

## **Board Policy**

### **BP 5141.52 Suicide Prevention**

BP 5141.52

#### **Students**

The Board of Directors of BEST Academy (“BEST” or the “Charter School”) recognizes that suicide is a major cause of death among youth and should be taken seriously. To attempt to reduce suicidal behavior and its impact on students and families, the Board of Directors has developed prevention strategies and intervention procedures.

In compliance with Education Code section 215, this policy has been developed in consultation with BEST and community stakeholders, BEST 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 mental health professionals, the county mental health plan, first responders, and community organizations to identify additional resources to ensure this policy is aligned and includes similar research and resources, as well as to assist in planning, implementing, evaluating, and updating BEST’s strategies for suicide prevention and intervention. BEST shall work in conjunction with local government agencies, community-based organizations, and other community supports to identify additional resources.

To ensure the policies regarding suicide prevention are properly adopted, implemented, updated and easily accessible to all, BEST shall appoint an individual (or team) to serve as the suicide prevention point of contact for BEST. The suicide prevention point of contact for BEST and the Director 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 this policy shall be reviewed and revised as indicated, at least every five (5) years in conjunction with the previously mentioned community stakeholders.

#### **Suicide Prevention Crisis Team**

To ensure the policies regarding suicide prevention are properly adopted, implemented, and updated, BEST created an in-house Suicide Prevention Crisis Team (“SPCT”) consisting of administrators, mental health professionals, relevant staff, parents, and middle and high school students. The SPCT includes the following individuals:

1. Caroline Ruffridge, Counselor
2. Feli Barajas, Counselor
3. [INSERT NAME, TITLE]
4. [INSERT NAME, TITLE]

To ensure the SPCT reflects the student body’s perspective, BEST has designated the following volunteer student representatives to provide consultative insights:

1. [INSERT GRADE LEVEL], Student Representative
2. [INSERT GRADE LEVEL], Student Representative

BEST designates the following employees to act as the primary and secondary Suicide Prevention Liaisons to lead the SPCT:

- Primary Liaison: Caroline Ruffridge, Counselor, [cruffridge@bestacademycs.com](mailto:cruffridge@bestacademycs.com), 833-619-2378
- Secondary Liaison: 833-619-2378

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 training;
- Ensuring the suicide prevention policy, protocols, and resources are posted on the school website;
- Ensure compliance with Education Code 215;
- Collaborate with community mental health organizations;
- Identify resources and agencies that provide evidence-based or evidence-informed treatment;
- Help inform and build skills among law enforcement and other relevant partners; and
- Collaborate to build community response.

### **Suicide Awareness and Prevention Training for School Staff**

BEST, along with its partners, has carefully reviewed available staff training to ensure the curriculum is evidence-based, evidence-informed, aligned with best practices in suicide prevention, promotes the mental health model of suicide prevention, and does not encourage the use of the stress model to explain suicide.

Training and professional development shall be provided for all school staff members (certificated and classified) and other adults on campus (including substitutes and intermittent staff, volunteers, interns, tutors, coaches, and after-school program staff).

1. All suicide prevention training shall be offered under the direction of mental health professionals (e.g., school counselors, school psychologists, and other public entity professionals, such as psychologists, social workers, or nurses) who have received advanced training specific to suicide prevention. Charter School has collaborated with [Insert Names of One Or More County and/or Community Mental Health Agencies] to review the training materials and content to ensure it is evidence-based, evidence-informed, and aligned with best practices.
2. Staff training is reviewed and adjusted annually based on previous professional development activities, emerging best practices, and feedback.
3. Charter School shall ensure that training is available for new hires during the school year.

4. At least annually, all staff shall receive training on prevention and protective factors such as the risk factors and warning signs of suicide, suicide prevention, intervention, referral, and postvention.
  5. 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). Core components of the general suicide prevention training shall include:
    - a. How to identify youth who may be at risk for suicide including suicide risk factors, warning signs, and protective factors.
    - b. 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 suicidal thoughts.
    - c. Charter-approved procedures for responding to suicide risk (including programs and services in 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.
    - d. Charter-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).
  6. **In addition to** core components of suicide prevention, ongoing annual staff professional development for all staff shall include the following components:
    - a. The impact of traumatic stress on emotional and mental health.
    - b. Common misconceptions about suicide.
    - c. Charter School and community mental health and suicide prevention resources.
    - d. Appropriate messaging about suicide (correct terminology, safe messaging guidelines).
    - e. Ways to identify youth who may be at risk of suicide including suicide warning signs, risk, and protective factors.
    - f. Appropriate ways to approach, interact, and respond to a youth who is demonstrating emotional distress or is having thoughts of suicide. Specifically, how to talk with a student about their thoughts of suicide, including skill building to ask directly about suicidal thoughts and warm handoffs.
    - g. Charter School-approved procedures for responding to suicide risk (including multi-tiered systems of support and referrals). Such procedures will emphasize that the student should be constantly supervised until a suicide risk assessment is completed.
    - h. Charter School-approved procedures for identifying the role educators, school staff, and volunteers play in supporting youth and staff after a suicide or suicide death or attempt (postvention).
- e.

- i. 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:
  - i. Youth affected by suicide.
  - ii. Youth with a history of suicide ideation or attempts.
  - iii. Youth with disabilities, mental illness, or substance abuse disorders.
  - iv. Lesbian, gay, bisexual, transgender, or questioning youth.
  - v. Youth experiencing homelessness or in out-of-home settings, such as foster care.
  - vi. Youth who have suffered traumatic experiences.

### **Specialized Professional Development for School-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 Charter School. 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.

### **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 well-being and those that address mental illness, and give specific guidance on suicide prevention.

Charter School 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, Charter School 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 Charter School protocols.

Charter School 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.

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

Employees of BEST 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, screen, and assess, and provide ongoing support to youth identified at risk, the care or treatment of suicidal ideation is typically beyond the scope of services offered in the school setting.

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

1. BEST includes parents/guardians/caregivers in suicide prevention efforts. At a minimum, the Charter School shall share this Policy with parents/guardians/caregivers by notifying them where a complete copy of the policy is available.
2. This Suicide Prevention Policy shall be easily accessible and prominently displayed on the BEST Web page and included in the parent/student handbook. Parents/guardians/caregivers are invited to provide input on the development, review, and implementation of this policy.
3. BEST shall notify the parent/guardian/caregiver when a student has been screened or screened/assessed for suicide risk regardless of the outcome
4. Charter School 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.
5. Community-based organizations that provide evidence-based suicide-specific treatments shall be highlighted on the Charter School's website with treatment referral options marked accordingly.

6. Staff auto-replies during vacations or absences shall include links to resources and phone/text numbers so parents and students have information readily available.
7. All parents/guardians/caregivers may have access to suicide prevention training that addresses the following:
  - a. Suicide risk factors, warning signs, and protective factors.
  - b. How to approach and talk with their child(ren) about thoughts of suicide.
  - c. How to respond appropriately to the youth who has suicidal thoughts. Such responses shall include constant supervision of any child/youth judged to be at risk for suicide and referral for an immediate suicide risk assessment.
  - d. Charter School's referral processes and how they or their children can reach out for help, etc.
8. Parents/guardians are provided with information on suicide prevention resources including crisis hotlines, local warmlines, and school and community-based supports and crisis resources including the National Suicide Prevention Lifeline, Crisis text line, and local crisis hotlines and include information that hotlines/resources are not just for crisis but also for friends/family and referral.
9. 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.

### **Student Participation and Education**

Messaging about suicide has an effect on suicidal thinking and behaviors. Consequently, BEST along with its partners has carefully reviewed and will continue to review potential student curricula to ensure it include 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.. Suicide prevention strategies may include, but not be limited to, efforts to promote a positive school climate that enhances students' feelings of connectedness with BEST and is characterized by caring staff and harmonious interrelationships among students.

BEST'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.

BEST provides instruction to middle and high school students on general mental health and suicide prevention. The Charter School's instructional curriculum 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. The instruction is provided under the supervision of Charter School-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:

- a. Coping strategies for dealing with stress and trauma.
  - b. How to recognize behaviors (warning signs), protective factors, and life issues (risk factors) associated with suicide and mental health issues in oneself and others.
  - c. Help-seeking strategies for oneself and others, including how to engage school-based and community resources and refer peers for help.
  - d. Emphasis on reducing the stigma associated with mental illness and the fact that early prevention and intervention can drastically reduce the risk of suicide.
1. Guidance regarding BEST's suicide prevention, intervention, and referral procedures.

Student-focused suicide prevention education can be incorporated into classroom curricula (e.g., health classes, orientation classes, science, and physical education). BEST maintains a list of current student training, which is available upon request.

Charter School have 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. Charter-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.**

BEST supports the creation and implementation of programs and/or activities on campus that increase awareness about mental wellness and suicide prevention.

Charter School will include the following information on all student identification cards:

- National Suicide Prevention Lifeline/Suicide Crisis Lifeline:
  - Call or Text "988"
  - Call 1-800-273-8255
- National Domestic Violence Hotline: Call 1-800-799-7233
- Crisis Text Line: Text "HOME" to 741741
- Teen Line: Text "TEEN" to 839863
- Trevor Project: Text "START" to 678678
- Trans Lifeline: 1-877-565-8860
- Local suicide prevention hotline telephone number

In addition to listing the above resources on student identification cards, Charter School shall include the following language: *"If you or someone you know is struggling emotionally or having*

*trouble coping, there is help. Students in distress or those who just want to talk about their problems can call or text the phone numbers listed here for free, confidential support.”*

Charter School 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.

### **Intervention and Emergency Procedures**

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.

The suicide prevention liaison shall immediately notify the Executive Director or designee, who shall then notify the student’s parent/guardian as soon as possible if appropriate and in the best interest of the student. 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 suicide prevention liaison shall also refer the student to mental health resources at BEST or in the community.

#### ***A. Action Plan for Suicide Attempts on Campus or During School-Sponsored Activity***

BEST shall implement the following response protocol for suicide attempts during the school day.

When a student is in imminent danger (has access to a gun, is on a rooftop, or is in other unsafe conditions), a call shall be made to 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.

When a suicide attempt or threat is reported on campus or at a school-related activity, the suicide prevention liaison shall, at a minimum:

1. Ensure the student’s physical safety by one or more of the following, as appropriate:
  - a. Providing immediate first aid as needed, until a medical professional is available.
  - b. Securing law enforcement and/or other emergency assistance if a suicidal act is being actively threatened and report any medications taken, and access to weapons, if applicable.
  - c. Keeping 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.



- d. Remaining calm, keeping in mind the student is overwhelmed, confused, and emotionally distressed.
  - e. Moving all other students out of the immediate area.
  - f. Not sending the student away or leaving him/her alone, even to go to the restroom.
  - g. Providing comfort to the student, listening and allowing the student to talk, and being comfortable with moments of silence.
  - h. Promising privacy and help, but not promising confidentiality.
  - i. Students should only be released to parents/guardians/caregivers/families or to a person who is qualified and trained to provide help
2. Document the incident in writing as soon as feasible.
  3. 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. **Determination of notification to parents/guardians/caregivers should follow a formal initial assessment to ensure that the student is not endangered by parental notification.**
  4. After a referral is made, BEST shall verify with the parent/guardian that the follow-up treatment has been accessed. Parents/guardians will be required to provide documentation of care for the student. If parents/guardians 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 prevention liaisons shall meet with the parent to identify barriers to treatment (e.g., cultural stigma, financial issues) and work to rectify the situation and build understanding the importance of care. If follow-up care is still not provided, BEST should consider contacting Child Protective Services to report neglect of youth.
  5. Provide access to counselors or other appropriate personnel to listen to and support students and staff who are directly or indirectly involved with the incident at BEST.
  6. Provide an opportunity for all who respond to the incident to debrief, evaluate the effectiveness of the strategies used, and make recommendations for future actions.

#### ***B. Action Plan for Off-Campus Suicide Attempts***

In the event a suicide occurs or is attempted during the school day on the BEST campus, the suicide prevention liaison shall follow the crisis intervention procedures contained in BEST's safety plan. After consultation with the Executive Director or designee and the student's parent/guardian about facts that may be divulged in accordance with the laws governing the 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. BEST staff may receive assistance from BEST counselors or other mental health professionals in determining how best to discuss suicide or attempted suicide with students.

In the event a suicide occurs or is attempted off the BEST campus and unrelated to school activities, the Executive Director or designee shall take the following steps to support the student:

1. Contact the parent/guardian and offer support to the family.
2. Discuss with the family how they would like BEST to respond to the attempt while minimizing widespread rumors among teachers, staff, and students.
3. Obtain permission from the parent/guardian to share information to ensure the facts regarding the crisis are correct.
4. The suicide prevention liaisons shall handle any media requests.
5. Provide care and determine appropriate support to affected students.
6. Offer to the student and parent/guardian steps for re-integration to school. Re-integration may include obtaining a written release from the parent/guardian to speak with any health care providers; conferring with the student and parent/guardian about any specific requests on how to handle the situation; informing the student's teachers about possible days of absences; allowing accommodations for make-up work (being understanding that missed assignments may add stress to the student); appropriate staff maintaining ongoing contact with the student to monitor the student's actions and mood; and working with the parent/guardian to involve the student in an aftercare plan; providing parents/guardians/caregivers/families local emergency numbers for after school and weekend emergency contacts.

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

1.  
Students shall be encouraged through the education program and in BEST activities to notify a teacher, the Director, another BEST administrator, psychologist, BEST 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.  
BEST shall implement the following steps during or after a crisis:

2. Treat every threat with seriousness and approach with a calm manner; make the student and a priority.
3. Listen actively and non-judgmentally to the student. Let the student express their feelings.
4. Acknowledge the feelings and do not argue with the student.
5. Offer hope and let the student know they are safe, and that help is available. Do not promise confidentiality or cause stress.
6. Explain calmly and get the student to a skilled mental health professional or designated staff to further support the student.
7. 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 well-being 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.

BEST shall implement the following steps upon the student’s re-entry:

1. The School Director shall obtain a written release of information signed by parents/guardians/caregivers/families and providers.
2. School mental health professionals shall confer with the student and parents/guardians/caregivers/families about any specific requests on how to handle the situation.
3. School-based mental health professionals shall confer with the student and parents/guardians/caregivers/families to develop a safety plan.
4. School-based mental health professionals shall inform the student’s teachers about possible days of absences.
5. Teachers and administrators shall allow accommodations for students to make up work (understanding that missed assignments may add stress to students).
6. Mental health professionals or trusted staff members shall maintain ongoing contact to monitor student’s actions and moods.
7. School-based mental health professionals shall work with parents/guardians/caregivers/families to involve the student in an aftercare plan.
8. School-based mental health professionals shall provide parents/guardians/caregivers/families with local emergency numbers for after school and weekend emergency contacts.

### **Messaging About Suicide Prevention**

BEST along with its partners shall:

1. Thoroughly and regularly review with its partners, all materials and resources used in awareness efforts to ensure they align with best practices for safe and effective messaging about suicide.
2. Ensure that all communications, documents, and materials related to messaging about suicide focus on warning signs as well as risk, prevention, and protective factors, avoid discussing details about methods of suicide, avoid oversimplifying (i.e. identifying the 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:

<b>Use</b>	<b>Do Not Use</b>
<b>“Died by suicide” or “Took their own life”</b>	<b>“Committed suicide” Note: Use of the word “commit” can imply crime/sin</b>

Use	Do Not Use
“Attempted suicide”	“Successful” or “unsuccessful” <b>Note:</b> There is no success, or lack of success when dealing with suicide

3. Provide suicide prevention resources in parent/student handbooks and on school-issued identification cards for staff and students, on school websites, and during any mental health or suicide prevention skill-building activity for students or parents/families and professional development for staff.

### **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. BEST shall follow the below action plan for responding to a suicide death, which incorporates both immediate and long-term steps and objectives:

The suicide prevention liaison shall:

1. Coordinate with the Director to conduct an initial meeting of the Suicide Prevention Crisis Team to:
  - a. Confirm death and cause.
  - b. Identify a staff member to contact the deceased’s family (within 24 hours).
  - c. Enact the Suicide Postvention Response.
  - d. Notify all staff members (ideally in-person or via phone, not via e-mail or mass notification).
2. Coordinate an all-staff meeting, to include:
  - a. Notification (if not already conducted) to staff about suicide death.
  - b. Emotional support and resources are available to staff.
  - c. Notification to students about suicide death and the availability of support services (if this is the protocol that is decided by the administration).
  - d. Share information that is relevant and that which you have permission to disclose.
3. Prepare staff to respond to the needs of students regarding the following:
  - a. Review signs of emotional distress and suicide ideation.
  - b. Review of protocols for referring students for support/assessment.
  - c. Develop and provide support to staff in responding to student reactions.
  - d. Talking points for staff to notify students.
  - e. Share school and community-based resources available to students (on and off campus).

4. Identify students significantly affected by suicide death and other students at risk of imitative behavior, and immediately refer them to a school-based mental health professional.
5. Identify students affected by suicide death but not at risk of imitative behavior.
6. Communicate with the larger school community about the suicide death and availability of support services. Staff shall not share explicit, graphic, or dramatic content, including the manner of death.
7. Consider (in consultation with the family) funeral arrangements for the family and school community.
  - o If possible, suggest the funeral occur outside of school hours.
  - o Encourage parents/guardians of students to attend funeral/memorial with their children.
  - o 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.
  - o Offer a safe space on campus for students to utilize if needed before/after the funeral or memorial service.
  - o Acknowledge there may be a high rate of absenteeism on the day of the funeral and school officials should make appropriate accommodations for staff and students to attend.
8. Respond to memorial requests in a respectful and non-harmful manner; responses should be handled in a thoughtful way and their impact on other students should be considered.
9. Identify a media spokesperson to cover the story without the use of explicit, graphic, or dramatic content, if needed.

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

10. Utilize and respond to social media outlets:
  - o Identify what platforms students are using to respond to suicide death.
  - o Identify and encourage staff and students to monitor social media outlets.

11. Include long-term suicide postvention responses:

- a. Consider important dates (i.e., anniversary of death, deceased birthday, graduation, or other significant event) and how these will be addressed.
- b. Support siblings, close friends, teachers, and/or students of the deceased.
- c. Consider long-term memorials and how they may impact students who are emotionally vulnerable and at risk of suicide.

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B.E.S.T. Academy Charter School **Students**