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# Fontana Unified School District

Every Student Successful | Engaging Schools | Empowered Communities

## Youth Suicide Prevention Policy and Procedures

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MULTI-TIERED SYSTEM OF SUPPORTS  
Office of Social Emotional Learning Supports  
December 2019

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## **ACKNOWLEDGEMENTS**

A special thanks to the following Suicide Prevention Committee members whose expertise and advise contributed to the development of this handbook.

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## Introduction

*“At any given moment you have the power to say this is not how my story will end.” Ritu Ghatourey*

California *Education Code (EC)* Section 215, as added by Assembly Bill 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. The Fontana Unified School District’s suicide prevention 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.

While the mandate does not apply to private schools or students below grade seven, the state of California does encourage local educational agencies to consider adopting a suicide prevention policy as a safety net for all students. Inherent to the law, Fontana Unified School District is extending the suicide prevention policy to include step by step procedures for all our 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-old individuals. 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.

Fontana Unified School District’s Youth Suicide Prevention Policy and Procedures includes an Appendix which contains the following documents to help us protect the health and well-being of all our students:

- A. Student Suicide Risk Screening Tool
- B. Safety Plan Agreement for Elementary Grades TK-3
- C. Safety Plan Agreement for Secondary Grades 4-12+
- D. Notification of Possible Harm to Self and/or Others and/or Property
- E. Welfare Check- Emergency Services
- F. Authorization for Use and/or Disclosure of Information
- G. Suicide Risk Outcome Form
- H. Referral to Therapeutic Counseling Services
- I. FUSD Student Reintegration Plan
- J. Community Mental Health Agencies

## Fontana Unified School District Youth Suicide Prevention Policy

The Governing Board of Fontana Unified School District recognizes that suicide is a leading cause of death among youth and that an even greater amount of youth considers (17 percent of high school students) and attempt suicide (over 8 percent of high school students) (Centers for Disease Control and Prevention, 2015).

The possibility of suicide and suicidal ideation requires vigilant attention from our school staff. As a result, we are ethically and legally responsible for providing an appropriate and timely response in preventing suicidal ideation, attempts, and deaths. We also must work to create a safe and nurturing campus that minimizes suicidal ideation in students.

Recognizing that it is the duty of the district 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 supports 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.

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

In an attempt to reduce suicidal behavior and its impact on students and families, the Superintendent or Designee (*Coordinator, Social Emotional Learning Supports*) 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 (afterschool) and other individuals in regular contact with students such as crossing guards, tutors, and coaches.

The Superintendent or Designee (*Director, Multi-Tiered System of Supports*) shall develop and implement preventive strategies and intervention procedures that include the following:

## **Overall Strategic Plan for Suicide Prevention**

The Superintendent or Designee (*Coordinator, Social Emotional Learning Supports*) shall involve school-employed mental health professionals (e.g., school counselors, psychologists, social workers, nurses), administrators, other school staff members, parents, guardians, or caregivers, students, local health agencies and professionals, law enforcement, and community organizations in planning, implementing, and evaluating the district's strategies for suicide prevention and intervention. Districts must work in conjunction with local government agencies, community-based organizations, and other community supports to identify additional resources. Resources include, but are not limited to, South Coast, San Bernardino County Behavioral Health, Reach-Out, Medical, and Individual and Private Insurance Agencies.

To ensure the policies regarding suicide prevention are properly adopted, implemented, and updated, the district shall appoint an individual (or team) to serve as the suicide prevention point of contact for the district. In addition, each school shall identify at least one staff member to serve as the liaison to the district's suicide prevention point of contact, and coordinate and implement suicide prevention activities on their specific campus. This policy shall be reviewed and revised as indicated, at least annually in conjunction with the previously mentioned community stakeholders.

Resources:

The K–12 Toolkit for Mental Health Promotion and Suicide Prevention has been created to help schools comply with and implement AB 2246, the Pupil Suicide Prevention Policies. The Toolkit includes resources for schools as they promote youth mental wellness, intervene in a mental health crisis, and support members of a school community after the loss of someone to suicide.

<https://www.sccgov.org/sites/bhd/Services/SP/Documents/2017/heard-toolkit-07-01-17.pdf>

Palo Alto Unified School District Counseling Services Web page at <https://www.pausd.org/student-services/counseling-services>

Additional information about this Toolkit for Schools can be accessed on the Heard Alliance Web site at <http://www.heardalliance.org/>.

## **Prevention**

### ***Messaging about Suicide Prevention***

Messaging about suicide has an effect on suicidal thinking and behaviors. Consequently, Fontana Unified School District 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 strategies may include, but not be limited to, efforts to promote a positive school climate that enhances students' feelings of connectedness with the school and is characterized by caring staff and harmonious interrelationships among students. These measures and strategies shall specifically address the needs of students who are at high risk of suicide, including, but not limited to, students who are bereaved by suicide; students with disabilities; and students who are lesbian, gay, bisexual, transgender, or questioning youth.

Resources:

For information on public messaging on suicide prevention, see the National Action Alliance for Suicide Prevention Web site at

<http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/>

For information on engaging the media regarding suicide prevention, see the Your Voice Counts Web page at <http://resource-center.yourvoicecounts.org/content/making-headlines-guide-engaging-media-suicide-prevention-california-0>

For information on how to use social media for suicide prevention, see the Your Voice Counts Web page at <http://resource-center.yourvoicecounts.org/content/how-use-social-media>

### ***Suicide Prevention Training and Education***

The Fontana Unified School District 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, volunteers, interns, tutors, coaches, and expanded learning staff).

### ***Training***

At least annually, all staff 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 school-employed 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. Training options include, but

are not limited to, Youth Mental Health First Aid, Safe Talk, ASIST, Target Solutions, or AccuTrain. 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 district 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 district guidelines;

- District-approved procedures for responding to suicide risk (including multi-tiered systems of support and referrals). Such procedures should emphasize that the suicidal student should be constantly supervised until a suicide risk assessment is completed;
- District-approved procedures for responding to the aftermath of suicidal behavior (suicidal behavior postvention);
- Responding after a suicide occurs (suicide postvention);
- 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 school, 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;
- 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;

Suicide prevention training shall be provided to faculty, staff, and other district employees who interact with students at the secondary level. The training shall be offered under the direction of the Office of Social Emotional Learning Supports and/or in cooperation with one or more community mental health agencies.

Resources:

Youth Mental Health First Aid (YMHFA) teaches a 5-step action plan to offer initial help to young people showing signs of a mental illness or in a crisis, and connect them with the appropriate professional, peer, social, or self-help care. YMHFA is an 8-hour interactive training for youth-serving adults without a mental health background. See the Mental Health

First Aid Web page at <https://www.mentalhealthfirstaid.org/cs/take-a-course/course-types/youth/>

Free YMHFA Training is available on the CDE Mental Health Web page at <http://www.cde.ca.gov/ls/cg/mh/projectcalwell.asp>

Question, Persuade, and Refer (QPR) is a gatekeeper training that can be taught online. Just as people trained in cardiopulmonary resuscitation (CPR) and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. See the QPR Web site at <http://www.qprinstitute.com/>

Safe TALK is a half-day alertness training that prepares anyone over the age of fifteen, regardless of prior experience or training, to become a suicide-alert helper. See the LivingWorks Web page at <https://www.livingworks.net/safetalk/>

Applied Suicide Intervention Skills Training (ASIST) is a two-day interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety. See the LivingWorks Web page at <https://www.livingworks.net/asist/>

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

### ***Employee Qualifications and Scope of Services***

Employees of the Fontana Unified School District 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.

### ***Specialized Staff Training (Assessment)***

Additional professional development in suicide risk assessment and crisis intervention shall be provided to mental health professionals (school counselors, psychologists, social workers, and nurses) employed by Fontana Unified School District.

Resource:

Assessing and Managing Suicide Risk (AMSR) is a one-day training workshop for behavioral health professionals based on the latest research and designed to help participants provide safer suicide care. See the Suicide Prevention Resource Center Web page at <http://www.sprc.org/training-events/amsr>

### ***Parents, Guardians, and Caregivers Participation and Education***

To the extent possible, parents, guardians, or caregivers should be included in all suicide prevention efforts. At a minimum, schools shall share with parents, guardians, or caregivers the Fontana Unified School District suicide prevention policy and procedures.

This suicide prevention policy shall be prominently displayed on the Fontana Unified School District Web page ([www.fusd.net](http://www.fusd.net)) and included in the parent handbook.

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

All parents, guardians, or caregivers should have access to suicide prevention training 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.

Resource:

Parents as Partners: A Suicide Prevention Guide for Parents is a booklet that contains useful information for parents, guardians, or caregivers who are concerned that their children may be at risk for suicide. It is available from Suicide Awareness Voices of Education (SAVE). See the SAVE Web page at <https://www.save.org/product/parents-as-partners/>

### ***Student Participation and Education***

The Fontana Unified School District 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;
- Receive developmentally appropriate guidance regarding the district’s suicide prevention, intervention, and referral procedures.
- The content of the education shall include:
  - Coping strategies for dealing with stress and trauma;
  - How to recognize behaviors (warning signs) and life issues (risk factors) associated with suicide and mental health issues in oneself and others;
  - Help-seeking strategies for oneself and others, including how to engage school-based 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, freshman orientation classes, science, and physical education).

The Fontana Unified School District 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).

Resources:

More Than Sad are school-ready and evidence-based training materials, listed on the national Suicide Prevention Resource Center’s best practices list, specifically designed for teen-level suicide prevention. See the American Foundation for Suicide Prevention Web page at <https://afsp.org/our-work/education/more-than-sad/>

Break Free from Depression (BFFD) is a 4-module curriculum focused on increasing awareness about adolescent depression and designed for use in high school classrooms. See the Boston Children’s Hospital Web page at <http://www.childrenshospital.org/breakfree>

Coping and Support Training (CAST) is an evidence-based life-skills training and social support program to help at-risk youth. See the Reconnecting Youth Inc. Web page at <https://www.reconnectingyouth.com/content/our-programs/cast>

Students Mobilizing Awareness and Reducing Tragedies (SMART) is a program comprised of student-led groups in high schools designed to give students the freedom to implement a suicide prevention on their campus that best fits their school's needs. See the SAVE Web page at <https://www.save.org/what-we-do/education/smart-schools-program-2/>

Linking Education and Awareness for Depression and Suicide (LEADS) for Youth is a school-based suicide prevention curriculum designed for high schools and educators that links depression awareness and secondary suicide prevention. LEADS for Youth is an informative and interactive opportunity for students and teachers to increase knowledge and awareness of depression and suicide. See the SAVE Web page at <https://www.save.org/what-we-do/education/leads-for-youth-program/>

### **Intervention, Screening, Referral**

Whenever a staff member suspects or has knowledge of a student's suicidal intentions, he/she shall promptly notify site administration or designated staff. Site administration shall then notify the student's parents/guardians as soon as possible and may refer the student to mental health resources in the school or community.

Students shall be encouraged to notify a teacher, counselor, school psychologist, principal, or other staff when they are experiencing emotional distress, thoughts of suicide or when they suspect or have knowledge of another student's emotional distress, suicidal ideation or attempt.

Whenever schools establish a peer counseling system to provide support for students, peer counselors may complete the suicide prevention curriculum, including identification of the warning signs of suicidal behavior and referral of a suicidal student to appropriate adults.

Student-focused suicide prevention education should place emphasis on reducing the stigma associated with mental illness and the fact that early prevention and intervention can drastically reduce the risk of suicide.

A referral process should be prominently disseminated to all parents, guardians, or caregivers, 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 in the event that a suicide occurs, or an attempt is made on campus or at a school-sponsored activity.

### ***Staff***

Two Fontana Unified School District staff members who have received advanced training in suicide intervention shall be designated as the primary and secondary suicide prevention liaisons. Whenever a staff member suspects or has knowledge of a student's suicidal intentions, they shall promptly notify their site's counselor or administration who will complete the Suicide Risk

Screening Tool. The primary designated suicide prevention liaison should be contacted following the completion and outcome of the suicide risk screening. If this primary suicide prevention liaison is unavailable, the staff shall promptly notify the secondary suicide prevention liaison.

The names, titles, and contact information of multi-disciplinary crisis team members shall be distributed to all students, staff, parents, guardians, or caregivers and be prominently available on school and district Web sites. [Coordinator Social Emotional Learning Supports and Social Emotional Supports Specialists].

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, or 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.

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 Fontana School Police at (909) 357-5020 or EXT 29060.

- Whenever a staff member suspects or has knowledge of a student's suicidal intentions, they shall promptly notify the school counselor or administration.
- 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.

### ***Parents, Guardians, and Caregivers***

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

### ***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. Students are encouraged to inform a trusted adult which may include principal or other site administrators, school counselor, school psychologist, social worker, nurse, or other personnel at the site.



### ***Parental Notification and Involvement***

Each school within the Fontana Unified School District 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:

- An administrator, school counselor, school psychologist, or nurse shall notify, if appropriate and in the best interest of the student, the student's parents, guardians, or 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, or caregivers should follow a formal initial assessment to ensure that the student is not endangered by parental notification.
- 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, or caregivers will be required to provide documentation of care for the student.
- If parents, guardians, or 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, or 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. Child Protective Services can be reached by dialing 211, or the local Hotline at (909) 384-9233, or (800) 827-8724.

### ***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:

- 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;
- Call FUSD School Police at (909) 357-5020 or EXT 29060 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, or 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 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, or caregivers or to a person who is qualified and trained to provide help.

***Action Plan for Out-of-School Suicide Attempts***

If a suicide attempt by a student is outside of Fontana Unified School District property, it is crucial that the LEA 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:

- Contact the parents, guardians, or 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, or caregivers to share information to ensure the facts regarding the crisis is 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, or caregivers' steps for re-integration to school.

### ***Supporting Students after a Mental Health Crisis***

It is crucial that careful steps are taken to help provide the 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-judgmental 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, or caregivers and mental health professionals working with the student.

### ***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 should be implemented to prepare for a student's re-entry after a suicide attempt/serious threat or hospitalization:

- Obtain a written release of information signed by parents, guardians, or caregivers and providers in order to facilitate the sharing of confidential information in an effort to support student's re-entry;
- Explore with student and parents, guardians, or caregivers about any specific requests on how the school can handle the student's return;
- 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);
- Designated staff or team should maintain ongoing contact to monitor student's actions and mood;
- Work with parents, guardians, or caregivers to involve the student in an aftercare plan.

Resource:

[The School Reentry for a Student Who Has Attempted Suicide or Made Serious Suicidal Threats](https://www.mhrsonline.org/media/prevention-and-resources/Re-entry%20after%20attempt%20ot%20threats.pdf) is a guide that will assist in school re-entry for students after an attempted suicide. See the Mental Health Recovery Services Resource Web page at <https://www.mhrsonline.org/media/prevention-and-resources/Re-entry%20after%20attempt%20ot%20threats.pdf>

### ***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 Coordinator of Social Emotional Learning Supports and/or Social Emotional Supports Specialists for the Fontana Unified School District will support each school site when requested in adopting an action plan for responding to a suicide death as part of the general Crisis Response Plan. The Suicide Death Response Action Plan (Suicide Postvention Response Plan) needs to incorporate both immediate and long-term steps and objectives.

Suicide Postvention Response Plan shall:

- Identify a staff member to confirm death and cause (school site administrator);
- Identify a staff member to contact deceased's family (within 24 hours);
- Enact the Suicide Postvention Response Plan, include an initial meeting of the district/school Suicide Postvention Response Team;
- 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](http://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 another significant event) and how these will be addressed
- Support siblings, close friends, teachers, and/or students of deceased

- Long-term memorials are not advised as they may impact students who are emotionally vulnerable and at risk of suicide

Resources:

[After a Suicide: A Toolkit for School](http://www.sprc.org/comprehensive-approach/postvention) is a comprehensive guide that will assist schools on what to do if a suicide death takes place in the school community. See the Suicide Prevention Resource Center Web page at <http://www.sprc.org/comprehensive-approach/postvention>

[Help & Hope for Survivors of Suicide Loss](http://www.sprc.org/resources-programs/help-hope-survivors-suicide-loss) is a guide to help those during the bereavement process and who were greatly affected by the death of a suicide. See the Suicide Prevention Resource Center Web page at <http://www.sprc.org/resources-programs/help-hope-survivors-suicide-loss>

For additional information on suicide prevention, intervention, and postvention, see the [Mental Health Recovery Services Model Protocol Web](http://www.mhrsonline.org/resources/suicide%5Cattempted%20suicide%20resources%20for%20schools%20-9/) page at [http://www.mhrsonline.org/resources/suicide%5Cattempted suicide resources for schools -9/](http://www.mhrsonline.org/resources/suicide%5Cattempted%20suicide%20resources%20for%20schools%20-9/)

Information on school climate and school safety is available on the CDE Safe Schools Planning Web page at <http://www.cde.ca.gov/ls/ss/vp/safeschlplanning.asp>

Additional resources regarding student mental health needs can be found in the SSPI letter [Responding to Student Mental Health Needs in School Safety Planning](http://www.cde.ca.gov/nr/el/le/yr14ltr0212.asp) at <http://www.cde.ca.gov/nr/el/le/yr14ltr0212.asp>.

Preventing Suicide: A Toolkit for High Schools was created to assist schools, districts, and external partners with strategies to prevent suicide and provide constructive behavior health models for students. See the Substance Abuse and Mental Health Services (SAMHS) website at <https://store.samhsa.gov/system/files/sma12-4669.pdf>; pp 85-91

### **Warning Signs of Youth Suicide**

According to the *American Foundation for Suicide Prevention (2019)*, no single cause for suicide exists. Depression, for example, is the most common condition associated with suicide; yet, other factors may contribute such as anxiety or substance abuse, especially if untreated. The following

are warning signs identified by the National Association of School Psychologists (NASP) in *Save a Friend: Tips for Teens to Prevent Suicide, 2019*.

- **Suicide notes-** These are a very real sign of danger and should ALWAYS be taken seriously.
- **Threats-** Threats may be direct statements ("I want to die." "I am going to kill myself.") or indirect comments ("The world would be better without me." "Nobody will miss me anyway."). Teenagers might make indirect threats by joking, comments in school assignments like creative writing or artwork, or online through social media. Younger children and those who may have some delays in their development may not be able to express their feelings in words but may provide indirect clues in the form of artwork or acting-out through violent behavior.
- **Previous attempts-** If someone has attempted suicide in the past, they are more likely to try again. Be very observant of any friends who have tried suicide before (especially those who have recently attempted suicide).
- **Depression-** When symptoms of depression include strong thoughts of helplessness and hopelessness, a child or adolescent is possibly at greater risk for suicide. Watch out for behaviors, comments or posts that indicate that your friend is feeling overwhelmed by sadness or pessimistic views of their future.
- **"Masked" depression-** Sometimes risk-taking behaviors can include acts of aggression, gunplay, and alcohol/substance abuse. While your friend may not act "depressed," their behavior can suggest that they do not care about their own safety.
- **Final arrangements-** This behavior may take many forms. In adolescents, it might be saying goodbye to friends, giving away prized possessions, or deleting profiles, pictures or posts online.
- **Hurting oneself-** Self-injury behaviors are warning signs for young children as well as teenagers. Common self-destructive behaviors include running into traffic, jumping from heights, and scratching/cutting/marking the body.
- **Inability to concentrate or think clearly-** If a friend is going through tough times, this may be reflected through classroom behavior, homework habits, academic performance, household chores, or even conversation. If they start skipping classes, getting poor grades, acting up in class, forgetting or poorly performing chores around the house or talking in a way that suggests they are having trouble concentrating, these might be signs of stress and risk for suicide.
- **Dramatic Changes-** Parents, teachers and friends are often the best observers of sudden changes in suicidal students. Changes can include withdrawing from friends and family, skipping school or classes, becoming less involved in activities that were once important, avoiding others, inability to sleep or sleeping all the time, sudden weight gain or loss,

disinterest in appearance or hygiene. Sudden unexplained happiness (after a prolonged period of sadness) can also be a suicide warning sign.

- **Plan/method/access-** A suicidal child or adolescent may show an increased interest in guns and other weapons, may seem to have increased access to guns, pills, etc., and/or may talk about or hint at a suicide plan. The greater the planning, the greater the potential for suicide.

Resource:

<https://www.nasponline.org/resources-and-publications/resources/school-safety-and-crisis/preventing-youth-suicide/save-a-friend-tips-for-teens-to-prevent-suicide>

### **Risk Factors for Youth Suicide**

**Risk factors** for suicide refer to personal or environmental characteristics associated with suicide. The environment includes the social environment, cultural environment and physical environment. People affected by one or more of these risk factors may have a greater probability of suicidal behavior. Some risk factors cannot be changed-such as a previous suicide attempt, but they can be used to help identify someone who may be vulnerable to suicide.

As with warning signs, there is no single, agreed-upon list of risk factors. The list below summarizes the risk factors identified by the Substance Abuse Mental Health Services Administration.

#### ***Behavioral Health Issues/Disorders:***

- Depressive disorders
- Substance abuse or dependence (alcohol and other drugs)
- Conduct/disruptive behavior disorders
- Other disorders (e.g., anxiety disorders, personality disorders)
- Previous suicide attempts
- Self-injury (without intent to die)
- Genetic/biological vulnerability (mainly abnormalities in serotonin functioning, which can lead to some of the behavioral health problems listed above)

Note: The presence of multiple behavioral health disorders (especially the combination of mood and disruptive behavioral problems or substance use) increases suicide risk.

#### ***Personal Characteristics***

- Hopelessness
- Low self-esteem
- Loneliness
- Social alienation and isolation, lack of belonging



- Low stress and frustration tolerance
- Impulsivity
- Risk taking, recklessness
- Poor problem-solving or coping skills
- Perception of self as very underweight or very overweight
- Capacity to self-injure
- Perception of being a burden (e.g., to family and friends)

### ***Risky Behaviors***

- Alcohol or drug use
- Delinquency
- Aggressive/violent behavior
- Risky sexual behavior

### ***Adverse/Stressful Life Circumstances***

- Interpersonal difficulties or losses (e.g., breaking up with a girlfriend or boyfriend)
- Disciplinary or legal problems
- Bullying, either as victim or perpetrator
- School or work problems (e.g., actual or perceived difficulties in school or work, not attending school or work, not going to college)
- Physical, sexual, and/or psychological abuse
- Chronic physical illness or disability
- Exposure to suicide of peer

### ***Family Characteristics***

- Family history of suicide or suicidal behavior
- Parental mental health problems
- Parental divorce
- Death of parent or other relative
- Problems in parent-child relationship (e.g., feelings of detachment from parents, inability to talk with family members, interpersonal conflicts, family financial problems, family violence or abuse, parenting style either underproductive or overprotective and highly critical)

### ***Environmental Factors***

- Negative social and emotional environment at school, including negative attitudes, beliefs, feelings, and interactions of staff and students
- Lack of acceptance of differences
- Expression and acts of hostility
- Lack of respect and fair treatment
- Lack of respect for the cultures of all students
- Limitations in school physical environment, including lack of safety and security
- Weapons on campus

- Poorly lit areas conducive to bullying and violence
- Limited access to mental health care
- Access to lethal means, particularly in the home
- Exposure to other suicides, leading to suicide contagion
- Exposure to stigma and discrimination against students based on sexual orientation; gender identity; race and ethnicity; disability; or physical characteristics, such as being overweight.
  - Victimization and bullying by others, lack of support from and rejection by family and peers, dropping out of school, lack of access to work opportunities and health care
  - Internalized homophobia, stress from being different and not accepted, and stress around disclosure of being gay change to sexual identity, which can lead to low self-esteem, social isolation, and decreased help-seeking
  - Stress due to the need to adapt to a different culture, especially reconciling differences between one's family and the majority culture, which can lead to family conflict and rejection

Resource:

Preventing Suicide: A Toolkit for High Schools was created to assist schools, districts, and external partners with strategies to prevent suicide and provide constructive behavior health models for students. See the Substance Abuse and Mental Health Services Administration (SAMHSA) website at <https://store.samhsa.gov/system/files/sma12-4669.pdf>; pp. 33-35.

### **Suggestions for Educators**

Educators and parents who are aware of the warning signs and risk factors of suicide are in a better position to help prevent suicide from occurring. The National Association of School Psychologists (NASP) suggest the following actions:

- Know the warning signs and risk factors
- Remain calm
- Ask the youth directly if he or she is thinking about suicide
- Focus on your concern for their well-being and avoid being accusatory
- Listen
- Reassure students that there is help and they will not feel like this forever
- Provide constant supervision. Do not leave the youth alone
- Remove any means for self-harm
- Get help! One should never agree to keep a student's suicidal thoughts a secret.

Additionally, educators must be aware of their responsibilities as a Mandated Reporter. Schools and individuals have been held liable in courts for not warning or apprising parents in a timely fashion, or adequately supervising the suicidal student.

Resource:

<https://climateyouth.org>

### Community Mental Health Agencies OUTPATIENT CLINICS

Programs provided by the San Bernardino County Department of Behavioral Health along with contracted agencies are committed to developing culturally and linguistically competent services. Mental health services include crisis intervention, assessment/referral, individual/group therapy, medication support, case management, drug/alcohol and psycho-educational workshops. Services are provided for children, youth, adults and older adults.

For information on how to qualify and be linked to Medi-Cal, please contact the Medi-Cal Office at (909) 357-7600 EXT 29318

For additional information regarding mental health services, please contact the MTSS department (909) 357-5000, EXT 29267

For additional resources, please contact 211. In case of crisis, please call the 1-800 Crisis line at 1-(800) 273-8255

#### MEDI-CAL FUNDED SERVICES

##### COLTON

Mental Health Systems Inc.  
790 Via Lata, Suite 300  
Colton, CA 92324  
(909) 433-0445  
Fax: (909) 433-0556

South Coast Community Services  
1461 E. Cooley Dr, Suite 100  
Colton, CA 92324  
(877) 527-7227

##### FONTANA

Vista Community Counseling  
17053 E. Foothill Blvd., Bldg. B.  
Fontana, CA 92335  
(909) 347-1300  
Fax: (909) 347-1302

##### ONTARIO

Mariposa Community Counseling  
2940 Inland Empire Boulevard  
Ontario, CA 91764  
(909) 458-1350  
Fax: (909) 579-8149

##### ONTARIO

West End Family Counseling  
855 N. Euclid Avenue  
Ontario, CA 91762  
(909) 983-2020  
Fax: (909) 983-6847

West End Family Counseling  
1420 S. Milliken Ave, Suite 508  
Ontario, CA 91761  
(909) 988-2418  
Fax: (909) 988-4571

##### RANCHO CUCAMONGA

South Coast Community Services  
9500 Haven Ave, Suite 100  
Rancho Cucamonga, CA 91730  
(877) 527-7227

Mental Health Systems Inc.  
9540 Center Ave, Suite 100 &  
110  
Rancho Cucamonga, CA 91730  
(909) 980-2789  
Fax: (909) 980-2689

##### RIALTO

Mesa Counseling Center  
850 E. Foothill Boulevard  
Rialto, CA 92376  
(909) 421-9301  
Fax: (909) 421-9219

##### SAN BERNARDINO

Family Service Agency of San Bernardino  
1669 N. E Street  
San Bernardino, CA 92405  
(909) 886-6737  
Fax: (909) 881-3871

Phoenix Community Counseling Center  
820 E. Gilbert Street  
San Bernardino, CA 92415  
(909) 387-7200  
Fax: (909) 387-7717 or  
(909) 386-8520

Inland Valley Recovery Services San Bernardino Recovery Center  
939 North D Street  
San Bernardino, CA 92410  
(909) 889-6519  
Fax: (909) 889-6560

##### SAN BERNARDINO

Inland Behavioral and Health Services, Inc. (IBHS)  
1963 North E Street  
San Bernardino, CA 92405  
(909) 881-6146  
Fax: (909) 881-6147

Uplift Family Services  
572 & 596 N. Arrowhead Ave  
San Bernardino, CA 92401  
(909) 266-2700  
Fax: (909) 266-2790

Victor Community Support Services  
1053 N. D Street  
San Bernardino, CA 92410  
(909) 522-4656  
Fax: (909) 763-5525

Victor Community Support Services  
1908 S. Business Center Dr, Suite 220  
San Bernardino, CA 92308  
(909) 890-5930  
Fax: (909) 890-5950

#### FEE-FOR-SERVICE PROVIDERS

Healing Hearts Counseling Ctr.  
229 S. Riverside Ave. Ste. "M"  
Rialto, CA 92376  
(909) 873-8363

Stepping Stones to Healing  
1734 N Riverside Ave. Ste. 4  
Rialto, CA 92376  
(909) 875-8505

Serenity Group Family Therapy Inc.  
10737 Laurel St. Ste. 101  
Rancho Cucamonga, CA 91730  
(909) 944-5700

Advanced Psychological Associates. & Wellness Center  
10722 Arrow Route Suite 314  
Rancho Cucamonga, Ca 91730  
(909) 366-3333/ (909) 484-8888

Rancho Family Psychology  
10630 Town Center Dr.  
Ste #123B and #128A  
Rancho Cucamonga, CA 91730  
(909) 944-3559

Fontana Counseling and Recovery Center  
17133 Arrow Blvd  
Fontana, CA 92335  
(909) 251-4654

Rev Dec 6, 2019

