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The County Superintendent of Schools establishes this administrative regulation to provide measures and strategies for suicide prevention, intervention, and postvention for students who are at high risk of suicide, including, but not limited to, students who are bereaved by suicide; students with disabilities, mental illness, or substance use disorders; students who are experiencing homelessness or who are in out-of-home settings such as foster care; and students who are lesbian, gay, bisexual, transgender, or questioning youth pursuant to Education Code 215, as added by AB 2246 (Ch. 642, Statutes of 2016).

The measures and strategies established in this administrative regulation shall apply to students, teachers, and other employees at any school or in any school program under the jurisdiction of the County Superintendent of Schools.

The responsibility for implementation and maintenance of this administrative regulation shall be assigned to the assistant superintendent, Student Services and Programs, or his/her designee(s).

#### Staff Development

Suicide prevention training shall be provided to teachers, counselors, and other employees at any school or in any school program under the jurisdiction of the County Superintendent of Schools who interact with students at the secondary level. Additional professional development in suicide risk assessment and crisis intervention (suicide intervention) shall be provided to school-employed mental health professionals (e.g., school counselors, psychologists, or social workers) at any school or in any school program under the jurisdiction of the County Superintendent of Schools. Staff training can be adjusted year-to-year based on previous professional development activities and emerging best practices.

Materials for training shall include 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. Materials shall also include programs that can be completed through self-review of suitable suicide prevention materials.

Staff development shall include research and information related to the following topics:

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1. The higher risk of suicide among certain groups, including, but not limited to, students who are bereaved by suicide; students with disabilities, mental illness, or substance use disorders; students who are experiencing homelessness or who are in out-of-home settings such as foster care; and students who are lesbian, gay, bisexual, transgender, or questioning youth
2. Individual risk factors such as previous suicide attempt(s) or self-harm, history of depression or mental illness, family history of suicide or violence, feelings of isolation, interpersonal conflicts, a recent severe stressor or loss, family instability, impulsivity, and other factors
3. Warning signs that may indicate depression, emotional distress, or suicidal intentions, such as changes in students' personality or behavior and verbalizations of hopelessness or suicidal intent
4. Protective factors that may help to decrease a person's suicide risk, such as resiliency, problem-solving ability, access to mental health care, and positive connections to family, peers, school, and community
5. Instructional strategies for teaching the suicide prevention curriculum and promoting mental and emotional health
6. School and community resources and services, including resources and services that meet the specific needs of high-risk groups
7. District procedures for intervening when a student attempts, threatens, or discloses the desire to die by suicide

#### Prevention (Instruction)

The school or school program's comprehensive health education program shall promote the healthy mental, emotional, and social development of students and shall be aligned with the state content standards and curriculum framework. Suicide prevention instruction shall be incorporated into the health education curriculum at appropriate secondary grades and shall be designed to help students:

1. Identify and analyze signs of depression and self-destructive behaviors and understand how feelings of depression, loss, isolation, inadequacy, and anxiety can lead to thoughts of suicide
2. Develop coping and resiliency skills and self-esteem

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3. Learn to listen, be honest, share feelings, and get help when communicating with friends who show signs of suicidal intent
4. Identify trusted adults, school resources, and/or community crisis intervention resources where youth can get help and recognize that there is no stigma associated with seeking services for mental health, substance abuse, and/or suicide prevention

All parents/guardians/caregivers should have access to suicide prevention training that addresses the following:

1. Suicide risk factors, warning signs, and protective factors;
2. How to talk with a student about thoughts of suicide;
3. 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.

#### Intervention

Every statement regarding suicidal intent shall be taken seriously. Two staff members at any school or in any school program under the jurisdiction of the County Superintendent of Schools who have received advanced training in suicide intervention shall be designated as the primary and secondary suicide prevention liaisons. Whenever a staff member suspects or has knowledge of a student's suicidal intentions based on the student's verbalizations or act of self-harm, they shall promptly notify the primary designated suicide prevention liaison. If this primary suicide prevention liaison is unavailable, the staff shall promptly notify the secondary suicide prevention liaison.

Students shall be encouraged to notify a teacher, principal, counselor, or other adult when they are experiencing thoughts of suicide or when they suspect or have knowledge of another student's suicidal intentions.

Although any personal information that a student discloses to a school counselor shall generally not be revealed, released, referenced, or discussed with third parties, the counselor may report to the principal or student's parents/guardians when he/she has reasonable cause to believe that disclosure is necessary to avert a clear and present

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danger to the health, safety, or welfare of the student. In addition, the counselor may disclose information of a personal nature to psychotherapists, other health care providers, or the school nurse for the sole purpose of referring the student for treatment.

A school employee shall act only within the authorization and scope of his/her credential or license. An employee is not authorized to diagnose or treat mental illness unless he/she is specifically licensed and employed to do so.

Whenever schools establish a peer counseling system to provide support for students, peer counselors shall receive training that includes identification of the warning signs of suicidal behavior and referral of a suicidal student to appropriate adults.

When a suicide attempt or threat is reported, the suicide prevention liaison or designee(s) shall ensure student safety by taking the following actions:

1. Immediately securing medical treatment and/or mental health services as necessary
2. Notifying law enforcement and/or other emergency assistance if a suicidal act is being actively threatened
3. Keeping the student under continuous adult supervision until the parent/guardian and/or appropriate support agent or agency can be contacted and has the opportunity to intervene
4. Removing other students from the immediate area as soon as possible

The suicide prevention liaison or designee(s) shall document the incident in writing, including the steps that the school took in response to the suicide attempt or threat.

The suicide prevention liaison or designee(s) shall follow up with the parent/guardian and student in a timely manner to provide referrals to appropriate services as needed. If the parent/guardian does not access treatment for the student, the suicide prevention liaison or designee(s) shall meet with the parent/guardian to identify barriers to treatment and assist the family in providing follow-up care for the student. If follow-up care is still not provided, the suicide prevention liaison or designee(s) shall consider whether he/she is required, pursuant to laws for mandated reporters of child neglect, to refer the matter to the local child protective services agency.

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For any student returning to school after a mental health crisis, the suicide prevention liaison or designee(s) shall meet with the parents/guardians and, if appropriate, with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school.

#### Postvention

In the event that a student dies by suicide, the suicide prevention liaison or designee(s) shall communicate with the student's parents/guardians to offer condolences, assistance, and resources. In accordance with the laws governing confidentiality of student record information, the suicide prevention liaison or designee(s) shall consult with the parents/guardians regarding facts that may be divulged to other students, parents/guardians, and staff.

The suicide prevention liaison or designee(s) shall implement procedures to address students' and staff's grief and to minimize the risk of imitative suicide or suicide contagion. He/she shall provide students, parents/guardians, and staff with information, counseling, and/or referrals to community agencies as needed. School staff may receive assistance from school counselors or other mental health professionals in determining how best to discuss the suicide or attempted suicide with students.

Any response to media inquiries shall be handled by the district-designated spokesperson who shall not divulge confidential information. The school's response shall not sensationalize suicide and shall focus on the school's postvention plan and available resources.

After any suicide or attempted suicide by a student, the suicide prevention liaison or designee(s) shall provide an opportunity for all staff who responded to the incident to debrief, evaluate the effectiveness of the strategies used, and make recommendations for future actions.

**Board Policy: 5141.3**

**Legal Reference: Education Code  
215, 32280-32289, 49060-49079, 49602, 49604**

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Government Code

810-996.6

Penal Code

11164-11174.3

Welfare and Institutions Code

5698, 5850-5883

Court Decisions

Corales v. Bennett (Ontario-Montclair School District), (2009) 567 F.3d 554

Management Resources:

California Department of Education Publications:

*Health Education Content Standards for California Public Schools, Kindergarten Through Grade Twelve, 2008; Health Framework for California Public Schools, Kindergarten Through Grade Twelve, 2003*

Centers for Disease Control and Prevention Publications: *School Connectedness: Strategies for Increasing Protective Factors Among Youth, 2009*

National Association of School Psychologist Publications: *Preventing Suicide, Guidelines for Administrators and Crisis Teams, 2015*

U.S. Department of Health and Human Services Publications: *Preventing Suicide: A Toolkit for High Schools, 2012*

National Strategy for Suicide Prevention: *Goals and Objectives for Action, rev. 2012*

Web Sites:

American Association of Suicidology: <http://www.suicidology.org>

American Foundation for Suicide Prevention: <http://afsp.org>

American Psychological Association: <http://www.apa.org>

American School Counselor Association: <http://www.schoolcounselor.org>

California Department of Education, Mental Health:

<http://www.cde.ca.gov/ls/cg/mh>

California Department of Health Care Services, Suicide Prevention Program:

<http://www.dhcs.ca.gov/services/MH/Pages/SuicidePrevention.aspx>

Centers for Disease Control and Prevention, Mental Health:

<http://www.cdc.gov/mentalhealth>

National Association of School Psychologists: <http://www.nasponline.org>

National Institute for Mental Health: <http://www.nimh.nih.gov>

Trevor Project: <http://thetrevorproject.org>

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration: <http://www.samhsa.gov>

Suicide Prevention Resource Center Web: <http://www.sprc.org/comprehensive-approach/postvention>

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**Suicide Awareness Voices of Education (SAVE):**  
<https://www.save.org/product/parents-as-partners/>