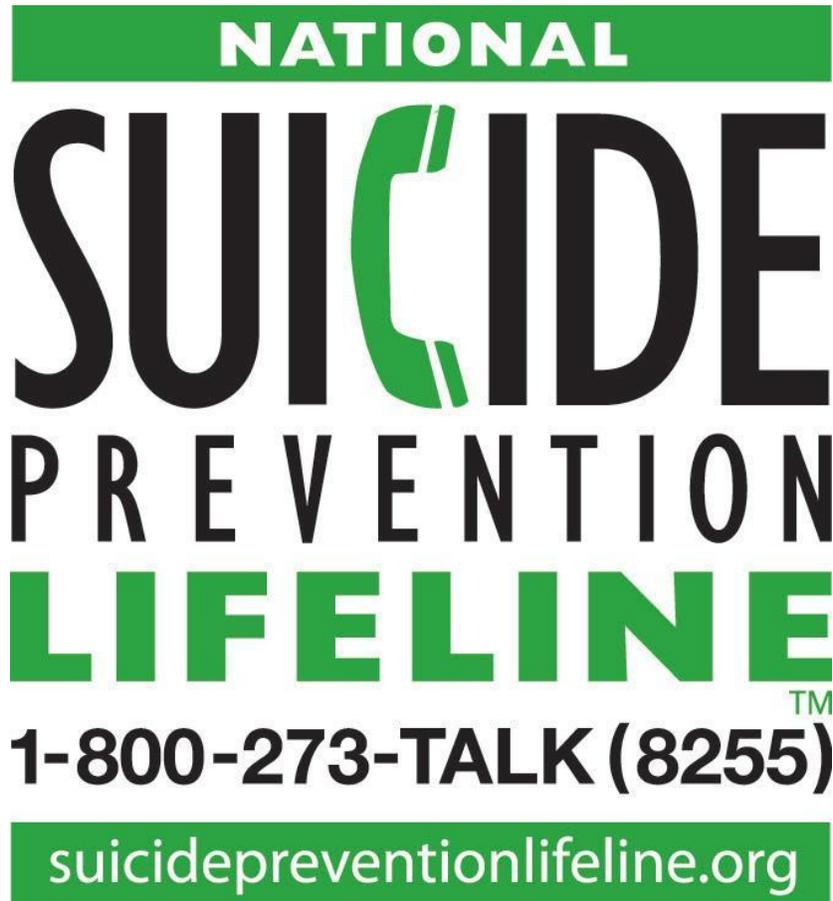


OAK VALLEY UNION ELEMENTARY SCHOOL DISTRICT

# Suicide Prevention Plan

## 2021-2022



*Board Approval:*

*March 23, 2021*

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OAK VALLEY UNION ELEMENTARY SCHOOL DISTRICT

24500 RD. 68

Tulare, CA 93274

Phone: (559) 688-2908

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## **DISTRICT VISION AND MISSION STATEMENT**

The Oak Valley School community, which includes a highly qualified staff, the Board of Trustees, students and parents; seeks to provide all students with a quality individualized educational experience, steeped in a rich history of high standards, and caring for the whole child. With an energetic focus on students' self worth, providing new experiences, and preparation for success in high school; we are committed to graduating students who will make an impact in their community and their world.

- Proficient in reading comprehension, communication, computation, reasoning and problem solving in all subject areas.
- Capable of problem solving in a variety of real life situations.
- Supportive of the role of the fine arts and humanities.
- Committed to good health and physical fitness.
- Active participants in the democratic process.
- Willing to assume responsibility for their actions.
- Respectful of the rights and feelings of others.
- Proficient in the use of good social skills and proper etiquette.
- Respectful of the many cultures that contribute to and make up our world community.
- Successful lifelong learners.

## **OVUESD NON-DISCRIMINATION STATEMENT**

Oak Valley Union Elementary School District is committed to providing equal opportunity for all individuals in education. District programs, activities, and practices shall be free from discrimination based on race, color, ancestry, national origin, ethnic group identification, age, religion, marital or parental status, physical or mental disability, sex, sexual orientation, gender, gender identity or expression, or genetic information; the perception of one or more of such characteristics; or association with a person or group with one or more of these actual or perceived characteristics. The following person has been designated to handle inquiries regarding the non-discrimination policies: Heather Pilgrim, EdS, Superintendent, 24500 Road 68, Tulare, CA 93274, 559-688-2908.

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<i><b>Revision History</b></i>			
<b>Date</b>	<b>Page</b>	<b>Summary of Changes</b>	<b>By</b>
<i>3/09/2021</i>			

## **Purpose, Background and Scope**

The purpose of this document is to serve as Oak Valley Union Elementary School District's (OVUESD) written Suicide Prevention Plan in compliance with AB 2246 as approved September 26, 2016. The Superintendent has designated the Principal to serve as the Suicide Prevention Coordinator for OVUESD.

OVUESD recognizes that, while all students are at risk for suicide, certain groups of students are at an elevated risk, 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, and those with medical conditions or certain types of disabilities.

## **Prevention**

### **Student Training**

Developmentally-appropriate, student-centered education materials will be presented to 7<sup>th</sup> and 8<sup>th</sup> grade students annually. The content of these age-appropriate materials will include: the importance of safe and healthy choices and coping strategies, how to recognize risk factors and warning signs of mental disorders and suicide in oneself and others, and help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help.

These presentations will be made by the OVUESD school counselor or TCOE psychologist assigned to OVUESD. They will be done as a PE Health Education class. At a minimum, one 45 minute class of instruction will be provided each fall.

### **Employee Training**

All OVUESD employees who routinely interact with 7<sup>th</sup> and 8<sup>th</sup> grade students will complete an on-line training on Youth Suicide: Awareness and Prevention. This shall be done within the first ten (10) days of their new job duties. The district secretary will provide employees with log-in information and a link to the on-line training site. Subsequent training shall be repeated at least once per year for all District employees who routinely interact with 7<sup>th</sup> and 8<sup>th</sup> grade students. All OVUESD employees may take the training should they desire to do so.

Each employee is responsible for providing proof of completion of the on-line course to the school bookkeeper. Training records shall include the following information:

- € The date(s) of the training session.
- € The name and URL of the website used for training.
- € Proof of completion of the on-line course.

The district secretary is responsible to coordinate, implement, and monitor the training of all employees regarding Suicide Prevention and to ensure that all employees complete training within 10 working days of being hired and annually thereafter.

In addition to the on-line training, each employee is to become familiar with the OVUESD Suicide Prevention Plan, which is available on the school's website ([www.oakvalleyschool.org](http://www.oakvalleyschool.org)).

This plan is written to ensure that a school employee acts only within the authorization and scope of the employee's credential or license. Nothing in the plan is to be construed as authorizing or encouraging a school employee to diagnose or treat mental illness unless the employee is specifically licensed and employed to do so.

### **Community Resources**

Mental Health Services are available locally through:

Tulare Youth Services Bureau at 559-688-2043 (327 S. K St., Tulare)

Kings View Behavioral Health Services at 559-688-7531 (559 E. Bardsley Ave., Tulare)

Visalia Youth Services at 559-627-1490 (711 N. Court St. #B, Visalia)

A national hotline is also available 24 hours per day every day:

Suicide Prevention Lifeline 1-800-273-8255

### **Intervention**

When a suicide attempt or threat is reported, ensure student safety by taking the following actions:

1. Provide immediate first aid as needed. If first aid is required, contact the school nurse to provide continuing health support. If an injury warrants it, call 911 for emergency services.
2. Keep the student under continuous adult supervision until the parent/guardian and/or appropriate support agent or agency can be contacted and has the opportunity to intervene. Do not leave the student alone for any reason!
3. Remove other students from the immediate area as soon as possible.
4. Contact school administration or the school psychologist to conduct an interview and complete the "School Crisis Referral Checklist" (see page 7) to determine if medical treatment and/or mental health services are necessary. (Contact numbers if needed: Tulare Youth Services Bureau 559-688-204; Kings View Behavioral Health Services 559-688-753; Visalia Youth Services 627-1490; Suicide Prevention Lifeline 1-800-273-8255)
5. School administration or the school psychologist will notify law enforcement and/or other emergency assistance if a suicidal act is being actively threatened.
6. Notify the Superintendent.
7. The school administrator or psychologist will contact the student's parent/guardian.
  - a. Inform them that the school has a responsibility to ensure the safety of all students, and to ask how the student has been at home recently.
  - b. If the student is referred for crisis support, give the parent/guardian the address and phone number as listed above in Community Resources where their child is to be taken.
  - c. If the student is not going to be taken in for observation or medical treatment, have the students and parent/guardian sign the "No Harm Contract" (see page 8) to show that they were made aware of the concern for their child's safety.

This notice also provides them with a list of local mental health resources and the national hotline number.

Each person involved in the situation shall document their involvement in the incident in writing as soon as possible. Include the events that happened as you became aware of them and the steps that you and others took in response to the suicide attempt or threat.

The school administrator or psychologist involved in the situation shall follow up with the parent/guardian and student in a timely manner to provide referrals to appropriate services as needed. If the parent/guardian does not access treatment for the student, school staff needs to meet with the parent/guardian to identify barriers to treatment and assist the family in providing follow-up care for the student. If follow-up care is still not provided, the staff person involved will need to consider whether he/she is required, pursuant to laws for mandated reporters of child neglect, to refer the matter to the local child protective services agency.

For any student returning to school after a mental health crisis, the principal or designee and/or school psychologist may meet with the parent/guardian and, if appropriate, with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school.

### **Postvention**

In the event that a student dies or is severely injured through an attempted suicide, the Principal or designee will communicate with the student's parent/guardian to offer condolences, assistance, and resources. At this time, discuss with the parent/guardian what they want shared with other students and staff, and how that information will be disseminated. Keep in mind that confidentiality laws could prevent the sharing of any detailed information without the parent's/guardian's permission.

The Superintendent or designee will contact Tulare County Office of Education to provide additional psychologists to meet with students and staff as needed. Sharing information of the tragedy with students and staff will be done subject to permission from the parent/guardian of the student involved, and should follow recommendations from the school psychologist/TCOE psychologists on the best way to do so.

Parents/Guardians may check out their children to attend any memorial or funeral services. Staff wishing to attend services need to request the time off and may attend as approved by the Superintendent. The school will not schedule any memorial events on campus, nor put any memorial or monument on campus. Living memorials (donations to suicide prevention organizations, etc.) should be encouraged, though.

All media inquiries shall be directed to the Superintendent who will not divulge confidential information, unless specifically requested to do so by the parent/guardian. The district's response shall not sensationalize suicide and shall focus on the district's postvention plan and available resources.

The school staff will identify students who are most likely to be significantly affected by the death so that they can be targeted for intervention services. The purpose of trying to identify and give services to other high risk students is to prevent another death or injury. Students identified as being more likely to be affected by the death will be assessed by a school counselor or TCOE psychologist to determine the level of support needed.

## School Crisis Referral Checklist

**Child's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Care Provider Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**School:** \_\_\_\_\_ **School Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Has received treatment in a psychiatric hospital in the past? If yes, how many times: _____ When was the last hospitalization: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has attempted suicide in the past? If yes, when was the last attempt: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Making plans to kill him/herself now?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Making plans to harm/kill others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Problems with daily routine (getting up from bed, getting to school, doing school work)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Feeling depressed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Not caring about things in life?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Feeling overwhelmed by problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recent deaths/traumas in the student's life?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Acting like a different person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Feeling fearful?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Feeling anxious or worried?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Withdrawing from friends and family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recently stopped taking psychiatric medications? <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
Using drugs (started or increased)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Using alcohol (started or increased)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any self-injurious behavior (cutting or bruising)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any evidence of being bullied or exhibiting bullying behavior? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there anyone in the family (parents, siblings, grandparents, aunts, uncles, cousins) who has had similar symptoms now or in the past? If so, who and what was their diagnosis, if you know: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the parent/guardian been contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other important information which you can share to help us understand this child's specific needs and/or difficulties: _____	

Please **FAX** this form to **559-688-1304** - Tulare Youth Services Bureau (TYSB)  
 and then **CALL Tulare Youth Services Bureau** at **559-688-2043**  
 to review this information with us, so that we can best assist you with this student's mental health needs.

If this is an emergency **call 911** or take the student to the nearest Emergency Room.

# Oak Valley Union Elementary School District

## No Harm Contract

I, \_\_\_\_\_, am contracting with \_\_\_\_\_ School and the School Psychologist \_\_\_\_\_ that I will not harm myself or others. I promise to call the Crisis Line, my therapist, or other trusted people if I feel like I will harm myself or others. I will also follow my **Safety Plan**, as outlined below, in order to help myself in times of need

Tulare County Crisis Hot Line: 1-800-320-1616

Therapist: \_\_\_\_\_

School Psychologist: \_\_\_\_\_

Trusted Relative or Friend: \_\_\_\_\_

### Safety Plan

1. Remove any items around the house that are dangerous to me or others: \_\_\_\_\_  
\_\_\_\_\_
2. Find a safe place that I can go to in my house or in a trusted friend's house \_\_\_\_\_  
\_\_\_\_\_
3. Call or contract the above listed numbers, if I need to talk to someone: \_\_\_\_\_  
\_\_\_\_\_
4. Have a parent or friend check in on me throughout the day/night (24/48 hour supervision): \_\_\_\_\_  
\_\_\_\_\_
5. Schedule an appointment for counseling or meet with my therapist: \_\_\_\_\_  
\_\_\_\_\_

Name of Student	Signature of Student	Date
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Name of Parent/Guardian	Signature of Parent/Guardian	Date
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Name of School Official	Signature of School Official	Date
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**Mental Health Services are available locally through:**

TYSB: 559-688-2043

Kings View Behavioral Health Services 559-688-7531

Visalia Youth Services: 559-627-1490

Tulare County Crisis Line: 1-800-320-1616

**A national hotline is also available 24 hours per day every day:**

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