Plumas Lake Elementary School District

Suicide Prevention Policy

National Suicide Prevention Lifeline
Phone number - 988 - Open 24 hours a day 7 days a week
Web address - https://suicidepreventionlifeline.org/
Online chat -https://chat.988lifeline.org/

PLESD Suicide Prevention Policy

Purpose

The purpose of this policy is to protect the health and well-being of all district students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. The district: (a) recognizes that physical, behavioral, and emotional health is an integral component of a student's educational outcomes, (b) further recognizes that suicide is a leading cause of death among young people, (c) has an ethical responsibility to take a proactive approach in preventing deaths by suicide, and (d) acknowledges the school's role in providing an environment which is sensitive to individual and societal factors that place youth at greater risk for suicide and one which helps to foster positive youth development.

Scope

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

Notification and Distribution

The suicide prevention policy will be updated yearly and will be available in the student services section of the PLESD website. Copies of this policy will be kept at each school site, and a printed copy shall be presented to any community member upon request.

Contact information for questions regarding this policy:

Jason Hofhenke
Director of Student Services
530-743-4428 ext. 1743

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Definitions

1. At risk A student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide, including potential means of death, and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedures.	**7. Self-harm** Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either non suicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.
2. Crisis team A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response, and recovery. These professionals take the leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery supports.	**8. 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.
3. Mental health A state of mental and emotional being that can impact choices and actions that affect wellness. Mental health problems include mental and substance use disorders.	**9. Suicide attempt** A self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings, such as wish to die and a desire to live, is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.
4. Postvention Suicide postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.	**10. Suicidal behavior** Suicide attempts, intentional injury to self 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.
5. Risk assessment An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, school counselor, or school social worker). 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.	**11. Suicide contagion** The process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.
6. Risk factors for suicide Characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and environment.	**12. Suicidal ideation** Thinking about, considering, or planning for self-injurious behavior which may result in death. A desire to be dead without a plan or intent to end one's life is still considered suicidal ideation and should be taken seriously.

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Prevention

District Policy Implementation

- A district-level suicide prevention coordinator shall be designated by the Superintendent. This may be an existing staff person. The district suicide prevention coordinator will be responsible for planning and coordinating the implementation of this policy for the school district.

- The school district shall designate a school suicide prevention coordinator to act as a point of contact in each school for issues relating to suicide prevention and policy implementation. This may be an existing staff person. All staff members shall report students they believe to be at elevated risk for suicide to the school suicide prevention coordinator.

Suicide crisis team:
District Staff:
Jeff Roberts - Superintendent
Rachel Zambrano - Special Education Coordinator
Jason Hofhenke - Director of Student Services
Tony Perez - Principal - Riverside Meadows
Marcie Nichols - Principal - Cobblestone Elementary School
Kim Toledo - Principal - Rio Del Oro Elementary School
Lisa Bonacci - School Psychologist
Jemmy Vang - School Psychologist
Kiranjit Kang - School Psychologist
Alberto Lejarza - School Psychologist
Alicia Romero - School Counselor
Vanessa Ware - School Counselor
Brianna Mula - School Counselor

Crisis team Resources:
Sutter-Yuba Behavioral Health - 530-822-7200
Victor Community Support Services - (530) 273-2244

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Staff Professional Development

All staff will receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention. The professional development will include additional information regarding groups of students at elevated risk for suicide, including those living with mental and/ or substance use disorders, those who engage in self harm or have attempted suicide, those in out-of-home settings, those experiencing homelessness, American Indian/Alaska Native students, LGBTQ (lesbian, gay, bisexual, transgender, and questioning) students, students bereaved by suicide, those with medical conditions or certain types of disabilities/disorders), and students struggling with mental health.

Youth Suicide Prevention Program

Developmentally-appropriate, student-centered education materials will be integrated into the curriculum. The content of these age-appropriate materials may include: 1) the importance of safe and healthy choices and coping strategies, 2) how to recognize risk factors and warning signs of mental disorders and suicide in oneself and others, 3) help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help.

Assessment and Referral

When a student is identified by staff as potentially suicidal, *i.e., verbalizes about suicide, presents overt risk factors such as agitation or intoxication, the act of self-harm occurs, or a student self-refers,* the student will be referred to a school-employed mental health professional within the same school day to assess risk and facilitate referral. Two staff members will be present with the student for all risk assessments. If there are no mental health professionals available, a school nurse or administrator will fill this role until a mental health professional can be brought in. If it is not possible to make contact with the student during the school day, school and district staff will:

- Make parent contact to ensure the student is safe and supervised
    - Call all emergency contacts provided by parents until an adult has been reached.
- Call law enforcement to conduct a welfare check if needed.

Student at risk:

- School staff will continuously supervise the student to ensure their safety.
- The principal and school suicide prevention coordinator will be made aware of the situation as soon as reasonably possible.
- The school-employed mental health professional or principal will contact the student's parent or guardian, as described in the Parental Notification and Involvement section, and will assist the family in determining the best course of action. When appropriate, this may include calling emergency services.
- Staff will ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate.
- 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.

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Parental Notification and Involvement

- In situations where a student is assessed at risk for suicide or has made a suicide attempt, the student's parent or guardian will be informed as soon as practicable by the principal, designee, or mental health professional.
- If the student has exhibited any kind of suicidal behavior, the parent or guardian should be counseled on "means restriction," limiting the child's access to mechanisms for carrying out a suicide attempt. This may be done by school staff or outside support services.
- Staff will seek parental permission to communicate with outside mental health care providers regarding their child.

Through discussion with the student, the principal or school-employed mental health professional will assess whether there is further risk of harm due to parent or guardian notification. *If the principal, designee, or mental health professional believes, in their professional capacity, that contacting the parent or guardian would endanger the health or well-being of the student, they may delay such contact as appropriate. If contact is delayed, the reasons for the delay should be documented.*

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.

In School Suicide Attempts:

In the case of an in-school suicide attempt, the health and safety of the student is paramount. If there is a suicide attempt at school:

- Call 911 and give them as much information about any suicide note, medications taken, and access to weapons, if applicable.
- Remain calm, remember the student is overwhelmed, confused, and emotionally distressed.
- Move all other students out of the immediate area.
- Immediately contact the administrator or suicide prevention liaison.
- 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.
- Listen and prompt the student to talk.
- Review the 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.
- Students should only be released to parents/guardians/caregivers or to a person who is qualified and trained to provide help.
- The school will engage, as necessary, the crisis team to assess whether additional steps should be taken to ensure student safety and well-being.

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OUT-OF-SCHOOL SUICIDE ATTEMPTS

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

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

RE-ENTRY PROCEDURE

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), a school-employed mental health professional, the principal, or designee will meet with the student's parent or guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school.

- A school-employed mental health professional or other designee will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.
- The parent or guardian will provide documentation from a mental health care provider that the student has undergone examination and that they are no longer a danger to themselves or others.
- A plan will be created to support the student in re-entering the school environment
- The designated staff person will periodically check in with the student to help the student readjust to the school community and address any ongoing concerns.

POSTVENTION

1. Development and Implementation of an Action Plan
    - The crisis team will develop an action plan to guide the school's response following a death by suicide. A meeting of the crisis team to implement the action plan should take place immediately following news of the suicide death. The action plan may include the following steps:

        - **Verify the death.**
            - Staff will confirm the death and determine the cause of death through communication with a coroner's office, local hospital, the student's parent or guardian, or police department. Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such until after a cause-of-death ruling has been made. If the cause of death has been confirmed as suicide, but the parent or guardian will not permit the cause of death to be disclosed, the school will not share the cause of death but will use the opportunity to discuss suicide prevention with students.

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- **Assess the situation.**
  - The crisis team will meet to prepare the postvention response, to consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected. The crisis team will also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. If the death occurred during a school vacation, the need for or scale of postvention activities may be reduced.
- **Share information.**
  - The suicide crisis team will conduct a staff meeting, including the following information:
  - Known information regarding the death.
  - Communication plan for students.
  - Communication plan for parents.
  - Prepare staff to respond to the needs of the students.
  - Provide resources and emotional support for staff.
  - Identification of high-risk students;
    - It should be explained in the staff meeting described above that one purpose of trying to identify and give services to other high-risk students is to prevent another death. The crisis team will work with teachers to identify students who are most likely to be significantly affected by the death. In the staff meeting, the crisis team will review suicide warning signs and procedures for reporting students who generate concern.
- **Initiate support services.**
  - Students identified as being more likely to be affected by the death will be assessed by a school-employed mental health professional to determine the level of support needed. The crisis team will coordinate support services for students and staff in need of individual and small group counseling as needed. In concert with parents or guardians, crisis team members will refer to community mental health care providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs
- **Develop memorial plans.**
  - The school shall not create on-campus physical memorials (e.g., photos, flowers), funeral services, or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion. School should not be canceled for the funeral, but selected staff should be allowed to attend.

External Communication

The superintendent or designee will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the spokesperson. The spokesperson will:

- Keep the district suicide prevention coordinator and superintendent informed of school actions relating to the death.
- Prepare a statement for the media, including the facts of the death, postvention plans, and available resources. The statement will not include confidential information, speculation about

victim motivation, means of suicide, or personal family information.

- Answer all media inquiries. If a suicide is to be reported by news media, the spokesperson should encourage reporters not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase “suicide epidemic” – as this may elevate the risk of suicide contagion. They should also be encouraged not to link bullying to suicide and not to speculate about the reason for suicide. The media should be asked to offer the community information on suicide risk factors, warning signs, and resources available.

National Suicide Prevention Lifeline
Phone number - 988 - Open 24 hours a day 7 days a week
Web address - https://suicidepreventionlifeline.org/
Online chat - https://chat.988lifeline.org/

Local Resources

Sutter-Yuba Behavioral Health (SYBH)

Provides Specialty Mental Health Services to individuals and families who are experiencing serious or ongoing mental health and/or substance use disorders in Yuba and Sutter Counties. Fees for service are based upon the client’s ability to pay.

SYBH accepts most medical insurance, Medi-Cal, and Medicare.

•Main Business Number: (530) 822-7200

•24-Hour Psychiatric Emergency Services (Crisis Services**):**

(530) 673-8255 or Toll Free (888) 923-3800

Psychiatric Emergency Services

PES provides services 24 hours per day, 7 days per week to all ages in the community. Services include crisis counseling, emergency psychiatric assessment for inpatient hospitalization, and resource mobilization.

The PES Team consists of highly trained crisis counselors who use supportive and solution-oriented problem-solving to bridge the individual into SYBH and other community resources.

•1965 Live Oak Blvd, Yuba City or 726 4th St, Marysville

•(530) 673-TALK

Youth Outpatient Services

The Open Access Clinic is the entry point for all behavioral health services provided through the Youth and Family Services Program. The Open Access clinic utilizes a hybrid model of scheduled and walk-in triages and occurs on Mondays, Wednesdays, Thursdays, and Fridays at 8:00 AM & 10:00 AM. Appointments can be made by calling (530) 822-7513 before 3:00 PM. Please refer to this document for further information about the Open Access Clinic.

https://www.suttercounty.org/home/showpublisheddocument/1762/637969487131300000

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Youth Urgent Services

Youth Urgent Services provides expedited access to youth outpatient services for youth who have been taken to Psychiatric Emergency Services (PES) experiencing suicidal or homicidal ideation, and for youth who are hospitalized and need urgent follow-up services post-hospitalization. The team works to address the crisis episode, to stabilize the youth, and provides referrals to appropriate services. The Youth Urgent Services team can also provide time-limited psychotherapy, medication management, and case management. The team conducts weekly reviews of assessments of youth seen at PES with a multi-disciplinary team to ensure that every child receives adequate care and an appropriate discharge plan. Youth Urgent Services are available by referral only from Sutter-Yuba Behavioral Health Psychiatric Emergency Services or an inpatient psychiatric hospital

- 1965 Live Oak Blvd. Yuba City, CA 95991
- (530) 822-7200, press 0 then press 2.

Victor Community Support Services

Child-Family Teaming (CFT) Facilitation: It is widely recognized that services for children and families are most effective when delivered in the context of a single, integrated team that includes the child or youth, his or her family, natural and community supports, and professionals. Our team of facilitators is specially trained to conduct meetings from a perspective of Safety-Oriented Practice and utilize the principles of wraparound care to help families meet their goals.

School-Based Mental Health: Victor's school-based services are rooted in our understanding that succeeding at school is key for youth and their families. Offering services in the school setting helps us provide support directly where support is needed. We provide individual, group, and family counseling, as well as behavior management consultations. Victor also offers early intervention programs designed to create a safe, positive, and enriching climate and culture for all students.

Case Management: Victor staff help field "Requests for Assistance" from schools and counties to help link high-needs students or families to long-term mental health services in the community.

Victor Community Support Services, Yuba City

1227 Bridge Street, Suite D

Yuba City, CA 95991

(530) 273-2244

- 809 Plumas Street, Yuba City, CA 95991
- (530) 822-7478

Trauma Focused Cognitive Behavior Therapy

TF-CBT is an evidence-based model designed to help youth overcome the negative effects of traumatic events, such as physical or sexual abuse, traumatic loss of a loved one or violence. TF-CBT targets symptoms of Post-Traumatic Stress Disorder, depression and behavior problems.

To be considered for the TF-CBT program, a request must be submitted to the Youth and Family Services Program Manager.

- 809 Plumas Street Yuba City, CA 95991
- (530) 822-7478

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Therapeutic Behavioral Services

TBS is an intensive, individualized, one-to-one behavioral coaching program available to children/youth who are experiencing a current emotional or behavioral challenge or experiencing a stressful life transition. TBS can help children/youth and parents/caregivers learn skills to increase successful behaviors and learn new ways of reducing challenging behaviors. TBS is not a stand-alone service; it supports an ongoing primary mental health service, such as mental health therapy or case management.

To be considered for TBS services, a request must be submitted to the Youth and Family Services Program Manager. Additionally, the child/youth must be receiving primary mental health services and meet TBS class criteria.

•(530) 822-7478

0-5 Full Service Partnership

The 0-5 FSP program offers specialized intervention services to meet the unique needs of infants, toddlers, preschoolers, and their caregivers. These services help build positive relationships between young children and their caregivers, and create a foundation for healthy social and emotional development. The 0-5 FSP program offers a variety of clinic, community, and home-based interventions tailored to each child's unique family, culture, strengths, and needs.

First 5 Yuba, 1114 Yuba Street, Suite 141, Marysville, CA 95901 (530) 749-4877

Email: first5@co.yuba.ca.us

Website: https://www.first5yuba.org/administrative-office

Children's System of Care

Families access CSOC and other behavioral health services via the Open Access Clinic at the Youth Outpatient site, which occurs twice weekly. This clinic provides a basic triage to determine if children are likely to meet medical necessity criteria for specialty mental health services, and, or Early and Periodic Screening, Diagnostic and Treatment (EPSDT). If your child has not already been determined to meet medical necessity, you will need to schedule a triage at the Youth Open Access Clinic (530) 822-7513 before referral can be made to the CSOC Program.

For children and youth who do meet medical necessity criteria for specialty mental health services, the Children's System of Care (CSOC) program provides community-based services that are an intermediary level of care for children and youth whose treatment needs cannot be met in a traditional outpatient setting and/or may require significant coordination of care between other child-serving agencies such as: Social Services, Local Education Authority, Regional Center, or Probation Department. The CSOC model ensures that there is communication and coordination to develop a continuum of care between agencies while providing services to youth and families where they require them most, which is often: at home, in school, or in the community, etc. The CSOC office can be reached at (530) 822-7478.

To be considered for the CSOC FSP program, a referral must be submitted to the Youth and Family Services program manager through FAST (Family Assistance Services Team) for Sutter County residents or YCAT (Yuba County Assessment Team) for Yuba County residents.

•809 Plumas Street, Yuba City, CA 95991 •(530) 822-7478

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Transition Age Youth

The TAY FSP program provides a wide array of office, community, and home-based services and supports to youth ages 16-25 and their families. These services are available to youth who are experiencing significant emotional, psychological, or behavioral problems that are interfering with their well-being and their families, utilizing a “whatever it takes” team approach. The TAY FSP program emphasizes outreach and engaging Transition-Age Youth who are currently underserved, including those who are homeless, gang-involved, aging out of the foster care, probation, and/or children’s mental health system, those with co-occurring mental health and substance abuse disorders, and those whose cultural identity places them in underserved populations within our community. Youth enrolled in TAY FSP will receive behavioral health services that are individually tailored and consistent with each youth’s individual needs and goals.

To be considered for the TAY FSP program, a referral must be submitted to the TAY FSP Supervisor or the Youth and Family Services program manager.

- 807 Plumas Street, Yuba City, CA 95991
- (530) 822-7478

This policy was adopted by the PLESD governing board on Wednesday, June 28th, 2017

Updated August 2026