community Services, Director of School-Linked Services
- Allcove Beach Cities, Engagement Specialist

Evaluation and Continuous Improvement

To ensure the policies regarding suicide prevention are properly adopted, implemented, and updated, the district shall appoint an individual (or team) to serve as the suicide prevention point of contact.

- The suicide prevention point of contact is the Director of Pupil Personnel Services.

In addition, School Counselors shall serve as site liaisons to the district's suicide-prevention point of contact. The policy shall be reviewed and revised annually in conjunction with the previously mentioned school and community stakeholders.

In addition, the district will conduct data collection and analysis, gather input from staff, families, and community stakeholders, and develop improvements based on data collected and input.

A summary of results is reported to the Governing Board annually to support transparency and continuous improvement.

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 is available on the Heard

Alliance website at <http://www.heardalliance.org/>.

- Information about a comprehensive suicide prevention toolkit for schools can be accessed on the Palo Alto Unified School District Counseling Services Web page at <https://www.heardalliance.org/help-toolkit/>.
- California Department of Education Model Policy on Referral Protocols for Addressing Pupil Behavioral Health Concerns at <https://www.cde.ca.gov/ls/mh/referrallpolicy.asp>

Prevention

A. Messaging about Suicide Prevention

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

Resources:

- For information on public messaging on suicide prevention, see the National Action Alliance for Suicide Prevention Web site at <http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/>.
- For information on engaging the media regarding suicide prevention, see the Your Voice Counts Web page at <http://resource-center.yourvoicecounts.org/content/making-headlines-guide-engaging-media-suicide-prevention-california-0>.
- For information on how to use social media for suicide prevention, see the Your Voice Counts Web page at <http://resource-center.yourvoicecounts.org/content/how-use-social-media>.

B. Suicide Prevention Training and Education

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/or in collaboration with one or more county and/or community mental health agencies.

All staff who regularly interact with students shall participate in training on the core components of suicide prevention at least annually. Staff training can be adjusted year-to-year based on previous professional development activities and emerging best practices.

Core components of the general suicide prevention training shall include:

- Suicide risk factors, warning signs, and protective factors.
- Instructional strategies for teaching the suicide prevention curriculum, if

applicable.

- Strategies for promoting mental and emotional health.
- School and community suicide prevention resources, including resources and services that meet the specific needs of high-risk groups.
- When and how to refer students and their families to these resources.
- District-approved procedures for intervening when a student attempts, threatens, or discloses the desire to die by suicide. 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 any student who is identified to be at risk of suicide for assessment while staying under constant monitoring by a staff member.

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

- Students who are bereaved by suicide.
- Students with a history of suicide ideation or attempts.
- Students with disabilities, mental illness, or substance abuse disorders.
- Youth experiencing homelessness or in out-of-home settings, such as foster care.
- Lesbian, gay, bisexual, transgender, or questioning youth.
- Youth who have suffered traumatic experiences.

Resources:

- Youth Mental Health First Aid (YMHFA) teaches a 5-step action plan to offer initial help to young people showing signs of a mental illness or in a crisis, and connect them with the appropriate professional, peer, social, or self-help care. YMHFA is an 8-hour interactive training for youth-serving adults without a background in mental health. See the Mental Health First Aid Web page at <https://www.mentalhealthfirstaid.org/cs/take-a-course/course-types/youth/>.
- Free YMHFA Training is available on the CDE Mental Health Web page at <http://www.cde.ca.gov/ls/cg/mh/projectcalwell.asp>
- Question, Persuade, and Refer (QPR) is a gatekeeper training that can be taught online. Just as people trained in cardiopulmonary resuscitation (CPR) and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. See the QPR Web site at <http://www.qprinstitute.com/>.
- SafeTALK is a 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 at <https://www.livingworks.net/programs/safetalk/>.
- Applied Suicide Intervention Skills Training (ASIST) is a two-day interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and works with them to create a plan that

will support their immediate safety. See the LivingWorks Web page at <https://www.livingworks.net/programs/asist/>.

- Kognito At-Risk is an evidence-based series of three online interactive professional development modules designed for use by individuals, schools, districts, and statewide agencies. It includes tools and templates to ensure the program is easy to disseminate and to measure success at the elementary, middle, and high school levels. See the Kognito Web page at <https://www.kognito.com/products/pk12/>.

C. Employee Qualifications and Scope of-Practice

Employees of the District and their partners must act only within the scope of their credentials or licenses. While it is expected that school professionals are able to identify suicide risk factors and warning signs and to prevent the immediate risk of suicidal behavior, treatment of suicidal ideation is typically beyond the scope of services offered in the school setting. In addition, treatment of mental health challenges often associated with suicidal thinking typically requires mental health resources beyond what schools can provide.

In order to ensure that all school employees act only within the authorization or scope of their credential or license, the district shall:

Provide training and guidance to staff, clarifying their roles in the referral process and the limits of their credentials or license.

Direct employees to refer pupils to appropriately credentialed or licensed professionals when behavioral health concerns are identified.

Maintain referral protocols that specify which staff positions are authorized to act at each stage of the referral process.

Review job descriptions and assignments to confirm they align with credentialing and licensing requirements.

Inform staff clearly that only licensed or credentialed professionals are permitted to diagnose or treat behavioral health conditions.

Consistent with EC sections 49428.1(b)(8) and 49428.2(b)(5), nothing in this policy shall be construed as authorizing or encouraging school employees to diagnose or treat youth behavioral health disorders unless they are specifically licensed and employed to do so.

D. Specialized Staff Training (Assessment)

Additional professional development in suicide risk assessment and crisis intervention shall be provided to mental health professionals employed by the district and may include the following components:

- The impact of traumatic stress on emotional and mental health.
- Common misconceptions about suicide.

- Appropriate messaging about suicide (correct terminology, safe messaging guidelines).
- How to identify youth who may be at higher risk of suicide.
- Appropriate ways to interact with a student who is demonstrating emotional distress or is suicidal. Specifically, how to talk with a student about thoughts of suicide and appropriately respond and provide support based on district-approved 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).
- Emphasis on reducing stigma associated with mental illness and that prevention and early intervention can drastically reduce the risk of suicide.
- Reviewing the data annually to look for any patterns or trends in the prevalence or occurrence of suicide ideation, attempts, or deaths.

Resources:

- 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 at <http://www.sprc.org/training-events/amsr>.

E. Parents, Guardians, and Caregivers Participation and Education

To the extent possible, parents/guardians/caregivers shall be included in all suicide prevention efforts. Parents/guardians/caregivers may be invited to provide input on the development and implementation of this policy. All parents/guardians/caregivers should have access to suicide prevention resources that address the following:

- Suicide risk factors, warning signs, and protective factors.
- How to talk with their child 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.

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

F. Student Participation and Education

Students in secondary grades 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 community resources and refer peers for help.
 - Emphasis on reducing the stigma associated with mental illness and the fact that prevention and early intervention can drastically reduce the risk of suicide.

Student-focused suicide prevention education can be incorporated into classroom curricula (e.g., mindfulness and social-emotional lessons, health classes, freshman orientation classes, science, and physical education).

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 at <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 <https://www.childrenshospital.org/programs/boston-childrens-hospital-neighborhood-partnerships-program/tap-online-trainings/break-free-depression-program>.
- Coping and Support Training (CAST) is an evidence-based life-skills training and social support program to help at-risk youth. See the Reconnecting Youth Inc. Web page at <http://www.reconnectingyouth.com/programs/cast/>.
- Students Mobilizing Awareness and Reducing Tragedies (SMART) is a program comprised of student-led groups in high schools designed to give students the freedom to implement suicide prevention on their campus that best fits their school's needs. See the SAVE Web page at <https://www.save.org/what-we-do/education/smart-schools-program-2/>.
- Linking Education and Awareness for Depression and Suicide (LEADS) for Youth is a school-based suicide prevention curriculum designed for high schools and educators that links depression awareness and secondary suicide prevention. LEADS for Youth is an informative and interactive opportunity for students and

teachers to increase knowledge and awareness of depression and suicide. See the SAVE Web page at <https://www.save.org/what-we-do/education/leads-for-youth-program/>.

G. Student Privacy

The District recognizes and agrees to abide by the variety of federal and state student data privacy laws and regulations (including but not limited to the Family Educational Rights and Privacy Act [FERPA], EC Section 49073, et seq., etc.) with which the District must comply in connection with its policy on referral protocols for addressing pupil behavioral health concerns and in connection with implementation of its policy and protocols, including but not limited to any of subsets of its policy, such as those listed below.

Implementation: Referral, Assessment, Intervention

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.

A. Staff

Two staff members at each school site who have received advanced training in suicide intervention shall be designated as the primary and secondary suicide prevention liaisons. The names, titles, and contact information of these liaisons shall be available to all students, staff, parents/guardians/caregivers.

- The primary and secondary suicide prevention liaisons are the school counselor and a school psychologist, respectively.
- Tertiary points of contact include District Social Workers and Richstone Therapists.

Referral Process

If a student says, writes, posts, messages, or shows behavior that suggests they may hurt themselves or want to die, staff should treat it as suicidal intent until assessed, immediately notify the site suicide prevention liaison, and keep the student under constant supervision until the assessment is completed. If the primary suicide prevention liaison is unavailable, staff shall promptly notify the secondary suicide prevention liaison. If neither suicide prevention liaison is available, staff shall promptly notify the principal or designee. The principal or designee shall then contact another school site or the Director of Pupil Personnel Services to request assistance from staff member(s) who have received advanced training in suicide intervention.

- If the student is in imminent danger (i.e., has access to a gun, is on a rooftop, or is in other unsafe conditions), a call shall be made to 9-1-1.
- Students experiencing suicidal ideation shall not be left unsupervised. The primary and secondary suicide prevention liaisons will attempt to interview the student and assess the risk for self-harm.

- A credible third-party report by Peers, Parents, or Staff Member:
 - Peer reports “he said he’s going to kill himself.”
 - Parent reports suicidal statements at home
 - Another staff member reports concerning statements/behavior

High Risk Groups

The district recognizes the importance of ensuring equitable access to behavioral health support for all students. The high-risk pupil groups include, but are not limited to, the following:

- Students who are bereaved by suicide.
- Students with a history of suicide ideation or attempts.
- Students with disabilities, mental illness, or substance abuse disorders.
- Youth experiencing homelessness or in out-of-home settings, such as foster care.
- Lesbian, gay, bisexual, transgender, or questioning youth.
- Youth who have suffered traumatic experiences.

The district staff who oversees students' mental and behavioral health needs is responsible for coordinating the implementation of these group-specific referral protocols, in collaboration with the Director of Pupil Personnel Services, the Director of Special Education, the Foster Youth Liaison, the Homeless Liaison, and school site administrators.

School-based Therapist

Report the concern to the school counselor or administrator if the student expresses suicidal ideation, makes a threat, discloses self-harm, or demonstrates concerning behavior.

Expanded Learning Program Protocol

The following procedures apply during Expanded Learning Program (ELP) activities, including after-school programs, intersession, and ELP-sponsored activities/field trips.

If the student is in imminent danger, call 9-1-1 or HPD Dispatch (310) 675-4445.

1. Immediate supervision: If a student expresses suicidal ideation, makes a threat, discloses self-harm, or demonstrates concerning behavior, after-school program staff shall maintain constant, line-of-sight supervision and ensure the student is not left alone.

2. Notify trained staff immediately: Program staff shall promptly notify the Site Administrator if it is before 4:30 PM and additionally notify an ELP Administrator. The Site Administrator, if prior to 4:30 PM, or the ELP Administrator will promptly notify the primary suicide prevention liaison (School Counselor). If the counselor is unavailable, they will notify the secondary suicide prevention liaison (School Psychologist). If neither is available, notify the principal/administrator designee on site. If the School Site Crisis Team (School Counselor and Psychologist) is not available, the Site

Administrator or ELP Administrator will contact the Director of Pupil Personnel Services. The Director will help determine the availability of a District Social Worker.

- If the District Crisis Team (School Counselor, Psychologist, Social Worker) is not available, the Site or an ELP Administrator will request the Psychiatric Mobile Response Team (PMRT) for evaluation.
- Psychiatric Mobile Response Team (800) 854-7771

3. **Documentation and handoff:** All actions taken during ELP hours shall be documented and shared with the Site Administrator and District Crisis Team (School Counselor, Psychologist, Social Worker) for follow-up. The ELP Administrator shall ensure a same-day handoff to the Site Principal and, when applicable, the Director of Pupil Personnel Services.

4. **Suicide Screening Tool:** The School Site and District Crisis Team will utilize the Columbia-Suicide Severity Rating Scale (CSSRS) to conduct their formal initial assessment.

- The primary and/or secondary suicide prevention liaisons (Counselors, Psychologists) or the District Social Worker will conduct the suicide screening assessment.
- **Low Risk:** The student shall be released only to a parent/guardian or as directed by the School Site or District Crisis Team.
- **Moderate/High Risk:** The student shall be released only to a parent/guardian or emergency responders as directed by the PMRT team.

PMRT crisis teams may utilize their approved suicide screener to conduct their formal initial assessment.

5. **Parent/guardian contact and safe release:** The Site/ELP Administrator or designee will notify the parent/guardian as soon as possible. Determination of whether to notify parents/guardians/caregivers should follow a formal initial assessment to ensure the student is not endangered by such notification. The student shall be released only to a parent/guardian based on the school/district or PMRT crisis team assessment.

- **Notification Letter:** Complete and issue the Parent Guardian Notification Letter.

6. **Re-entry and ongoing support:** If the incident results in medical/psychiatric evaluation, ELP participation and school-day attendance shall follow the district re-entry requirements (e.g., medical clearance, release of information, and an updated Safety Plan). Relevant Safety Plan information may be shared with after-school program staff on a need-to-know basis to ensure the student is supervised during program hours.

7. **Referral to Mental Health Support:** A referral should be submitted to a school or community-based resources. A list of Community Mental Health Resources is

available on the district website at
<https://www.hawthorne.k12.ca.us/mentalhealthservices>.

8. Non-School Days or Non-ELOP Session days: If a staff member suspects or has knowledge of a student's suicidal intentions when school or ELOP session is not in session, he/she should call 9-1-1 and notify the school and program administrator as soon as possible.

- Request a welfare check from the Hawthorne Police Department
- School and program administrators will contact the student's parents and schedule a meeting before the student is allowed to return to school.
- Based on the Hawthorne Police Department's welfare check, ELP participation, and school-day attendance shall comply with the district re-entry requirements (e.g., medical clearance, release of information, and an updated Safety Plan).

9. Training: Afterschool program staff who regularly interact with students shall participate in District-approved annual suicide prevention training and shall know how to activate this protocol.

Distance Learning Protocol

The following steps should be taken if a student makes a statement to harm themselves or if staff observes concerning behavior that calls for immediate intervention:

During Live Instruction

If staff have knowledge of a student's suicidal intention while school is in session or observe concerning behavior, including, but not limited to, emails, messages, chat, or any other type of electronic communication from the student or other students:

1. Staff (or designated personnel) shall keep the student on the learning platform while notifying the primary suicide prevention liaison (Counselor). If the primary suicide prevention liaison is unavailable, staff should contact the secondary suicide prevention liaison (Psychologist) and attempt to keep the student in the class.

If neither the primary or secondary liaison is available, the staff shall promptly notify the Principal or designee.

2. If the staff member needs support in the virtual classroom while the liaisons are providing crisis intervention, they are to contact Administration.

3. If the student leaves the distance learning platform and the crisis team is unable to reach the parent/guardian, 9-1-1 will be called.

Asynchronous Distance Learning Platform

1. If a staff member suspects or has knowledge of a student's suicidal intentions outside of live instruction, such as emails, messages, or other electronic

communication, the staff member shall notify the primary suicide prevention liaison (Counselor), who will implement the crisis response plan and attempt to interview the student and assess the risk for self-harm.

If the primary suicide prevention liaison is unavailable, staff should contact the secondary suicide prevention liaison (Psychologist).

If neither the primary nor the secondary liaison is available, the staff shall promptly notify the Principal or designee.

If unable to contact the suicide prevention liaisons or Administration, a call shall be made to 9-1-1.

2. Parents/guardians/caregivers should call 9-1-1 or take their child to the nearest emergency room if they believe their child needs immediate professional care when school is not in session.

3. When school is not in session, students should call 9-1-1 if they suspect or have knowledge of another student's emotional distress, suicidal ideation, or attempt.

Under normal circumstances, the principal or designee shall be notified by the primary and/or secondary suicide prevention liaisons. The principal, designee, or liaisons shall notify, if appropriate and in the best interests 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 whether to notify parents/guardians/caregivers should follow a formal initial assessment to ensure the student is not endangered by such notification.

- If either the primary or secondary suicide prevention liaison or both believe the student needs immediate professional care based on the results and corresponding recommendations on the Columbia-Suicide Severity Rating Scale (CSSRS), the Psychiatric Mobile Response Team (PMRT) or law enforcement shall be called, depending on the circumstances.

- Psychiatric Mobile Response Team (800) 854-7771
- Call 9-1-1 or HPD Dispatch (310) 675-4445 if the student is in immediate danger.

The principal or designee shall notify Cabinet if the PMRT or law enforcement is called and contact the Director of Pupil Personnel Services, the Director of Special Education, or another member of Cabinet, if additional assistance is needed.

The primary suicide prevention liaison shall submit the Crisis Intervention Tracking form.

A referral process should be available to all staff members, so they know how to respond to a crisis and are familiar with school and community resources. A list of Community Mental Health Resources is available on the district website at <https://www.hawthorne.k12.ca.us/mentalhealthservices>.

Non-School Days:

If a staff member suspects or has knowledge of a student's suicidal intentions when school is not in session, he/she should call 9-1-1 and notify the school administrator as soon as possible.

- Request a welfare check from the Hawthorne Police Department
- School and program administrators will contact the student's parents and schedule a meeting before the student is allowed to return to school.
- Based on the Hawthorne Police Department's welfare check, ELP participation, and school-day attendance shall comply with the district re-entry requirements (e.g., medical clearance, release of information, and an updated Safety Plan).

B. Parents, Guardians, and Caregivers

A referral process should be available to all parents/guardians and caregivers, so they know how to respond in a crisis and are familiar with school and community resources. A list of Community Mental Health Resources is available on the district website at <https://www.hawthorne.k12.ca.us/mentalhealthservices>.

- Parents/guardians/caregivers should call 9-1-1 or take their child to the nearest emergency room, depending on the circumstances, if they believe their child needs immediate professional care when school is not in session.

C. Students

Students should 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.

A referral process should be available to all students, so they know how to respond to a crisis and are familiar with school- and community-based resources. A list of Community Mental Health Resources is available on the district website at <https://www.hawthorne.k12.ca.us/mentalhealthservices>.

- When school is not in session, students should call 9-1-1 if they suspect or have knowledge of another student's emotional distress, suicidal ideation, or attempt.

D. Parental Notification and Involvement

The district shall identify a process to ensure continuing care for the student identified as at risk of suicide. The following steps should be followed to ensure continuity of

care:

- After a referral is made for a student, the school administrator or designee shall verify with the parent/guardian/caregiver that follow-up treatment has been accessed. Parents/guardians/caregivers must provide documentation of the student's care.
- 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 the Los Angeles County Department of Children and Family Services (DCFS) to report neglect of the youth.

The telephone number for the DCFS Child Protection Hotline is (800) 540-4000. After making the verbal report and obtaining a referral number, proceed to the Suspected Child Abuse Reporting System (<https://mandreptla.org/cars.web/>) to complete the report.

Allow up to two hours for the referral number to be activated. However, the referral number is valid for 36 hours, so the Suspected Child Abuse Report must be completed within that period to avoid data loss.

E. 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:

- If the student is in immediate danger, call 9-1-1 and give them as much information about any suicide note, medications taken, and access to weapons, if applicable.
- If needed, provide first aid until a medical professional is available.
- Remain calm; remember, the student is overwhelmed, confused, and emotionally distressed.
- Move all other students out of the immediate area.
- Immediately contact the primary or secondary suicide prevention liaison.
- Parents/guardians/caregivers should be contacted as soon as possible.
- Do not send the student away or leave him/her alone, even if he/she needs to go to the restroom.
- Listen and prompt the student to talk.
- Create a Safety Plan with the student.
- 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 for the student.

- Maintain privacy and help, and be respectful, but do not promise confidentiality.
- The student should be released only to parents/guardians/caregivers or to a qualified, trained person who can provide assistance.

F. Action Plan for Out-of-School Suicide Attempts

If a suicide attempt by a student is outside of the district property or outside of school hours, it is crucial that the district protects the privacy of the student and maintains a confidential record of the actions taken to intervene, support, and protect the student. The following steps should be implemented:

- Contact the parents/guardians/caregivers and offer support to the family.
- Discuss with the family how they would like the school to respond to the attempt while minimizing widespread rumors among teachers, staff, and students.
- Obtain permission from the parents/guardians/caregivers to share information to ensure the facts regarding the crisis are correct.
- Refer media requests to the District's Public Information Officer.
- Provide care and determine appropriate support to affected students.
- Offer to the students, parents/guardians/caregivers, steps for reintegration to school.

G. Supporting Students after a Mental Health Crisis

It is crucial that careful steps are taken to help provide 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 suicide risk/self-injurious behavior with seriousness and approach with a calm manner. Make the student a priority.
- Listen actively and non-judgmentally to the student. Allow the student to express their feelings.
- Create a Safety Plan or review the previously completed Safety Plan, based on the Columbia-Suicide Severity Rating Scale (CSSRS)
- Acknowledge the student's feelings and do not argue with him or her.
- Offer hope and let the student know that he or she is safe and that help is available. Do not promise confidentiality or cause stress.
- 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.

A safety plan template should be made available to all staff who are expected to provide support to students experiencing suicidal ideation/crisis situations on campus. Staff should be trained to create Safety Plans and to use them in the aftermath of a crisis or when providing follow-up support/re-entry for the student. A copy of the Safety Plan should be kept in a secure location with the site Suicide Prevention Liaison(s).

H. Re-Entry to School After a Psychiatric Hold or 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 re-entry process ensures the safety and well-being 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 their return to school gives them a sense of control, personal responsibility, and empowerment.

Re-Entry Meeting

A re-entry meeting is required before the student can return to school when:

- PMRT Team is called by the school, district crisis team, or district administrator
- The student is assessed or admitted due to suicide risk/self-injurious behavior
- HPD is requested to conduct a welfare check on a student.

The following steps shall be implemented upon re-entry:

- Obtain written clearance to return to school from a medical professional.
- Document the re-entry plan through an SST, a 504 Plan, or an IEP, if applicable.
- Obtain a written Release of Information signed by parents/guardians/caregivers.
- Create a Safety Plan or review the previously completed Safety Plan, if applicable.
- Confer with the students and parents/guardians/caregivers about any specific requests regarding what is said/done by the school.
- Inform the students' teachers about possible days of absence.
- Allow accommodations for the student to make up work (be understanding that missed assignments may add stress to the student).
- Seek recommendations for aftercare from the student's therapist.
- Work with parents/guardians/caregivers to involve the student in the aftercare plan.
- Maintain contact with parents/guardians/caregivers to provide progress reports and other appropriate information and to be kept informed of any changes in the aftercare plan.
- The primary and/or secondary suicide prevention liaison(s) should maintain ongoing contact to monitor the student's actions and mood.

Resources:

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

I. Responding After a Suicide Death (Postvention)

A death by suicide in the school community (whether by a student or staff member) can have devastating consequences on students and staff. Therefore, it is vital to be prepared in advance in the event of such a tragedy. Administrators for the District shall ensure that the action plan for responding to a suicide death is adopted as part of the general Crisis Response Plan. The Suicide Postvention Response Plan should include both immediate and long-term steps and objectives.

The Superintendent or Designee shall:

- Communicate with the student's parents/guardians/caregivers to offer condolences, assistance, and resources.
- Support and resources should be made available to all students
- Consult with the parents/guardians/caregivers regarding facts that may be divulged to other students, parents/guardians, and staff.
- Coordinate an all-staff meeting at the affected site to include:
 - Notification to staff about the suicide death.
 - Emotional support and resources available to staff.
 - Sharing information that is relevant and for which you have permission to disclose.
- Prepare staff to respond to the needs of students regarding the following:
 - Talking points for staff to notify students.
 - Emotional support and resources are available to students on and off campus.
 - Review of protocols for referring students for support/assessment.
- Identify students significantly affected by suicide death and other students at risk for imitative behavior and provide emotional support and resources as needed.
- Identify students affected by suicide death but not at risk of imitative behavior and provide emotional support and resources as needed.
- Respond to memorial requests in a respectful and non-harmful manner and with consideration of the impact on other students.
- The District's Public Information Officer should cover the story without the use of explicit, graphic, or dramatic content. Research has proven that sensationalized media coverage can lead to contagious suicidal behaviors. See the Reporting on Suicide Web page at www.reportingonsuicide.org.
- Include long-term suicide postvention responses:
 - Consider important dates (i.e., anniversary of death, deceased's birthday, graduation, or other significant event) and how these will be addressed
 - Support siblings, close friends, teachers, and/or students of the deceased
 - Consider long-term memorials and how they might impact students who are emotionally vulnerable and at risk of suicide
- Provide an opportunity for all staff who responded to the incident to debrief, evaluate the effectiveness of strategies used, and make recommendations for future actions.

Resources:

- After a Suicide: A Toolkit for Schools is a comprehensive guide that will assist schools in what to do if a suicide death takes place in the school community. See the Suicide Prevention Resource Center Web page at <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 are greatly affected by the death of a suicide. See the Suicide Prevention Resource Center Web page at <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 at [http://www.mhrsonline.org/resources/suicide%5Cattempted suicide resources for schools-9/](http://www.mhrsonline.org/resources/suicide%5Cattempted%20suicide%20resources%20for%20schools-9/).
- Information on school climate and school safety is available on the CDE Safe Schools Planning Web page at <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 at <http://www.cde.ca.gov/nr/el/le/yr14ltr0212.asp>.

- I. **HSD Forms**
 - a. Columbia Screener
 - b. Safety Plan
 - c. Parent Notification
 - d. Release of Information
 - e. List of Community Resources