Contra Costa County Office of Education

Suicide Prevention and Intervention Policy and Protocol

2023-2024



CONTRA COSTA COUNTY Office of Education
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Lynn Mackey, Superintendent of Schools

Adapted from the California Department of Education Model Youth Suicide Prevention Policy

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Background

Mandates and Recommendations

California Education Code (EC) Section 215, as added by Assembly Bill (AB) 2246 (Chapter 642, Statutes of 2016) mandates that the Governing Board of any local educational agency (LEA) that serves pupils in grades seven to twelve, inclusive, adopt a policy on pupil suicide prevention, intervention, and postvention. A local education agency is a school district or county office of education. The policy shall specifically address the needs of high-risk groups, including suicide awareness and prevention training for teachers, and ensure that a school employee acts within the authorization and scope of the employee's credential or license. AB 1767 is an extension to AB 2246, which requires local educational agencies to add age groups from kindergarten through 6th grade. This effectively mandates that all educational agencies serving students from kindergarten through the 12th grade adopt a policy on suicide prevention that also addresses the needs of high risk groups.

For more information on AB 2246 Pupil Suicide Prevention Policies, go to the California Legislative Information Web page at https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB2246.

For resources regarding youth suicide prevention, go to the State Superintendent of Public Instruction (SSPI) letter regarding Suicide Prevention Awareness Month on the California Department of Education (CDE) Web page at http://www.cde.ca.gov/nr/el/le/yr16ltr0901.asp and the Directing Change For Schools Web page at http://www.directingchange.org/schools/.

Additionally, the CDE encourages each LEA to work closely with their county behavioral health department to identify and access resources at the local level.

While the mandate does not apply to private schools, they are encouraged to consider adopting a suicide prevention policy as a safety net for all students. This is particularly important since suicide is the second leading cause of death for youth ages fifteen to twenty-four. Students in earlier grades are also known to consider, attempt, and die by suicide—which is also a leading cause of death among ten to twelve-year-olds. Research demonstrates that suicidal ideation may start as early as preschool (however, suicide deaths are very rare among children nine years of age and younger).

Contra Costa County Board of Education Suicide Prevention Policy

In September 2021, the Contra Costa County Board of Education adopted board policy 5141.52 addressing suicide prevention. The County Board of Education recognizes that suicide is a leading cause of death among youth, prevention is a collective effort that requires stakeholder engagement, and school personnel who regularly interact with students are often in a position to recognize the warning signs of suicide and to offer appropriate referral and/or assistance. In an effort to reduce suicidal behavior, its impact

on students and families, and other trauma associated with suicide, the County Board shall incorporate any measures, strategies, practices, and supports developed by the County Superintendent of Schools for suicide prevention, intervention, and postvention in County Office of Education (COE) schools. For further details, please review board policy 5141.52.

Contra Costa County Office of Education Policy

The Contra Costa County Office of Education promotes success in learning and life through quality leadership, programs and services. We are committed to providing a safe and supportive learning environment that addresses the social-emotional and mental health needs of youth in our programs and county at large.

This policy was adapted from the California Department of Education's Model Youth Suicide Policy developed in 2017 to meet the unique needs of the Contra Costa County Office of Education. It is noted that a model policy is considered exemplary and is not prescriptive, per EC Section 33308.5:

(a) Program guidelines issued by the State Department of Education shall be designed to serve as a model or example, and shall not be prescriptive. Program guidelines issued by the department shall include written notification that the guidelines are merely exemplary, and that compliance with the guidelines is not mandatory.

(b) The Superintendent of Public Instruction shall review all program guidelines prepared by the State Department of Education prior to issuance to local education agencies. The superintendent shall approve the proposed guidelines only if he or she determines that all of the following conditions are met:

(1) The guidelines are necessary.

(2) The department has the authority to issue the guidelines.

(3) The guidelines are clear and appropriately referenced to, and consistent with, existing statutes and regulations.

Purpose

These prevention and intervention guidelines are designed for schools to have procedures in place to prevent suicide, assist students who are at risk of suicide, and intervene and respond appropriately in a suicide-related crisis. The Contra Costa County Office of Education recognizes that physical and mental health are integral components of students outcomes. The agency has an ethical responsibility to take a proactive approach in preventing deaths by suicide. These guidelines meet the legal mandate set forth by AB 2246. The guidelines do not constitute legal advice nor are they intended as such.

Scope

This policy covers actions that take place in schools, on school property, at school-sponsored functions and activities, on school buses or other transportation vehicles, and at school-sponsored out-of0school events where school staff are present. This applies to the entire school community, including educators, school and district staff, students, parents/guardians, and volunteers. This policy also covers appropriate responses to suicidal or high-risk behaviors that take place outside of the school environment that are impacting educational progress.

Contra Costa County Office of Education
Youth Suicide Prevention Policy

Introduction

The Contra Costa County Office of Education recognizes that suicide is a leading cause of death among youth and that an even greater amount of youth consider (18.8 percent of high school students) and attempt suicide (over 8 percent of high school students) (America's Health Rankings analysis of CDC WONDER, Multiple Cause of Death Files, United Health Foundation, AmericasHealthRankings.org, accessed 2023). According to the Center for Disease Control (CDC) Youth Risk Behavior Survey (2023), nearly 3 in 5 (57%) of U.S. teen girls felt persistently sad or hopeless in 2021. Black students were more likely than Asian, Hispanic, and White students to attempt suicide. More than half of lesbian, gay bisexual, and queer students experienced poor mental health, and more than 1 in 5 attempted suicide in the past year. The Trevor Project estimates that more than 1.8 million LGBTQ youth (13-24) seriously consider suicide each year in the United States and at least one attempts suicide every 45 seconds (accessed 2023). These statistics highlight the need and importance of addressing suicide for the youth we serve.

The possibility of suicide and suicidal ideation requires vigilant attention from our school staff. Staff provide an appropriate and timely response in preventing suicidal ideation, attempts, and deaths. Staff also work to create a safe and nurturing campus that minimizes suicidal ideation in students.

Recognizing that it is the duty of the CCCOE and 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. As it is known that the emotional wellness of students greatly impacts school attendance and educational success, this policy shall be paired with other policies that support the emotional and behavioral wellness of students. For staff, it is critical that training and systems address their well-being and postvention support in their work to address suicide.

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 in collaboration with Contra Costa County Office of Education staff 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 in all job categories who regularly interact with students or are in a position to recognize the risk factors and warning signs of suicide, including substitute teachers, volunteers, expanded learning staff (after school), and other individuals in regular contact with students such as crossing guards, tutors, and coaches.

The Superintendent shall develop and implement preventive strategies and intervention procedures that include the following:

Overall Strategic Plan for Suicide Prevention

The Superintendent or Designee shall involve 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, law enforcement, and community organizations in planning, implementing, and evaluating the Contra Costa County Office of Education's strategies for suicide prevention and intervention. The Contra Costa County Office of Education must work in conjunction with local government agencies, community-based organizations, and other community support to identify additional resources. The Contra Costa County Office of Education collaborates with:

- County Mental Health
- Mobile Response Team
- Local Law Enforcement
- School Districts located within Contra Costa County

To ensure the policies regarding suicide prevention are properly adopted, implemented, and updated, the Student Programs Department shall implement the suicide prevention policy and related activities. This policy shall be reviewed and revised as indicated, at least annually, in conjunction with the previously mentioned community stakeholders and Contra Costa County Office of Education staff:

- Senior Director, Student Programs
- Manager, Wellness in Schools Program (WISP) and Team
- Administrator, Special Education, Court & Community Schools
- Contra Costa County Office of Education School Psychologist, Licensed Clinical Social Workers, and Nurses
- Director I, Youth Services and Team

- Director III, Special Education
- Director III, Court and Community

Prevention

A. Messaging about Suicide Prevention

Messaging about suicide has an effect on suicidal thinking and behaviors. Consequently, Contra Costa County Office of Education along with its partners 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.

Suicide prevention involves programs and activities that enhance connectedness, create safe and nurturing environments, and foster protective factors that reduce risk for students. Suicide prevention messaging across the Contra Costa County of Education includes promoting problem solving and help-seeking behavior, knowledge of suicide risk factors, monitoring students who are at risk, and connecting with community resources.

B. Suicide Prevention Training and Education

The Contra Costa County Office of Education 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 and other adults on campus (including substitutes and intermittent staff, interns, coaches, staff working with students at-risk of suicide, youth services staff, and other support staff).

Training:

- At least annually, all staff working in student programs shall receive training on the risk factors and warning signs of suicide, suicide prevention, intervention, referral, and postvention.

- All suicide prevention trainings shall be offered under the direction of mental health professionals (e.g., school counselors, psychologists, or social workers) who have received advanced training specific to suicide and may benefit from collaboration with one or more county and/or community mental health agencies. Staff training can be adjusted year-to-year based on previous professional development activities and emerging best practices.

- 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. Previously employed staff members shall attend a minimum of one-hour general suicide prevention training through literature review, online, or in-person training offerings as determined by the Contra Costa County Office of Education training plans. Core components of the general suicide prevention training shall include:

  - Suicide risk factors, warning signs, and protective factors;
  - How to talk with a student about thoughts of suicide;
  - 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;
  - 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;
  - Emphasis on reducing stigma associated with mental illness and that early prevention and intervention can drastically reduce the risk of suicide;
  - 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/.

- In addition to initial orientations to the core components of suicide prevention, ongoing annual staff professional development for all staff should include the following components:
  - The impact of traumatic stress on emotional and mental health;
  - Common misconceptions about suicide;
  - School and community suicide prevention resources;
  - Appropriate messaging about suicide (correct terminology, safe messaging guidelines);
  - The factors associated with suicide (risk factors, warning signs, protective factors);
  - How to identify youth who may be at risk of suicide;

- 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 the Contra Costa County Office of Education 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 the Contra Costa County Office of Education guidelines;

- Contra Costa County Office of Education-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;

- Contra Costa County Office of Education-approved procedures for responding to the aftermath of suicidal behavior (suicidal behavior postvention);

- Responding after a suicide occurs (suicide postvention);

- Resources regarding youth suicide prevention;

- Emphasis on stigma reduction and the fact that early prevention and intervention can drastically reduce the risk of suicide;

- 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.

- The professional development also shall include additional information regarding groups of students judged by the trained school personnel, and available research, to be at elevated risk for suicide. These groups include, but are not limited to, the following:

  - Youth affected by suicide;

  - Youth with a history of suicide ideation or attempts;

  - Youth with disabilities, mental illness, or substance abuse disorders;

  - American Indian/Alaska Native students

  - Lesbian, gay, bisexual, transgender, or questioning youth;

  - Youth experiencing homelessness or in out-of-home settings, such as foster care;Youth who have suffered traumatic experiences;

  - Youth who are persistently bullied can experience or have worsened feeling of isolation, rejection, exclusion, and despair, as well as depression and

anxiety, which can contribute to suicidal behaviors in those at-risk

- The professional development also shall include additional information regarding protective factors for suicide. These factors include, but are not limited to, the following:
    - Receiving effective mental health care
    - Positive connections to family, peers, and community
    - Access to welcoming and affirming faith-based institutions, supportive social groups and clubs
    - Presence of healthy role models
    - Development of coping mechanisms, safety plans, and self-care strategies
    - Cultural, spiritual, or faith-based beliefs that promote connections and help-seeking
    - School connectedness
    - Lack of access to lethal means
    - Life satisfaction

Employee Qualifications and Scope of Services

C. Employee Qualifications and Scope of Services

Employees of the Contra Costa County Office of Education and their partners must act only within the authorization and scope of their 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 typically beyond the scope of services offered in the school setting. In addition, treatment of the mental health challenges often associated with suicidal thinking typically requires mental health resources beyond what schools are able to provide.

D. Specialized Staff Training (Assessment)

Additional professional development in suicide risk assessment and crisis intervention shall be provided to those who conduct suicide risk assessments (school counselors, psychologists, social workers, and nurses) employed by Contra Costa County Office of Education.

E. Parents, Guardians, and Caregivers Participation and Education

- To the extent possible, parents/guardians/caregivers should be included in all suicide prevention efforts. At a minimum, schools shall share with parents/guardians/caregivers the Contra Costa County Office of Education suicide prevention policy and procedures.

- This suicide prevention policy shall be prominently displayed on the Contra Costa County Office of Education web page and included in the parent handbook.

- Parents/guardians/caregivers should be invited to provide input on the development and implementation of this policy.

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

    - Suicide risk factors, warning signs, and protective factors;

    - How to talk with a student 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 for training

F. Student Participation and Education

The Contra Costa County Office of Education along with its partners has carefully reviewed available student curricula to ensure it promotes the mental health model of suicide prevention and does not encourage the use of the stress model to explain suicide.

Under the supervision of school-employed mental health professionals, and following consultation with county and community mental health agencies, students shall:

- Receive developmentally appropriate, student-centered education about the warning signs of mental health challenges and emotional distress in grades kindergarten through 12;

- Receive developmentally appropriate guidance regarding the Contra Costa County Office of Education'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 and community resources and refer peers for help;

- Emphasis on reducing the stigma associated with mental illness and the fact that early prevention and intervention can drastically reduce the risk of suicide.

- Student-focused suicide prevention education can be incorporated into classroom curricula (e.g., health classes, restorative circles, social-emotional learning lessons). It is not recommended to deliver any programming related to suicide prevention to a large group in an auditorium setting.

  The Contra Costa County Office of Education will support the creation and implementation of programs and/or activities on campus that raise awareness about mental wellness and suicide prevention (e.g., Mental Health Awareness Weeks, Peer Counseling Programs, Freshman Success Programs, and National Alliance on Mental Illness on Campus High School Clubs).

- Whenever possible, discussions with students on bullying and suicide should center on prevention, and resiliency, not statistics, and should encourage help-seeking behavior. It is imperative to convey safe and accurate messages about bullying and suicide to youth, especially to young people who may be at-risk for suicide. Suggesting that suicide is a natural response to bullying or providing repeated opportunities for at-risk students to see their own experiences of bullying, isolation, or exclusion reflected in stories of those who have dies by suicide, can increase contagion risk by contributing to thoughts that frame suicide as a viable solution.

Intervention, Assessment, Referral

A. Overview

In the event of a suicide related crisis, staff will follow the steps listed below and described in greater detail throughout this section.

Report: The suicide related crisis is reported to an administrator and mental health professional.

Supervise: The student is kept under staff supervision, including restrooms.

Work as a team: Site administrators, school staff, and mental health professionals work as a team to address the suicide related crisis and communicate throughout the process.

Complete risk assessment: Staff complete a suicide risk assessment. If staff are not available, law enforcement or another agency should complete a suicide risk assessment.

Notify: Depending on the level of suicide risk, a phone call to law enforcement or 911 may need to be made.

Alert parents or guardians: Staff call the parent or guardian to notify them of the situation and plan. If it is unsafe to notify the student's parents or guardians, staff will take appropriate next steps as described later in this policy and protocol.

Provide resources: Students and parents or guardians are provided with the list of resources for suicide prevention and intervention. Mental health resources may also be provided.

Document: Staff complete the Suicide Risk Assessment Documentation form and upload it to Aeries.

Re-entry and postvention planning: A safety plan is created with the student. A release of information to communicate with other mental health professionals working with the student is obtained as needed. Information is shared with staff as appropriate. The school convenes IEP, Section 504, or Student Success Team (SST) meetings as necessary.

Debrief: The site administrators, school staff, and mental health professionals involved in the suicide related crisis debrief the incident to learn from what went well and discuss what can be improved for future situations. Administrators address any mental health needs of staff after the suicide related crisis.

B. Staff

Contra Costa County Office of Education staff members who have received advanced training in suicide intervention shall be designated as suicide prevention points of contact, sometimes referred to as suicide prevention liaisons. Whenever a staff member suspects or has knowledge of a student's suicidal intentions, they shall promptly notify the staff who are suicide prevention points of contact (see below).

- Under normal circumstances, staff shall notify the principal, another school administrator, school psychologist, school social worker, or school counselor. The Contra Costa County Suicide Intervention flow chart can be utilized for appropriate contacts specific to the school site.

  The principal, another school administrator, school counselor, school psychologist, social worker, or nurse shall then notify, if appropriate and in the best interest 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 notification to parents/guardians/caregivers should follow a formal initial assessment to ensure that the student is not endangered by parental notification. Staff should take into consideration the age of the pupil, as students over the age of 12 may seek access to mental health treatment without parental notification and consent. If needed, a referral

to child protective services may be warranted. Staff will continuously engage parents and families with resources and services so that they can support their students.

If the student is in imminent danger (has access to a gun, is on a rooftop, or in other unsafe conditions), a call shall be made to 911.

- Whenever a staff member suspects or has knowledge of a student's suicidal intentions, they shall promptly notify the staff who are suicide prevention points of contact.

- Students experiencing suicidal ideation shall not be left unsupervised.

- A referral process should be prominently disseminated to all staff members, so they know how to respond to a crisis and are knowledgeable about the school and community-based resources.

- 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.

If the student is not in imminent danger, but is expressing suicidal ideation, staff will conduct a risk assessment. Suicidal ideation may be communicated in writing, communicated from a student's peer, or communicated directly by the student. All instances of suicidal ideation should be addressed through the following protocol immediately regardless of how big or small the intent may seem.

- The site administrator along with staff with advanced training in suicide intervention shall be notified. This will be the principal, school psychologist, school social worker, school counselor, or other community based mental health professional on campus. If none of these staff are available on campus, the administrator will notify the student's parent to take them for an assessment and/or contact the mobile crisis team or local law enforcement to conduct a risk assessment as appropriate.

- Staff with advanced training in suicide intervention will conduct a risk assessment using the Columbia Suicide Severity Rating Scales – Screening Version for Schools. The level of risk will be determined. (See Appendix A)

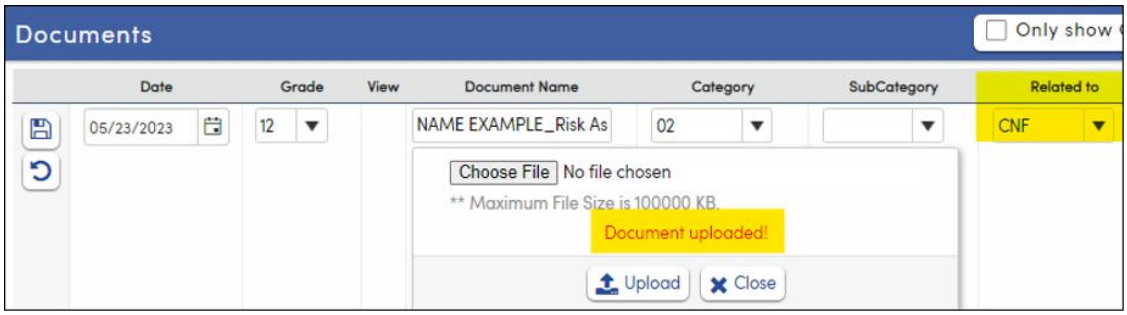
- After the level of risk has been determined, the appropriate follow up actions will be taken as noted on the severity matrix including distributing resources to the parent and student (See Appendix B and Appendix E)

- After the risk assessment has been conducted, staff will complete the suicide risk assessment documentation form (See Appendix D).

- Staff will verify that an authorization for release of health information was completed during the student's intake prior to storing this form in the student record. If there is no authorization for release, staff will contact the parent or guardian to complete one. If the parent does not consent to an authorization, staff will contact their administrator.

- Once an authorization for release of health information is verified, the risk assessment documentation form will be logged in Aeries under Student Date>Other>Student Documents. When uploading a student document, use the following guidance:

  - Date: The date of the risk assessment
  - Document Name: STUDENT NAME_Risk Assessment_DATE (e.g., ConnieCosta_Risk Assessment_5.23.2023)
  - Category: 02 Personal Documents
  - Sub Category: Blank
  - Related to: CNF (Counseling)
  - Locked: Blank, Not checked



- Aeries user permissions are set so that only mental health providers and administrators have access to the suicide risk assessment documentation form.

C. Parents, Guardians, and Caregivers

A referral process should be prominently disseminated to all parents/guardians/caregivers, so they know how to respond to a crisis and are knowledgeable about the school and community-based resources.

D. Students

Students shall 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. Staff will then notify the administrator, who can coordinate referring the student to various mental health supports. The Contra Costa County Office of Education employs school psychologists, community based mental health providers, and youth services professionals to provide mental health services.

E. Parental Notification and Involvement

Each school within the Contra Costa County Office of Education shall identify a process to ensure continuing care for the student identified to be at risk of suicide. The following steps should be followed to ensure continuity of care:

- After a referral is made for a student, school staff shall verify with the parent/guardian/caregiver that follow-up treatment has been accessed. Parents/guardians/caregivers will be required to provide documentation of care for the student. Examples of documentation of care include notes from medical or mental health providers, discharge paperwork, or the name and contact information for the follow up care accessed. Documentation may look different for every student and/or situation. Consult an administrator if there is question about the documentation provided.

- When communicating with families, staff should identify a main point person such as the site administrator or mental health provider. Establish clear and preferred methods of communication for the family. Be culturally cognizant and responsive when interacting with families.

- In some situations, youth may have disclosed personal information such as sexual orientation and/or gender identity. In these instances, staff may need to inform parents of the limits of confidentiality as it pertains to student safety, while simultaneously ensuring that a student's right to privacy around sexual orientation and/or gender identity are not violated.

- 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 Child Protective Services (CPS) to report neglect of the youth. Contra Costa County Child Protective Services can be reached at 1-877-881-1116.

F. 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:

- Provide first aide if needed

- Remain calm, remember the student is overwhelmed, confused, and emotionally distressed;

- Move all other students out of the immediate area;
- Immediately contact the administrator, suicide points of contact and mental health staff;
- Call 911 and give them as much information about any suicide note, medications taken, and access to weapons, if applicable;
- If needed, provide medical first aid until a medical professional is available;
- Parents/guardians/caregivers should be contacted as soon as possible;
- Do not send the student away or leave them alone, even if they need to go to the restroom;
- Make immediate plans for restroom supervision taking into consideration the number of staff needed for supervision, age of the student, and gender-identity of the student and staff. Additionally, take into consideration the safety of bathroom environment and the student's current possessions as it relates to safety and access to lethal means;
- Listen and prompt the student to talk;

  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 to the student;
- Promise privacy and help, and be respectful, but do not promise confidentiality;
- Student should only be released to parents/guardians/caregivers or to a person who is qualified and trained to provide help.

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

If a suicide attempt by a student is outside of Contra Costa County Office of Education property, it is crucial that the Contra Costa County Office of Education protects the privacy of the student and maintain a confidential record of the actions taken to intervene, support, and protect the student. The following steps should be implemented:

- Determine the most appropriate staff member to contact the family (e.g., administrator, counselor, etc.) taking into consideration relationships and familiarity with the family;

- Contact the parents/guardians/caregivers and offer support to the family;
- Be culturally cognizant and responsive when communicating with 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 is correct;
- Designate a staff member to handle media requests or refer the media to the communications department;
- Provide care and determine appropriate support to affected students;
- Offer to the student and parents/guardians/caregivers steps for re-integration to school.

H. 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 threat with seriousness and approach with a calm manner; make the student a priority;
- Listen actively and non-judgmentally to the student. Let the student express his or her feelings;
- Acknowledge the feelings and do not argue with the student;
- Offer hope and let the student know they are safe and that help is provided. Do not promise confidentiality or cause stress;
- Explain calmly and get the student to a trained professional, guidance 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.

I. Re-Entry to School After a 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 and well planned re-entry process ensures the safety and wellbeing 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 for their return to school provides them with a sense of control, personal responsibility, and empowerment.

- The following steps shall be implemented upon re-entry:
- Obtain a written release of information signed by parents/guardians/caregivers and providers as applicable to coordinate care;
- Confer with student and parents/guardians/caregivers about any specific requests on how to handle the situation;
- Inform the student's teachers about possible days of absences;
- ·Allow accommodations for student to make up work (be understanding that missed assignments may add stress to student);
- ·A re-entry meeting should be scheduled consisting of the site administrator, school-based mental health professional, teacher, parent/guardian/family, and/or student where appropriate.
- Mental health professionals or trusted staff members should maintain ongoing contact to monitor student's actions and mood for a determined period of time;
- Work with parents/guardians/caregivers to involve the student in an aftercare plan and/or safety plan at school (see Appendix C). The safety plan should be communicated to the site administrator and mental health staff. The team should consider and discuss other staff who may need to be aware such as classroom teachers and instructional assistants. The safety plan should not be disclosed to staff outside of the Contra Costa County Office of Education unless obtaining a release of information, staff who do not work regularly with a student, or other students on campus.
- A Student Success Team (SST), Individual Education Plan (IEP), or Section 504 meeting should be convened to discuss and document multi-tiered systems of supports and services for the student after a suicide attempt

J. 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 that we are prepared ahead of time in the event of such a tragedy. The Student Programs Department of the Contra Costa County Office of Education shall ensure that each school site follows the action plan steps for responding to a suicide death. School sites needs to incorporate both immediate and long-term steps and objectives.

- ·Suicide postvention shall include the following components:

- Identify a staff member to confirm death and cause with facts (school site administrator);
- Identify a staff member to contact deceased's family (within 24 hours);
- Enact the suicide communication guidelines (see Appendix F);
- Notify all staff members (ideally in-person or via phone, not via e-mail or mass notification).

- Coordinate an all-staff meeting, to include:
  - Notification (if not already conducted) to staff about suicide death;
  - Emotional support and resources available to staff;
  - Notification to students about suicide death and the availability of support services (if this is the protocol that is decided by administration);
  - Share information that is relevant and that which you have permission to disclose.

- ·Prepare staff to respond to needs of students regarding the following:
  - Review of protocols for referring students for support/assessment;
  - Talking points for staff to notify students;
  - Resources available to students (on and off campus).

- Identify students significantly affected by suicide death and other students at risk of imitative behavior;
- Identify students affected by suicide death but not at risk of imitative behavior;
- Communicate with the larger school community about the suicide death;
- Consider funeral arrangements for family and school community;
- Respond to memorial requests in respectful and non-harmful manner; responses should be handed in a thoughtful way and their impact on other students should be considered;
- Identify media spokesperson skilled to cover story without the use of explicit, graphic, or dramatic content (go to the Reporting on Suicide.Org Web site at www.reportingonsuicide.org). Research has proven that sensationalized media coverage can lead to contagious suicidal behaviors.

- Utilize and respond to social media outlets:
    - Identify what platforms students are using to respond to suicide death
    - Identify/train staff and students to monitor social media outlets
- Include long-term suicide postvention responses:
    - Consider important dates (i.e., anniversary of death, deceased birthday, graduation, or other significant event) and how these will be addressed
    - Support siblings, close friends, teachers, and/or students of deceased
    - Consider long-term memorials and how they may impact students who are emotionally vulnerable and at risk of suicide
    - Review and/or revise existing policies

Appendix A

Columbia-Suicide Severity Rating Scale (C-SSRS)

The Columbia Lighthouse Project provides the Columbia Protocol, also known as the Columbia-Suicide Severity Rating Scale (C-SSRS), is for use in a multitude of community and healthcare settings. The C-SSRS provides questions to ask during a suicide risk assessment. It has been selected as the risk assessment tool for Contra Costa County Office of Education suicide prevention because it is:

- Simple: The questions can be asked in a few minutes with no mental health training required to ask them.
- Efficient: Use of the Columbia Protocol can make it easier to correctly identify the level of support a person needs, such as safety monitoring procedures, counseling, or emergency room care.
- Effective: Data shows that the protocol has helped prevent suicide.
- Free: The protocol and the training on how to use it are available free of charge for use in community and health care settings, as well as in federally funded or nonprofit research.
- Universal: The Columbia Protocol is suitable for all ages and special populations in different settings and is available in more than 140 country-specific languages. The Columbia Protocol has been adapted for young children, students with developmental delays, and students in correctional facilities, making it helpful for the student population the Contra Costa County Office of Education serves.
- Evidence-supported: Research has validated the relevance and effectiveness of the questions used in the Columbia Protocol to assess suicide risk

On the following page, there is a copy of the C-CSSR for use in schools. Other versions for students with developmental disabilities and students in correctional facilities can be accessed on the Columbia Lighthouse Project website. The website also has the forms in other languages.

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen with Triage Points for Schools

	Past month	
Ask questions that are in bold and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
1) *Have you wished you were dead or wished you could go to sleep and not wake up?*	☐	☐
2) *Have you actually had any thoughts of killing yourself?*	☐	☐
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) *Have you been thinking about how you might do this?* e.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.*"	☐	☐
4) *Have you had these thoughts and had some intention of acting on them?* as opposed to "*I have the thoughts but I definitely will not do anything about them.*"	☐	☐
5) *Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?*	☐	☐
6) *Have you ever done anything, started to do anything, or prepared to do anything to end your life?* Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask: *Was this within the past 3 months?***	**Lifetime** ☐ **Past 3 Months** ☐	☐ ☐

Possible Response Protocol to C-SSRS Screening

Item 1 Behavioral Health Referral
Item 2 Behavioral Health Referral
Item 3 Behavioral Health Referral
Item 4 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
Item 5 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
Item 6 Behavioral Health Referral
Item 6 3 months ago or less: Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room

Appendix B

Contra Costa County Office of Education Risk Matrix and Response Protocols

LOW (ITEMS 1 & 2)

May or may not have thoughts of about death, but no suicide plan, intent, or behavior. There are few risk factors and many protective factors.

Create a safety plan with the student

Provide student with suicide prevention resources and mental health resources

Notify parent/guardian of assessment and provide them with suicide prevention resources

Notify mental health professional working with the student

Complete Suicide Risk Assessment Documentation form and upload to Aeries

MEDIUM (ITEMS 3 & 6)

There is some suicidal ideation or plan, but not direct intent. There are multiple risk factors with a few protective factors.

Do not leave student unattended (even in the restroom)

The assessor should consider contacting law enforcement or referring student for further evaluation at the emergency room or other agency as appropriate.

Create a safety plan with the student

Provide student with suicide prevention resources and mental health resources

Notify parent/guardian of assessment and provide them with suicide prevention resources

Notify mental health professional working with the student

Complete Suicide Risk Assessment Documentation form and upload to Aeries

HIGH (ITEMS 4 & 5)

There has been a potentially lethal suicide attempt or persistent ideation with strong intent. The student has many risk factors and few preventative factors.

Do not leave student unattended (even in the restroom)

Notify law enforcement or other emergency agency

Notify parent/guardian of assessment and that law enforcement or other emergency agency is being contacted. Provide them with suicide prevention resources

Notify mental health professional working with the student

Complete Suicide Risk Assessment Documentation form and upload to Aeries

When the student returns, staff should hold a re-entry meeting to create a safety plan with the student and provide them with suicide prevention resources and mental health resources

Appendix C

STANLEY - BROWN SAFETY PLAN

STEP 1: WARNING SIGNS:

1. _____
2. _____
3. _____

STEP 2: INTERNAL COPING STRATEGIES – THINGS I CAN DO TO TAKE MY MIND OFF MY PROBLEMS WITHOUT CONTACTING ANOTHER PERSON:

1. _____
2. _____
3. _____

STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:

1. **Name:** _____ **Contact:** _____
2. **Name:** _____ **Contact:** _____
3. **Place:** _____ 4. **Place:** _____

STEP 4: PEOPLE WHOM I CAN ASK FOR HELP DURING A CRISIS:

1. **Name:** _____ **Contact:** _____
2. **Name:** _____ **Contact:** _____
3. **Name:** _____ **Contact:** _____

STEP 5: PROFESSIONALS OR AGENCIES I CAN CONTACT DURING A CRISIS:

1. **Clinician/Agency Name:** _____ **Phone:** _____
Emergency Contact : _____
2. **Clinician/Agency Name:** _____ **Phone:** _____
Emergency Contact : _____
3. **Local Emergency Department:** _____
Emergency Department Address: _____
Emergency Department Phone : _____
4. **Suicide Prevention Lifeline Phone:** 1-800-273-TALK (8255)

STEP 6: MAKING THE ENVIRONMENT SAFER (PLAN FOR LETHAL MEANS SAFETY):

1. _____
2. _____

The Stanley-Brown Safety Plan is copyrighted by Barbara Stanley, PhD & Gregory K. Brown, PhD (2008, 2021). Individual use of the Stanley-Brown Safety Plan form is permitted. Written permission from the authors is required for any changes to this form or use of this form in the electronic medical record. Additional resources are available from www.suicidesafetyplan.com.

Stanley-Brown
Safety Planning Intervention

Digital Safety Plans

A version of the Stanley-Brown safety plan can be downloaded and used on a smartphone via:

https://apps.apple.com/us/app/stanley-brown-safety-plan/id695122998

Professional Agency Contact Numbers

1. Dial 911 for immediate emergency assistance
2. Dial 211for mental health referrals (these are non-emergency counseling referrals)
3. Contra Costa Mobile Response Team: 1-(877)-441-1089
4. Dial 988 Suicide and Crisis Lifeline (student needs to be present and ready to discuss on the phone)

APPENDIX D

Contra Costa County Office of Education
Suicide Risk Assessment Documentation Form

This form is completed by the person who conducted the risk assessment. If the risk assessment is conducted by a mobile crisis team member or other professional called to campus, the school principal completes the form and notes that information. A copy of this form is uploaded to Aeries following the record keeping guidelines outlined on page 14 of the Suicide Prevention and Intervention Policy and Protocol.

Date of Risk Assessment:		
Student Name:	Date of Birth:	Age:
School:	Grade:	
Name of Person Completing Risk Assessment:	Title:	
Was the student in imminent danger? *If yes, was 911 called or law enforcement notified?*	YES ☐ NO ☐ YES ☐ NO ☐	
Did a CCCOE staff member conduct the risk assessment?	YES ☐	No ☐
Was the Columbia-Suicide Severity Rating Scale used by staff to conduct a risk-assessment?	YES ☐	NO ☐
What was the level of risk determined?	LOW ☐	MEDIUM ☐ HIGH ☐
Was the CCC Mobile Crisis Team or another mental health professional not employed by the CCCOE contacted to complete the risk assessment?	YES ☐	NO ☐
Did law enforcement conduct a risk assessment?	YES ☐	NO ☐
Was the administrator notified? Date:_____ Time:_____ Method:_____	YES ☐	NO ☐
Was the school psychologist, social worker, or counselor notified? Date: _____ Time: _____ Method:_____	YES ☐	NO ☐
Was the parent/guardian notified? Date: _____ Time: _____ Method: _____	YES ☐	NO ☐
Was the student taken from campus for further evaluation or support? If yes, by whom? _____	YES ☐	NO ☐
Was a safety plan developed and the resources in the CCCOE Suicide Prevention and Intervention Policy and Protocol provided to the student? *If the student left campus before a safety plan or resources could be provided, will this be put in place upon their return?*	YES ☐ YES ☐	NO ☐ NO ☐
Were the resources in the CCCOE Suicide Prevention and Intervention Policy and Protocol provided to the parent/guardian?	YES ☐	NO ☐

APPENDIX E

Contra Costa County Office of Education
Suicide Resources for Students and Families

Emergency Support and Counseling Referrals

Dial 911 for immediate emergency assistance

Dial 211 for mental health referrals (these are non-emergency counseling referrals)

Dial 1-(877)-441-1089 for the Contra Costa Mobile Response Team:

Dial 988 Suicide and Crisis Lifeline (student needs to be present and ready to discuss on the phone)

Suicide Hotlines

California Youth CrisisLine (24-hours hotline, bilingual): 1-(800) 843-5200

Didi Hirsch SuicidePrevention Center (24-hour hotline): 1-(877) 727-4747 a 24-hour crisis line for individuals who are contemplating, threatening, or attempting suicide, including their family and friends.

National Suicide Prevention Lifeline: 1-(800) 273-TALK (8255)Suicide prevention telephone hotline funded by the U.S. government. Provides free, 24-hour assistance.

Suicide Prevention CrisisLine (24-hour hotline): 1-(877) 727-4747 a 24-hour crisis line for individuals who are contemplating, threatening, or attempting suicide, including their family and friends.

Teen Line (6PM – 10PM): 1-(800) 852-8336, 1-(800) TLC-TEEN a teen-to-teen hotline with community outreach services, from 6pm-10pm PST daily. Text, email and message board also available, with limited hours-visit http://teenlineonline.org for more information.

Trevor Project (24-hour hotline): 1-(866) 4-U-TREVOR, 1-(866) 488-7386 provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24. Text and chat also available, with limited hours-visit www.thetrevorproject.org for more information.

Suicide Text Support

Crisis Text Line (24-hours) - provides crisis intervention via text message using your mobile device. Text HOME to 741741

Lifeline Crisis Chat (11am-11pm, 7 days/week): http://www.crisischat.org/chat provides crisis intervention via chat online.

Teen Line (6pm–10pm) - provides teen to teen crisis intervention via text message using your mobile device. Text TEEN to 839863

Trevor Chat – Trevor Project(3pm-10pm, 7 days/week) – online instant messaging with a TrevorChat counselor. Visit http://www.thetrevorproject.org and click on the Chat icon on the right at the top of the page.

Suicide Information

American Foundation for Suicide Prevention (AFSP): www.afsp.org

Suicide Prevention ResourceCenter (SPRC): www.sprc.org

The Society for the Prevention of Teen Suicide-Parent's Page: www.sptsnj.org/parents/

Jed Foundation (Devoted to college mental health & suicide prevention): https://www.Jedfoundation.org

National Suicide Prevention Lifeline: www.suicidepreventionlifeline.org – for resources including therapy and support group finder, self-care, education on risk factors and warning signs, and safety planning. Also includes information for Spanish speakers, hearing impaired individuals, and service members.

APPENDIX F

Contra Costa County Office of Education
Mental Health Resources for Students and Families

Mental Health Resources

Mental Health Access Line: 1-888-678-7277

HEARD Alliance (www.heardalliance.org) – a collaborative among healthcare agencies, schools and providers in the SF Bay Area; contains useful resources and websites on mental health

NAMI (National Alliance on Mental Illness): www.nami.org - Family support and advocacy

Stanford Center for Youth Mental Health and Wellbeing: https://med.stanford.edu/psychiatry/special-initiatives/youthwellbeing.html

Bullying Resources

Bullying and Cyberbullying Resources for Schools, Youth and Families: www.adl.org/education/resources/tools-and-strategies/bullying-and-cyberbullying-prevention-strategies

National Bullying Information: www.stopbullying.gov

LGBTQ Resources

The Trevor Project: https://www.thetrevorproject.org/ - The world's largest suicide prevention and crisis intervention organization for LGBTQ young people. The Trevor Project offers a variety of resources and 24/7 crisis support.

Rainbow Community Center: https://www.rainbowcc.org/ - Rainbow builds community, equity, and well-being among Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, and Intersex (LGBTQIA+) people and their allies. They offer a variety of mental health services and resources.

Parents, Families, and Friends of Lesbians & Gays (PFLAG)Helpline: 1-888-735-2488 for individuals or families experiencing issues related to sexual orientation and/or gender identity.

Family Acceptance Project: https://familyproject.sfsu.edu/ - For research-based, culturally grounded approaches to helping ethnically, socially, and religiously diverse families decrease rejection and increase support for their LGBT children.

Trans Lifeline: 1-877-565-8860 a peer phone support service run by trans people for trans and questioning peers

Foster Youth and Homeless Resources

Foster Youth Services Coordinating Program: Trauma-informed practices for working with students in foster care.

School House Connection: Lessons from the Youth Risk Behavior Survey (YRBS), Part IV – Suicide and Mental Health.

Los Angeles County Youth Suicide Prevention Project: Resources to support homeless/foster youth.

Drug and Alcohol Resources

Drugs and Alcohol Education, Treatment and Referral National Drug Helpline: 1-844-289-0879

APPENDIX G

Re-Entry Checklist

- [ ] Obtain a written release of information signed by parents/guardians/caregivers and providers to coordinate care with outside providers as applicable
- [ ] Confer with student and parents/guardians/caregivers about any specific requests on how to handle the situation
- [ ] Inform the student's teachers about possible days of absence
- [ ] Allow accommodations for students to make up work (be understanding that missed assignments may add stress to students)
- [ ] A re-entry meeting should be scheduled consisting of the site administrator, school-based mental health professional, teacher, parent/guardian/family, and/or student where appropriate
- [ ] Mental health professionals or trusted staff members should maintain ongoing contact to monitor student's actions and moods for a determined period of time;
- [ ] Work with parents/guardians/caregivers to involve the student in an aftercare plan and/or safety plan at school (see Appendix C). The safety plan should be communicated to the site administrator and mental health staff. The team should consider and discuss other staff who may need to be aware such as classroom teachers and instructional assistants. The safety plan should not be disclosed to staff outside of the Contra Costa County Office of Education unless obtaining a release of information, staff who do not work regularly with a student, or other students on campus.
- [ ] A Student Success Team (SST), Individual Education Plan (IEP), or Section 504 meeting should be convened to discuss and document multi-tiered systems of supports and services for the student after a suicide attempt

APPENDIX H

Guidelines for Communicating About Suicide

Talking About Suicide

Talking about suicide does not make it happen. Suicide risk assessment does not enhance risk in youth. Suicide risk assessment can lead to reductions in stress of youth who are experiencing thoughts of suicide. Messaging can be a powerful tool to support resiliency, encourage help-seeking, promote mental health awareness, and provide resources to address suicide.

Terminology

Use	Don't Use
Died by/of suicide	Committed/Completed suicide
Took their own life	Successful or unsuccessful (attempts)
Attempted suicide	Triggers/Triggering
Activating	

Responding to A Suicide

- Verify the information before communicating. Do not repeat rumors.
- Determine what the family would like to be shared or what has already been publicly shared from a reliable source.
- Work with administrators to secure individuals trained to respond to a suicide (e.g., mental health professionals, crisis teams) to support with communicating and supporting individuals affected by the suicide.
- Once the verifications have been completed, notify school staff via a face-to face meeting. Focus on the facts, validate feelings, and provide resources.
- Provide scripts for staff to use when communicating about the suicide with students or families.
- Provide a statement to parents/families informing them about the death and what services are being offered to students and staff. Assure parents/families that crisis teams are available.
- Students should be notified by a familiar adult in a small, naturally occurring situation such as a homeroom or morning circle. Ensure every effort to make sure all students are available at once. Focus on the facts and validate feelings. Include information about available mental health supports and services and how to access them.
- Do not use large assemblies or public announcement systems to deliver the information.

- Provide clear guidelines about what will be permitted for memorial or commemorative activities and the timing of those events. Ensure that memorial or commemorative activities are equitable across similar situations and that they are not re-traumatizing, glamorizing, or romanticizing for students.

- Media requests and inquiries should be directed to the communication department at 925-942-3420

Written Communication and Documentation

- Emails regarding the incident should be professional and used only to coordinate responses to the suicidal incident. Private information should not be included in the email. Details of the incident should only be shared when necessary via phone call or face-to-face conversation

- Documentation of the suicide assessment should only contain information about the staff response. It should not include subjective information, personal details, or mental health information such as diagnoses.

- IEP documentation should include accommodations to support a student's mental health, present levels (when appropriate), and goals to support mental health (when appropriate). Notes where suicidality are discussed should be brief, factual, and maintain a student's confidentiality as appropriate.

APPENDIX I

Definitions

At-Risk
Suicide risk is not a dichotomous concern, but rather, exists on a continuum with various levels of risk. Each level of risk requires a different level of response and intervention by the school and the district. Please refer to the risk matrix and response protocols.

Mental Health
A state of mental, emotional, and cognitive health that can impact perceptions, choices and actions affecting wellness and functioning. Mental health conditions include depression, anxiety disorders, post-traumatic stress disorder (PTSD), and substance use disorders. Mental health can be impacted by the home and social environment, early childhood adversity or trauma, physical health, and genes.

Suicide Risk Assessment
An evaluation of a student who may be at risk for suicide, conducted by the appropriate designated school staff (e.g., school psychologist, school social worker, school counselor, or in some cases, trained school administrator). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.

Risk Factors for Suicide
Characteristics or conditions that increase the chance that a person may attempt to take their life. Suicide risk is most often the result of multiple risk factors converging at a moment in time. Risk factors may encompass biological, psychological, and/or social factors in the individual, family, and environment. The likelihood of an attempt is highest when factors are present or escalating, when protective factors and healthy coping techniques have diminished, and when the individual has access to lethal means.

Self-Harm
Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm behaviors can be either non-suicidal or suicidal. Although non-suicidal self-injury (NSSI) lacks suicidal intent, youth who engage in any type of self-harm should receive mental health care. Treatment can improve coping strategies to lower the urge to self-harm, and reduce the long-term risk of a future suicide attempt.

Suicide
Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. NOTE: The coroner's or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death. Additionally, parent or guardian preference shall be considered in determining how the death is communicated to the larger community.

Suicide Attempt
A self-injurious behavior for which there is evidence that the person had at least some intent to die. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent

feelings, such as a wish to die and a desire to live, is a common experience with most suicide attempts. Therefore, ambivalence is not a reliable indicator of the seriousness or level of danger of a suicide attempt or the person's overall risk.

Suicidal Behavior

Suicide attempts, injury to oneself associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.

Suicidal Ideation

Thinking about, considering, or planning for self-injurious behavior that may result in death. A desire to be dead without a plan or the intent to end one's life is still considered suicidal ideation and shall be taken seriously.

Suicide Contagion

The process by which suicidal behavior or suicide completion influences an increase in the suicide risk of others. Identification, modeling, and guilt are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides within a community.

Postvention

Suicide postvention is a crisis intervention strategy designed to assist with the grief process following a suicide loss. This strategy, when used appropriately, reduces the risk of suicide contagion, provides the support needed to help survivors cope with a suicide death, addresses the social stigma associated with suicide, and disseminates factual information after the death of a member of the school community. Often a community or school's healthy postvention effort can lead to readiness to engage further with suicide prevention efforts and save lives.

APPENDIX J

Contra Costa County Office of Education Suicide Prevention Poster

SUICIDE is PREVENTABLE

Help Save a Life

Did You Know?

- Suicide is the second leading cause of death for youth.
- Most youth who are suicidal don't want to die; they are in pain and see no way out.
- A previous suicide attempt is the largest predictor of suicidal behavior.
- LGBQ youth are five times more likely to attempt suicide.
- 30-50% of transgender youth have made a serious attempt at suicide
- **We MUST take every threat seriously.**

Risk Factors - *Factors that increase a student's risk for suicide. They DO NOT cause suicide.*

- One or more suicide attempts
- Loss of any kind
- Mental illness
- Alcohol or substance use
- Bullying or harassment
- Friend or family completed suicide
- History of abuse/trauma
- Access to guns or lethal weapons
- Lack of coping or problem solving skills
- Not getting needed services

Warning Signs - *What you might see or hear that indicates a student MAY be suicidal TODAY*

Makes a statement

"I wish I were dead," "If such and such doesn't happen, I'll kill myself," "What's the point in living?"

Talking/writing about death or suicide

In text messages, on social media/chat rooms, in school assignments, poems, or music.

Looking for a way to attempt suicide

Looking for a gun, pills, or other means. Having a realistic plan about where to get the means.

Giving their possessions away

Rapid shift in mood/affect

From sullen or depressed to being happy or "at peace."

Other behaviors

- Signs of depression or anxiety
- Feeling like a burden
- Feeling trapped—no way out
- Drug/alcohol use increases or is excessive
- Neglecting appearance
- Drop in grades
- Increased absences

What to Do

- **Listen to your Student.** Allow them to express their feelings and listen for warning signs.
- **Ask Direct Questions.** Talking about suicide or asking a student if they feel suicidal does not plant the idea in their head.
  - *Do you want to kill yourself?*
  - *Do you have a plan to kill yourself?*
  - *Do you have access to the means?*
- **Keep Student Safe.** Stay with them until someone else arrives. Ask the student if they have any weapons or objects that could harm them. If so, remove them.
- Immediately Notify your administrative team, mental health professional on campus, or school resource officer to assess the student for suicidality.

24 Hour Crisis Line

Suicide/Crisis Hotline:
1-800-273-TALK (8255)
Text "START" to 741741

Important Non-Emergency Phone Numbers

- My local Police Department: _____
- _____

LEARN MORE WAYS TO SEEK IMMEDIATE HELP

California Youth Crisis Line: 1-800-853-5200
NAMI Crisis Text Line: 1-800-950-NAMI; Text NAMI to 741741
Contra Costa County Crisis Hotline: Call 211 or text HOPE to 20121
The Trevor Project: 1-866-488-7386
Trans Lifeline: 1-877-565-8860
National Suicide Prevention Lifeline Hotline: 1-800-273-8255

CONTRA COSTA COUNTY Office of Education learn • lead • achieve
Lynn Mackey, Superintendent of Schools

WELLNESS IN SCHOOLS

CONTRA COSTA HEALTH SERVICES

APPENDIX K

Contra Costa County Office of Education
Suicide Intervention Flow Chart

School Name: _____

1. REPORT

Report information an administrator and mental health professional.

2. SUPERVISE

Keep student under supervision, including restrooms.

3. WORK AS A TEAM

Site administrators, school staff, and mental health professionals work as a team to address the situation.

4. COMPLETE RISK ASSESSMENT

Designated staff complete a suicide risk assessment.

5. NOTIFY

Depending on the level of suicide risk, a phone call to law enforcement or 911 may be needed.

6. ALERT PARENTS OR GUARDIANS

Call the parent or guardian to notify them of the situation and plan.

7. PROVIDE RESOURCES

Provide students and parents/guardians a list of resources for suicide prevention and intervention.

8. DOCUMENT

Complete the suicide risk assessment documentation form and upload it to Aeries.

9. RE-ENTRY AND POSTVENTION

Create a safety plan with the student. Obtain a release of information as needed. information as appropriate.

10. DEBRIEF

Debrief the incident to learn from what went well and discuss what can be improved in the future.

Principal: _____

Alternative Admin: _____

Mental Health Staff 1: _____

Contact: _____

Mental Health Staff 2: _____

Contra Costa Crisis Team: 1-877-441-1089

Local Law Enforcement: _____

Appendix A: Columbia Suicide Severity Rating Scale

Page 19-20 of Policy and Protocol

Appendix E: CCCOE Suicide Resources for Students and Families

Page 25 of Policy and Protocol

Appendix F: CCCOE Mental Health Resources for Students and Families

Page 26 of Policy and Protocol

Appendix D: Suicide Risk Assessment Documentation Form

Page 24 of Policy and Protocol

Appendix C: Suicide Safety Plan

Page 22-23 of Policy and Protocol

APPENDIX L

Contra Costa County Office of Education
Suicide Prevention and Intervention Training Plan

New Employees

- Complete the Youth Suicide: Awareness and Prevention online module in Keenan Safe Schools upon hire and within the specified timeline to complete all mandated training.

- Provided a copy of the Contra Costa County Youth Suicide Prevention and Intervention Policy and Protocol to read and review as part of their new hire paperwork.

- Any new staff working at a school site have an orientation with their site administrator regarding the specific site information including where to locate their site-specific suicide protocol information.

- Participate in the annual training available to school site staff and/or the annual trainings available to student programs administrative staff and youth services staff.

School Site Staff

- Complete the Youth Suicide: Awareness and Prevention online module in Keenan Safe Schools within the specified timeline to complete all annual mandated training.

- Annually at the beginning of every school year, staff working at school sites will participate in a minimum of 60 minutes of training on suicide prevention and intervention. The staff will include anyone having direct contact with students including administrators, teachers (e.g., full-time teachers, interns, itinerant teachers, etc.), special education service providers (e.g., school psychologists, social workers, nurses, speech therapists, occupational therapists, etc.), instructional assistants, and support staff (e.g., administrative assistants, transition specialists, etc.).

- The annual training shall be coordinated by the Wellness in Schools Program (WISP) staff in collaboration with the specific mental health staff at their school site. Please refer to the Contra Costa County Office of Education Suicide Prevention and Intervention Policy and Protocol for the topics covered in the training. In addition to awareness and prevention, each sites individualized suicide protocols will be reviewed at this training. A copy of the Contra Costa County Office of Education Suicide Prevention and Intervention Policy and Protocol will be delivered during this training electronically, via link to the Contra Costa County Office of Education website or in printed hard copy form.

Staff Who Conduct Risk Assessments

- Complete the Youth Suicide: Awareness and Prevention online module in Keenan Safe Schools within the specified timeline to complete all annual mandated training.

- At least twice per year, the WISP program shall coordinate a minimum of 60 minutes of training on suicide prevention and intervention. This may be provided in collaboration with outside agencies such as the Contra Costa County Mental Health or The Trevor Project. Mental health staff who conduct risk assessments shall participate in a minimum of one of those

training courses annually. The training will be scheduled throughout the year to allow greater opportunity for staff hired mid-year to participate.

- Throughout the year, staff have access to the online C-SSRS modules for risk assessment.

Student Programs Administrators and Staff

- Complete the Youth Suicide: Awareness and Prevention online module in Keenan Safe Schools within the specified timeline to complete all annual mandated training.

- At least twice per year, the WISP program shall coordinate a minimum of 60 minutes of training on suicide prevention and intervention. This may be provided in collaboration with outside agencies such as the Contra Costa County Mental Health or The Trevor Project. Student programs administrators and staff will participate in a minimum of one of those training courses annually. The training will be scheduled throughout the year to allow greater opportunity for staff hired mid-year to participate.

Additional Training

- The Contra Costa County Office of Education continuously looks for professional development opportunities on the topic of suicide prevention for staff to bring further knowledge to the agency.

- The Contra Costa County Office of Education offers training on related topics such as Crisis Prevention and Intervention as well as CPR and First Aid to support suicide prevention and intervention.

APPENDIX M

Contra Costa County Office of Education
Authorization for Release of Protected Health Information

By completing this form you are authorizing the Contra Costa County Office of Education (CCCOE) to release your student's protected health information identified herein to the persons or entities identified below.

The protected health information subject to this waiver is limited to:

- Student's Suicide Risk Assessment Documentation Form

The persons or entities the protected health information shall be disclosed to:

- Administrators and mental health providers employed by schools within the jurisdiction of CCCOE

The purposes for which the protected health information shall be used include:

- Ensuring CCCOE staff followed necessary assessment protocols.

I understand that by signing this authorization:

- I authorize the use and/or disclosure of my student's individually identifiable health information as described above for the purpose listed. I understand that this authorization is voluntary.
- I have the right to revoke this authorization at any time by sending a signed notice stopping this authorization to _____(CCCOE Administrator) at _____(CCCOE Address or email). The authorization will cease on the date my valid revocation request is received.
- An individual may revoke an authorization at any time, provided that the revocation is in writing, except to the extent that: The covered entity has taken action in reliance thereon; or if the authorization was obtained as a condition of obtaining insurance coverage.
- Under California law, the recipient of my student's medical information is prohibited from re-disclosing the information, except with a written authorization or as specifically required or permitted by law.
- f the organization or person I have authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations.
- I have the right to receive a copy of this authorization.

This authorization for release of the above information to the above-named persons or organizations
will expire on: _____ (date).

_____ _____

Name & Relationship Printed Name of Student(s)

_____ _____

Signature Date