Crisis Intervention

Adopted: 12/05/1989 **| Last Revised**: 09/01/2026 **| Last Reviewed**: 09/01/2026

The Board of Education recognizes that crisis prevention, intervention, and recovery are critical to students' mental health and well-being.

A crisis includes any traumatic event such as natural disasters, violent incidents, sudden death or suicide of a student or staff member, or other emergencies that affects the health, safety, or social-emotional well-being of students. It is the intent of the Board of Education that the administration shall develop procedures to assist schools and students in these instances.

In consultation with school and community partners, mental health professionals, and suicide prevention experts, the Superintendent or designee shall develop measures, strategies, practices, and supports for crisis prevention, intervention, and postvention. These measures may include staff training on suicide awareness and prevention; instruction to students on problem solving, coping, and resiliency skills; promotion of a positive school climate; review of materials and messaging to ensure safe and effective communication about crisis and suicide; provision of information to parents/guardians regarding risk factors, warning signs, and available resources; encouragement for students to notify appropriate adults when they or peers may be at risk; crisis intervention procedures for addressing threats or attempts; counseling and other postvention strategies for students, staff, and families; and the establishment of district and school-site crisis intervention teams to oversee mental health and suicide prevention efforts.

These measures shall specifically address students at high risk, including, but not limited to, students bereaved by suicide; students with disabilities, mental illness, or substance use disorders; students experiencing homelessness or in out-of-home settings; and students who are lesbian, gay, bisexual, transgender, questioning, or otherwise marginalized.

For grades K–6, measures and strategies shall be age-appropriate and delivered sensitively. When referring a Medi-Cal beneficiary in grades K–6 for mental health services, the Superintendent or designee shall coordinate with the county mental health plan.

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