OLIVE GROVE CHARTER SCHOOLS, INC.
Central Office
5075 S. Bradley Rd., Suite 119, Santa Maria, CA 93455
Phone: 805.623.1111 Fax: 805.623.1175 www.olivegrovecharter.org

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Olive Grove Charter Schools, Inc.
Youth Suicide Prevention Policy

The Governing Board of Olive Grove Charter Schools, Inc. (OGCS) recognizes that suicide is a leading cause of death among youth and that an even greater amount of California's high school students report having considered and attempted suicide.

Suicide prevention requires vigilant attention from school communities (all school staff, students, parents/guardians) and public members. As a result, school communities have an ethical and legal responsibility to provide appropriate and timely response to suicidal ideation, attempts, and deaths. School leaders and staff must ensure their school sites are safe and nurturing environments that mitigate suicidal ideation and behaviors in students and staff and that appropriate procedures, protocols, and supports are well promulgated and easily accessible to all.

Recognizing that it is the responsibility of the LEAs and schools to protect the health, safety, and welfare of its students and staff, this policy aims to safeguard against suicide attempts, deaths, and other trauma associated with suicide, including ensuring adequate supports for students, staff, and families affected by suicidal behavior, attempts, and loss. It is a known fact that emotional wellness is central to all functioning, therefore, it is recommended this policy be paired with other policies that support the emotional and behavioral well-being of students and staff.

This policy is based on research and best practices in suicide prevention and has been adopted with the understanding that positive and nurturing school climates coupled with suicide prevention activities decrease suicide risk, increase help-seeking behavior, identify those who may be suicidal, and help decrease such behaviors. Empirical evidence refutes a common misconception that talking about suicide can increase risk or "place the idea in someone's mind." Therefore, it is critical to address all behaviors directly and in a timely manner. Of significant importance is the education of students to recognize their own mental health, equip them with information and knowledge to solicit help, and learn to recognize symptoms within themselves and their peers.

Understanding the impact school climate has on suicidality is critically important as positive school climates have been linked to lower levels of violence, bullying victimization, and greater perceived safety. School climate is of particular importance since it affects the risk of suicidality among youth. Existing studies reveal adolescents who report perceptions of a more positive school climate are less likely to report suicidality (Cornell & Huang, 2016; La Salle et al., 2017; Marraccini & Brier, 2017). This is most likely due to positive peer and teacher relationships that are promoted in schools with positive school climates along with high levels of safety and social support. OGCS leadership underscores the importance of all staff and students working together to create safe, respectful, nurturing, and welcoming learning centers in which students feel comfortable seeking help for themselves or their peers. Leaders provide opportunities for continuous improvement and monitoring of school climate.

In an attempt to reduce suicidal behavior and its impact on students and families, OGCS 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, and other individuals in regular contact with students such as tutors.

Recognizing that early prevention and intervention can drastically reduce the risk of suicide, OGCS has developed and implemented preventive strategies and intervention procedures that include the following:

Overall Strategic Plan for Suicide Prevention

OGCS consults professionals (e.g., school counselors, psychologists, social workers, nurses), administrators, other school staff members, parents/guardians/caregivers, students, local health agencies and mental health professionals, first responders, and community organizations in planning, implementing, evaluating, and updating the organization's strategies for suicide prevention and intervention. OGCS will regularly convene these educational partners to review the policy, at a minimum every five years, and update as necessary as required by *EC* Section 215.

OGCS Suicide Prevention Crisis Team

To ensure the policies regarding suicide prevention are properly adopted, implemented, and updated, OGCS will convene an in-house suicide prevention crisis team consisting of members of the leadership team, counselors, and relevant staff. Additionally, each learning center will be encouraged to identify one or two students to represent the student voice on this team as well as one or two parents/guardians to participate.

The functions of this crisis team are to review mental health related policies and procedures; provide annual updates on school and organization 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 organization's website; and general compliance with *EC* Section 215.

This crisis team also collaborates with community mental health organizations, identifies resources and agencies that provide evidence-based or evidence-informed treatment, helps inform and build skills among law enforcement and other relevant partners, and collaborates to build community response.

Employee Qualifications and Scope of Services

OGCS ensures employees adhere to *EC* Section 215 which mandates school employees and their partners to 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, screen and assess to identify suicide risk, and to provide ongoing supports to youth identified at risk, the care or treatment for suicidal ideation is typically beyond the scope of services offered in the school setting.

Prevention

Suicide Awareness and Prevention Training for School Staff

OGCS, along with its partners, carefully reviews available staff trainings to ensure the selected curriculum is evidence-based, evidence-informed, and aligned with best practices in suicide prevention.

OGCS provides professional development for all school staff members (certificated and classified) and other adults who work with students (including substitutes and intermittent staff, volunteers, interns, and tutors).

- At least annually, all staff receive training on mental health awareness and suicide prevention that includes risk and protective factors, warning signs of suicide, intervention, referral processes, and postvention.
- Staff training is reviewed and adjusted based on previous professional development activities, emerging best practices, and feedback.
- At a minimum, all staff 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 prior to working with youth.
- The organization ensures training is available for new hires during the school year.
- Previously employed staff members attend a minimum of one-hour general suicide prevention training. 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.
    - Approved procedures for responding to suicide risk (including programs and services in a Multi-tiered System of Support (MTSS) and referral protocols). Such procedures will emphasize the student should be under constant supervision and immediately referred for a suicide risk assessment.
    - 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).
- In addition to the core components of suicide prevention, ongoing annual professional development for all staff should include the following:
    - 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.
    - School and community mental health and suicide prevention resources.
    - Appropriate messaging about suicide (correct terminology, safe messaging guidelines).
    - Ways 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 and warm handoffs.
    - Approved procedures for responding to suicide risk (including MTSS and referrals). Such procedures will emphasize that the student should be constantly supervised and immediately referred for a suicide risk assessment.
    - Approved procedures identifying the role educators play in supporting youth and staff after a suicide or suicide death or attempt (postvention).
- The professional development includes additional information regarding groups of students who may be at elevated risk for suicide or groups disproportionately affected by suicide thoughts and behaviors. These groups include, but are not limited to, the following:
    - Youth impacted by suicide and youth with a history of suicidal thoughts or behavior.
    - Youth with disabilities, mental illness, or substance use disorders.

- Youth experiencing homelessness or in out-of-home settings, such as foster care.
- Youth identifying as LGBTQ.

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

Additional professional development in suicide risk assessment (SRA) and crisis intervention is provided to designated student mental health professionals, including but not limited to school counselors, psychologists, social workers, administrators, and nurses employed by OGCS. 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 LEA-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, approved tool.
- Best practices on approaching and talking with a student about their thoughts of suicide and how to respond to such thinking, based on OGCS guidelines and protocols.
- Best practices on how to talk with a student about thoughts of suicide and appropriately respond and provide support based on OGCS guidelines and protocols.
- Best practices on follow up with parents/caregivers.
- Best practices on re-entry.

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.

OGCS has established a protocol for school staff to connect with students virtually. In the event of a school closure, OGCS 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 OGCS protocols.

OGCS has determined a process and protocols for mental health professionals to establish regular contact with high-risk students 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, guardians, or caregivers. This practice allows for the staff member to ensure the safety of the student, particularly if they have expressed suicidal thoughts.

Parents, Guardians, and Caregivers Participation and Education

In an effort to include parents/guardians/caregivers in all suicide prevention efforts, OGCS shares this suicide prevention policy and procedures widely.

This suicide prevention policy is also prominently displayed on the OGCS web page.

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.

Communication with Parents, Caregivers, and Families

Parents, guardians, caregivers, and families play a vital role in the prevention of youth suicide.

All parents are provided with information on suicide prevention resources including crisis hotlines, local warmlines, and also school and community-based supports. If parents, families, and/or caregivers identify or suspect a suicide risk, they are strongly encouraged to communicate with appropriate school staff (counselor, administration, nurse, mental health professional, etc.) for assistance. School counselors are equipped to help identify and support a student at risk of suicide and are trained to ensure the safety of all students. This may include collaborating with other professionals (primary care doctors, marriage and family therapists, etc.) to develop a course of action and/or safety plan. Parents, caregivers, and families are reminded that mental health and academic records are kept separately to ensure confidentiality and to help protect the privacy of education records.

Student Participation and Education

Effective suicide prevention efforts must also include student education and engagement. OGCS and its partners have and will continue to carefully review potential student curricula to ensure it includes information on recognizing and responding to signs and symptoms (within themselves and friends), learning coping skills, encouraging help-seeking behavior and being knowledgeable of supports and resources.

OGCS provides instruction to middle and high school students on general mental health and suicide prevention. The instruction is developmentally appropriate, student-centered.

If instruction is provided to students in kindergarten and/or grades 1-6, it shall consider the grade level and age of the students and be delivered and discussed in a manner that is sensitive to the needs of young students.

OGCS maintains a list of current student trainings, available upon request.

OGCS shares resources, 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. **When reporting suicidal ideation or an attempt, school staff must maintain confidentiality and only share information limited to the risk or attempt**.

OGCS supports the creation and implementation of programs and/or activities at learning centers that increase awareness about mental wellness and suicide prevention (e.g., Mental Health Awareness Weeks, hotline numbers on student identification cards).

Intervention, Screening/Assessment, Referral

Intervention and Referral for Suicide Screening or Risk Assessment

Whenever a staff member suspects or has knowledge of a student's suicidal intentions or potential risk of suicide, they are required to promptly notify the school counselor and Learning Center Director for immediate assessment of the student. OGCS 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:

- Students experiencing suicidal ideation shall not be left unsupervised; students with ideation or suicidal behaviors should be respectfully referred for an assessment and never left 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 is prominently disseminated to all staff members (classified, certificated, volunteers, interns, etc.) so all 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 school and community-based resources.
- The referral process includes steps to properly coordinate, consult and make a referral to the local county mental health plan (MHP) on behalf of any student.
- OGCS has established crisis intervention procedures to ensure student safety and appropriate communications if a suicide death occurs or an attempt is made by a student or adult at a learning center 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**.
- OGCS staff shall also 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.

Imminent Danger

OGCS recognizes that student safety is a priority. If the student is in imminent danger (e.g., has access to a gun, is on a rooftop, or in other unsafe conditions, etc.) staff members are required to request assistance from other staff members 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.

Parents, Guardians, Caregivers, and Families

OGCS has established a referral process available 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 and mental health resources are highlighted on the OGCS website.

Students

OGCS has established a referral process available 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.

Parental Notification and Involvement

OGCS has identified a process for ensuring parent/guardian/caregiver/family notification when a student has been screened or screened/assessed for suicide risk regardless of outcome (no present risk to high-risk).

OGCS has identified 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:

- After a referral is made for a student, staff are required to verify with the parent/guardian/caregiver/family that follow-up treatment has been accessed. Parents/guardians/caregivers/families will be required to provide documentation of care to the school.
- If parents/guardians/caregivers/families 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 staff member) will meet with the parents/guardians/caregivers/families to identify barriers to treatment (e.g., cultural stigma, financial issues), work to rectify the situation, and build understanding of the importance of care. If follow-up care for the student is still not provided, staff should consider contacting Child Protective Services (CPS) to report neglect of the youth.

Action Plan for Onsite Suicide Attempts

If a suicide attempt is made at a learning center location, it is important to remember that the health and safety of the student and those around them is critical. The following steps should be implemented for a suicide attempt at a learning center:

- Remain calm, remember the student is overwhelmed, confused, and emotionally distressed.
- Move all other students out of the immediate area.
- Immediately contact the Learning Center Director and/or school counselor.
- 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/families 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.
- Students should only be released to parents/guardians/caregivers/families or to a person who is qualified and trained to provide help.
- Report the incident to the superintendent.

Action Plan for Out-of-School Suicide Attempts

If a suicide attempt by a student is outside of school or away from the learning center, the following steps should be implemented (it is critical o protect the privacy of the student and maintain a confidential record of the actions taken to intervene, support, and protect the student):

- Contact the parents/guardians/caregivers/families and offer support.
- 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/families to share information and ensure the facts regarding the crisis are correct.
- Provide care and determine appropriate support to affected students.
- Offer to the student and parents/guardians/caregivers/families steps for re-integration to school.
- Report the incident to the superintendent.

Re-Entry and Supporting Students after Mental Health Crisis

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. OGCS has determined the following steps be implemented after the crisis:

- Treat every threat with seriousness and approach with a calm manner; make the student a priority.
- Listen actively and non-judgmentally to the student. Let the student express their 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 available. Do not promise confidentiality or cause stress.
- Explain calmly and get the student to a skilled mental health professional or designated staff to further support the student.
- Keep close contact with the parents/guardians/caregivers/families and mental health professionals working with the student.

Re-Entry to School After a Suicide Attempt

A student who has 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.

OGCS has determined the following steps be implemented upon the student's re-entry:

- The Learning Center Director shall obtain a written release of information signed by parents/guardians/caregivers/families and providers.
- Mental health professionals and/or school counselors shall confer with the student and parents/guardians/caregivers/families about any specific requests on how to handle the situation.
- Mental health professionals and/or school counselors shall confer with the student and parents/guardians/caregivers/families to develop a safety plan.
- Mental health professionals and/or school counselors shall inform the student's teachers about possible absences.
- Teachers and administrators will allow accommodations for the student to make up work (understanding that missed assignments may add stress to the student).
- Mental health professionals and/or school counselors or trusted staff members shall maintain ongoing contact to monitor student's actions and mood.
- Mental health professionals and/or school counselors shall work with parents/guardians/caregivers/families to involve the student in an aftercare plan.

- Mental health professionals and/or school counselors shall provide parent's/guardians/caregivers/families local emergency numbers for after school and weekend emergency contacts.

Responding After a Suicide Death (Postvention)

It is important to remember that staff members are likely grieving as well and consider the capacity of staff members to engage in sensitive discourse with students. When possible, provide additional support to staff to lead conversations in response to suicide deaths.

A death by suicide of a student or staff member can have devastating consequences on the school community. Therefore, it is vital that we are prepared ahead of time in the event of such a tragedy. To help OGCS prepare for postvention, developed a suicide postvention response action plan for responding to a suicide death. This plan incorporates both immediate and long-term steps and objectives, including:

- Identification of a staff member to confirm death and cause (usually Learning Center Director or school counselor).
- Identification of a staff member (Learning Center Director or school counselor) to contact deceased's family (within 24 hours).
- Conduct an initial meeting of the Crisis Team.
- Notification to 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.
  - Share limited information and ensure that is relevant and for which you have permission to disclose. Staff shall not share explicit, graphic, or dramatic content, including the manner of death.
- Remind and direct staff to respond to needs of students regarding the following:
  - Review signs of emotional distress and suicide ideation.
  - Review of protocols for referring students for support/assessment.
  - Develop and provide supports to staff in responding to student reactions.
  - Share school and community-based resources available to students.
- Identify students significantly affected by suicide death and other students that may be considering imitative behavior.
  - Staff shall immediately refer students who they suspect are considering imitative behavior to a school counselor and/or mental health professional.
  - If deemed safe, staff shall contact the students' parents/guardians/caregivers/families.
- Identify students affected by suicide death but not at risk of imitative behavior.
  - Staff shall immediately refer students who are affected by the suicide to a school counselor and/or mental health professional.
  - If deemed safe, staff shall contact the students' parents/guardians/caregivers/families.
- Notification to larger school community about suicide death and the availability of support services.
- Consider as appropriate working with the family regarding funeral arrangements for family and school community.
  - If possible, suggest the funeral occur outside of school hours.
  - Encourage parents/guardians of students to attend funeral/memorial with their children.

    - Request family approval to attend and staff a table for resources to be available at the funeral, if possible, to remind students and the community of available resources.
    - Offer a safe space at the learning center for students to utilize if needed before/after funeral or memorial service.
    - Acknowledge there may be a high rate of absenteeism on the day of the funeral and leadership should make appropriate accommodations for staff and students to attend.
- 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 (visit https://reportingonsuicide.org/ for recommendations on safe messaging). 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 and encourage 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 events) and how these will be addressed.
    - Support siblings, close friends, teachers, and/or students of deceased.
    - Consider long-term memorials and how they may impact students who are emotionally vulnerable and suicidal.

Messaging about Suicide Prevention

The Governing Board of OGCS, Inc., along with its partners, thoroughly and regularly review all materials and resources used in awareness efforts to ensure they align with best practices for safe and effective messaging about suicide.

This policy and all related communication, documents, materials, etc. include 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

Examples of people-first language, include:

- People with (…mental illness, personality disorder, depression, etc.)
- Person who has died by suicide
- Person thinking about suicide

- People who have experienced a suicide attempt

Tips for Safe and Effective Messaging on Suicide Prevention:

- Always provide suicide prevention resources in parent/student handbooks, school-issued identification cards for staff and students, on websites, and during any mental health or suicide prevention skill-building activity for students or parents/families and professional development for staff. The following are suggested resources to include:
  - National Suicide Prevention Lifeline: 988
  - Crisis Text Line: Text “help” to 741-741
  - Teen Line: Text “TEEN” to 839863
  - Trevor Project 1-866-488-7386 or text “START” to 678678
  - Trans Lifeline 1-877-565-8860
  - Additional crisis line numbers can be found on the CDE’s Help for Students in Crisis web page at: https://www.cde.ca.gov/ls/mh/studentcrisishelp.asp.
- Include information on warning signs as well as risk and protective factors.
- Avoid discussing details about methods of suicide.
- Explain complexity of suicide and avoid oversimplifying (i.e., identifying singular cause of suicide).
- Focus on prevention and protective factors.
- Avoid sensational language (e.g., using terms as epidemic, skyrocketing, etc.) and graphic images.