



Pacific Charter Institute

Youth Suicide Prevention Policy BP 5004

Adopted: June 11, 2020

Revised: December 12, 2024

The Governing Board of Pacific Charter Institute (“PCI” or “Charter School”) recognizes that suicide is a leading cause of death among youth and that an even greater amount of youth consider (17 percent of high school students) and attempt suicide (over 8 percent of high school students) (Centers for Disease Control and Prevention, 2015).

Suicide prevention requires vigilant attention from school communities (all school staff, students, parents) and public members. 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 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 Executive Director or Designee of PCI has developed strategies for suicide prevention, intervention, and postvention, and the identification of the mental health challenges frequently associated with suicidal thinking and behavior. These strategies include professional development for all school personnel (certificated and classified) 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.



Overall Strategic Plan for Suicide Prevention

The Executive Director or Designee of PCI has developed this policy in consultation with 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, the county mental health plan, law enforcement, and community organizations in planning, implementing, and evaluating PCI's strategies for suicide prevention and intervention. PCI must work in conjunction with local government agencies, community-based organizations, and other community supports to identify additional resources. This policy shall be reviewed and revised as indicated, at least annually in conjunction with the previously mentioned community stakeholders.

PCI Suicide Prevention Crisis Team

To ensure the policies regarding suicide prevention are properly adopted, implemented, and updated, PCI has created an in-house Suicide Prevention Crisis Team ("SPCT") consisting of administrators, mental health professionals, relevant staff, parents, and middle and high school students. In addition, each school shall identify at least one staff member to serve as the liaison to the SPCT, and coordinate and implement suicide prevention activities within their school.

PCI designates the following administrators to act as the primary and secondary suicide prevention liaisons to lead the SPCT:

- Christine Spratling and Kahla Cook (School Counselors) shall be designated as primary suicide prevention liaisons.
- Tim Ribota and Kristin Connor (School Psychologists) shall be designated as secondary suicide prevention liaisons.

The functions of the SPCT are to:

- Review mental health related school policies and procedures;
- Provide annual updates on school data and trends;
- Review and revise school prevention policies;
- Review and select general and specialized mental health and suicide prevention training;
- Review and oversee staff, parent/guardian, and student trainings;
- Ensuring the suicide prevention policy, protocols, and resources are posted on the school website;
- Collaborate with community mental health organizations;
- Identify resources and agencies that provide evidence-based or evidence-informed treatment;



Pacific Charter Institute

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- Help inform and build skills among law enforcement and other relevant partners; and
 - Collaborate to build community response.

The primary suicide prevention liaison for PCI and the Executive Director or designee shall ensure proper coordination and consultation with the county mental health plan if a referral is made for mental health or related services on behalf of a student who is a Medi-Cal beneficiary.

Prevention

A. Messaging about Suicide Prevention

Messaging about suicide has an effect on suicidal thinking and behaviors. Consequently, Pacific Charter Institute 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.

All communications, documents, materials related to messaging about suicide avoid discussing details about method of suicide, avoid oversimplifying (i.e. identifying singular cause of suicide), avoid sensational language, and only includes clear, respectful, people-first language that encourages an environment free of stigma. As part of safe messaging for suicide, we use specific terminology when referring to actions related to suicide or suicidal behavior:

Use	Do Not Use
“Died by suicide” or “Took their own life”	“Committed suicide” Note: Use of the word “commit” can imply crime/sin
“Attempted suicide”	“Successful” or “unsuccessful” Note: There is no success, or lack of success, when dealing with suicide



B. Suicide Prevention Training and Education

Staff Development

Pacific Charter Institute, 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. It may also be provided, when appropriate, for other adults on campus (such as substitutes and intermittent staff, volunteers, interns, tutors, coaches, and afterschool staff). Training shall include the following:

- At least annually, all staff shall receive training on mental health awareness and suicide prevention that includes risk and protective factors, warning signs of 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 is reviewed and adjusted as needed annually based on previous professional development activities, emerging best practices, and feedback.
- At a minimum, all staff shall participate in training on the core components of suicide prevention (identification of suicide risk and protective factors and warning signs, prevention, intervention, referral, and postvention) at the beginning of their employment or annually.
- PCI has ensured training is available for new hires during the school year.
- Core components of the general suicide prevention training shall include:
 - How to identify youth who may be at risk for suicide including suicide warning signs, risk and protective factors;
 - Appropriate ways to approach, interact, and respond to a youth who is demonstrating emotional distress or having thoughts of suicide including skill building to ask directly about suicide thoughts;
 - PCI-approved procedures for responding to suicide risk (including programs and services in a Multi-tiered System of Support (MTSS) and referral



Pacific Charter Institute

protocols). Such responses will emphasize that the student should be under constant supervision and immediately referred for a suicide risk assessment;

- PCI-approved procedures identifying the role educators, school staff, and volunteers play in supporting youth and staff after a suicide or suicide death or attempt (postvention).
- 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 with an emphasis on reducing stigma associated with mental illness and that early prevention and intervention can drastically reduce the risk of suicide;
 - Common misconceptions about suicide;
 - Charter 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 including suicide warning signs, risk, and protective factors;
 - Appropriate ways to approach, interact with and respond to a youth who is demonstrating emotional distress or having thoughts of suicide including skill building to ask directly about suicide thoughts and warm handoffs. Specifically, how to talk with a student about their thoughts of suicide and (based on PCI 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 PCI guidelines;



Pacific Charter Institute

- PCI-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;
 - PCI-approved procedures for identifying the role educators play in supporting youth and staff after a suicide or suicide death or attempt (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;
 - Youth identifying as 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;

Employee Qualifications and Scope of Services

Employees of the Pacific Charter Institute must act only within the authorization and scope of their credential or license. While it is expected that school professionals are



Pacific Charter Institute

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 Professional Development for LEA-based Mental Health Staff (Screening and/or Assessment)

Additional professional development in suicide risk assessment (SRA) and crisis intervention shall be provided to mental health professionals (school counselors, psychologists, social workers, and nurses) employed by Pacific Charter Institute.

Training for these staff is specific to conducting SRAs, intervening during a crisis, de-escalating situations, interventions specific to preventing suicide, making referrals, safety planning, and re-entry.

Specialized Professional Training for targeted School-based mental health staff includes the following components:

- Best practices and skill building on how to conduct an effective suicide risk screening/SRA using an evidence-based, Charter School-approved tool; Patient Health Questionnaire 9 (PHQ-9) Depression Scale; BSS Beck Scale for Suicide Ideation ; National Institute of Mental Health (NIMH)'s Ask Suicide-Screening Questions (ASQ) Toolkit; and the Adolescent Suicide Assessment Protocol – 20.
- Best practices on approaching and talking with a student about their thoughts of suicide and how to respond to such thinking, based on school guidelines and protocols.
- Best practices on how to talk with a student about thoughts of suicide and appropriately respond and provide support based on school guidelines and protocols.
- Best practices on follow up with parents/caregivers.
- Best practices on re-entry.

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, PCI shall share with parents/guardians/caregivers the Pacific Charter Institute suicide prevention policy and procedures.
- This suicide prevention policy shall be easily accessible prominently displayed on the Pacific Charter Institute Web page and included in the parent handbook.



Pacific Charter Institute

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- Parents/guardians/caregivers are invited to provide input on the development and implementation of this policy.
 - Parents/guardians/caregivers are provided crisis resources including the National Suicide Prevention Lifeline, Crisis text line, and local crisis hotlines and includes information that hotlines/resources are not just for crisis but also for friends/family and referral.
 - PCI shall establish and widely disseminate a referral process to all parents/guardians/caregivers/families, so they are aware of how to respond to a crisis and are knowledgeable about protocols and school, community-based, and crisis resources.
 - Community-based organizations that provide evidence-based suicide-specific treatments shall be highlighted on PCI's website with treatment referral options marked accordingly.
 - Staff autoreplies during vacations or absences shall include links to resources and phone/text numbers so parents and students have information readily available.
 - All parents/guardians/caregivers have access to suicide prevention training that addresses the following:
 - Suicide risk factors, warning signs, and protective factors;
 - How to approach and 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.
 - Parents/guardians/caregivers are reminded that the Family Educational Rights and Privacy Act ("FERPA") generally protects the confidentiality of student records, which may sometimes include counseling or crisis intervention records. However, FERPA's health or safety emergency provision permits the disclosure of personally identifiable information from a student's education records, to appropriate parties, in order to address a health or safety emergency when the disclosure is necessary to protect the health or safety of the student or other individuals.



Pacific Charter Institute

Student Participation and Education

Suicide prevention strategies may include, but not be limited to, efforts to promote a positive school climate that enhances students' feelings of connectedness with PCI and is characterized by caring staff and harmonious interrelationships among students. PCI's instructional and student support program shall promote the healthy mental, emotional, and social development of students including, but not limited to, the development of problem-solving skills, coping skills, and resilience. The instruction shall not use the stress model to explain suicide.

PCI's provides instruction to middle and high school students on general mental health and suicide prevention. The instruction is provided under the supervision of LEA-employed mental health professionals, with input from county and community mental health agencies, and middle and high school students. The instruction is developmentally appropriate, student-centered, and includes:

- Receive developmentally appropriate, student-centered education about the warning signs of mental health challenges and emotional distress;
- Receive developmentally appropriate guidance regarding PCI's suicide prevention, intervention, and referral procedures.
- 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;
- Learning about protective factors;
- 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).

Pacific Charter Institute 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,



Pacific Charter Institute

Freshman Success Programs, and National Alliance on Mental Illness on Campus High School Clubs).

PCI maintains a list of current student trainings, which is available upon request. PCI has shared school-based supports and self-reporting procedures, so students are able to seek help if they are experiencing thoughts of suicide or if they recognize signs with peers. Although confidentiality and privacy are important, students should understand safety is a priority and if there is a risk of suicide, school staff are required to report. PCI-based mental health professionals are legally and ethically required to report suicide risk. When reporting suicidal ideation or an attempt, school staff must maintain confidentiality and only share information limited to the risk or attempt.

PCI shall establish and widely disseminate a referral process to all students, so they know how to access support through school, community-based, and crisis services. Students shall be encouraged to notify a staff member when they are experiencing emotional distress or suicidal ideation, or when they have knowledge or concerns of another student's emotional distress, suicidal ideation, or attempt.

C. Virtual Screenings for Suicide Risk

Virtual suicide prevention efforts include checking in with all students, promoting access to school and community-based resources that support mental wellbeing and those that address mental illness and give specific guidance on suicide prevention.

PCI has established a protocol for assigning school staff to connect with students during distance learning and school closures. In the event of a school closure, PCI has determined a process and protocols to establish daily or regular contact with all students. Staff understand that any concern about a student's emotional wellbeing and/or safety must be communicated to the appropriate school staff, according to PCI protocols.

PCI has determined a process and protocols for school-based mental health professionals to establish regular contact with high-risk students, students who are on their caseloads, and those who are identified by staff as demonstrating need. When connecting with students, staff are directed to begin each conversation by identifying the location of the student and the availability of parents or caregivers. This practice allows for the staff member to ensure the safety of the student, particularly if they have expressed suicidal thoughts.



Pacific Charter Institute

Intervention, Assessment, Referral

A. Staff

Pacific Charter Institute staff members who have received advanced training in suicide intervention shall be designated as the primary and secondary suicide prevention liaisons. Christine Spratling and Kahla Cook (School Counselors) shall be designated as primary suicide prevention liaisons. Tim Ribota and Kristin Connor (School Psychologists) shall be designated as secondary suicide prevention liaisons. Whenever a staff member suspects or has knowledge of a student's suicidal intentions, they shall promptly notify the primary designated suicide prevention liaison. If this primary suicide prevention liaison is unavailable, the staff shall promptly notify the secondary suicide prevention liaison.

- Under normal circumstances, the primary and/or secondary contact persons shall immediately notify the principal, another school administrator, school psychologist or school counselor, if different from the primary and secondary contact persons. The names, titles, and contact information of multi-disciplinary crisis team members shall be distributed to all students, staff, parents/guardians/caregivers and be prominently available on school and PCI Web sites.

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.

If the student is in imminent danger (has access to a gun, is on a rooftop, or in other unsafe conditions), staff members are required to request assistance from other LEA staff and call 911. The call shall NOT be made in the presence of the student and the student shall not be left unsupervised. Staff shall NOT physically restrain or block an exit.

Whenever a staff member has knowledge of a student's suicidal intentions or potential risk of suicide, they are required to promptly notify the primary or secondary suicide prevention liaisons who will notify the suicide crisis prevention team, through a formal referral process for immediate assessment of the student. PCI has developed and disseminated protocols for screening, assessing, and referring students who may be experiencing suicidal thoughts and/or behavior. The following is included in the protocol:



Pacific Charter Institute

- Students experiencing suicidal ideation shall not be left unsupervised; students with ideation or suicidal behaviors should be respectfully escorted to the office for an assessment and never sent alone or without staff supervision.
- Collaboration and communication between the teacher/staff and the suicide prevention crisis team is critical during the supervision, referral, and assessment processes.
- A referral process should be prominently disseminated to all staff members, so they know how to respond to a crisis, refer students for further screening/assessment, understand the safety issues of escorting a student, and are knowledgeable about the school and community-based resources.
- The Executive Director 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.
- The crisis team is required to 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.
- The names, titles, and contact information of suicide prevention crisis team members have been distributed to all staff, parents/guardians/caregivers, and students, included in parent/student handbook, and are prominently available on school and PCI websites.

B. Parents, Guardians, and Caregivers

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

Community-based organizations that provide evidence-based suicide-specific treatments are highlighted on the PCI's website with treatment referral options marked accordingly.



Pacific Charter Institute

Resources are prominently displayed on PCI and school websites. School and PCI staff autoreplies during vacations or absences should include links to resources and phone/text numbers so parents and students have information readily available.

C. Students

PCI has established and widely disseminated a referral process to all students, so they know how to access support through school, community-based, and crisis services.

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 and staff can contact the suicide prevention liaisons.

D. Parental Notification and Involvement

Each school within Pacific Charter Institute shall identify a process to ensure continuing care for the student identified to have suicidal ideation. The following steps should be followed to ensure continuity of care:

- Follow up with the parent/guardian and student in a timely manner to provide referrals to appropriate services as needed and coordinate and consult with the county mental health plan if a referral is made for mental health or related services on behalf of a student who is a Medi-Cal beneficiary.
- 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.
- 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.



E. Action Plan for In-School Suicide Attempts

If a suicide attempt or threat is made during the school day on campus or at a school-related activity, it is important to remember that the health and safety of the student and those around the student 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 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;

- 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.
- Document the incident in writing as soon as feasible

In the event a suicide occurs or is attempted on the PCI campus, the suicide prevention liaison shall follow the crisis intervention procedures contained in PCI's safety plan. After consultation with the Executive Director or designee and the student's parent/guardian



Pacific Charter Institute

about facts that may be divulged in accordance with the laws governing confidentiality of student record information, the Executive Director or designee may provide students, parents/guardians, and staff with information, counseling, and/or referrals to community agencies as needed. PCI staff may receive assistance from PCI counselors or other mental health professionals in determining how best to discuss the suicide or attempted suicide with students.

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

If a suicide attempt by a student is outside of Pacific Charter Institute property, it is crucial that we protect 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/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 is correct;
- The suicide prevention liaisons shall handle any media requests;
- Provide care and determine appropriate support to affected students;
- Offer to the student and parents/guardians/caregivers steps for re-integration to school.

G. Supporting Students after a Mental Health Crisis

Students shall be encouraged through the education program and in PCI activities to notify a teacher, the Executive Director, another PCI administrator, psychologist, PCI counselor, suicide prevention liaisons, or other adult when they are experiencing thoughts of suicide or when they suspect or have knowledge of another student's suicidal intentions.

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/caregivers and mental health professionals working with the student.

H. Re-Entry to School After a Suicide Attempt

A student who verbalized ideation 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 may be implemented upon re-entry:

- Obtain a written release of information signed by parents/guardians/caregivers to speak with any healthcare providers;
- Confer with student and parents/guardians/caregivers about any specific requests on how to handle the situation;
- School or PCI-based mental health professionals shall confer with the student and parents/guardians/caregivers/families to develop a safety plan.
- School or PCI-based mental health professionals 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);



Pacific Charter Institute

- Mental health professionals or trusted staff members should maintain ongoing contact to monitor student's actions and mood;
- School or PCI-based mental health professionals Work with parents/guardians/caregivers to involve the student in an aftercare plan.
- School or PCI-based mental health professionals shall provide parent's/guardians/caregivers/families local emergency numbers for after school and weekend emergency contacts.

I. 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 the school community, including students and staff. Therefore, it is vital that we are prepared ahead of time in the event of such a tragedy. The suicide prevention liasions for Pacific Charter Institute shall ensure that each school site follows the below Suicide Postvention Response Plan, which incorporates both immediate and long-term steps and objectives:

- Coordinate with the Executive Director to conduct an initial meeting of the Suicide Prevention Crisis Team to:
 - 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 PCI/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);



Pacific Charter Institute

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- 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 and refer them to a school-based mental health professional;
 - Identify students affected by suicide death but not at risk of imitative behavior;
 - Communicate with the larger school community about the suicide death. Staff shall not share explicit, graphic, or dramatic content, including the manner of death;
 - Consider funeral arrangements for family and school community;
 - Respond to memorial requests in respectful and non-harmful manner; responses should be handled 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



Pacific Charter Institute

- 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