



iLEAD Flex School Mental Health and Suicide Prevention Policy

Board Approved: April 14, 2026

The Governing Board recognizes that suicide is a major cause of death among youth and should be taken seriously. In order to reduce suicidal behavior and its impact on learners and families, the Director(s) or designee shall develop preventive strategies, intervention and postvention procedures.

The Director(s) or designee will involve school health professionals, school counselors, administrators, other staff, parents/guardians, learners, local health agencies and professionals, and community organizations in planning, implementing, and evaluating the LEA's strategies for suicide prevention, intervention and postvention.

In a recent poll of 858 teachers by the Association of Teachers and Lecturers, 75 percent of respondents reported that they entered the profession because they wanted to make a difference. Although making a difference likely holds a different meaning for each new teacher, it can be reasonably assumed that academic proficiency is only one piece of what drives millions of dedicated educators to arrive at schools across the country each day. Academic growth is an unquestionably high priority, yet it is secondary to creating a safe and supportive learning environment in which the basic needs and well-being of youth are assured. Only then are learners available to learn, interact, and grow into individuals who are prepared to excel in college, career, and civic life.

Background

Despite an ongoing focus on social-emotional learning and the physical and emotional well-being of youth in America, a growing number of learners continue to experience severe challenges related to anxiety, depression, self-harm and ultimately, suicidal ideation. Whether due to societal pressures, academic stress, bullying, relationship challenges, or mental health factors, rates of suicide among youth continue to increase.

According to the Center for Disease Control, suicide is now the second leading cause of death for youth between the ages of 10 and 24, and results in approximately 4,600 lives lost each year (CDC, 2015, 2016). The number of learners who have survived suicide attempts is also staggering. Data indicates that for every youth suicide that occurs, there have been nearly 34 attempts resulting in approximately 157,000 youths who receive medical care for self-inflicted injuries in hospitals across the country each year. A nationwide survey of learners in grades 9–12 in public and private schools in the United States found that 16 percent of learners reported seriously considering suicide, 13 percent reported creating a plan, and 8 percent reporting trying to take their own life in the 12 months preceding the survey (CDC, 2015).

Suicide affects all youth groups, but some groups are at higher risk than others. Males are more likely than females to die from suicide. Of the reported suicides in the 10 to 24 age group, 81 percent of the deaths were males and 19 percent were females. However, females are more likely to report attempting suicide than males. Cultural variations in suicide rates also exist, with Native American/Alaskan Native youth having the highest rates of suicide-related fatalities. A nationwide survey of learners in grades 9-12 in public and private schools in the U.S. found Hispanic youth were more likely to report attempting suicide than their black and white, non-Hispanic peers. Studies have also shown that lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth are up to four times more likely to attempt suicide than their non-LGBTQ peers. (El Dorado SELPA Mental Health Guideline Manual)

With those statistics in mind, a nationwide survey conducted by The Jason Foundation indicated that the number one person that a learner would turn to when trying to help a friend at-risk of suicide is a teacher and there is no greater opportunity to make a difference than by providing the life-saving support a learner requires. Therefore, it is imperative that teachers and other school personnel be equipped with the knowledge and skills needed to effectively assist learners at risk of suicide.

Prevention

According to the Suicide Prevention Resource Center, the best way to prevent suicide is through a comprehensive approach that utilizes school-wide prevention to promote emotional well-being and connectedness among all learners. Each school will be provided a comprehensive Mental Health and Wellness procedural guidebook for assistance in taking preventive measures and establishing program to address existing law which requires the governing board or body of a county office of education, school district, state special school, or charter school that serves pupils in grades 7 to 12, inclusive, to, before the beginning of the 2017–18 school year, adopt a policy on pupil suicide prevention, as specified, that specifically addresses the needs of high-risk groups.

Existing law requires the Superintendent of Public Instruction to send a notice to each middle school, junior high school, and high school that encourages each school to provide suicide prevention training to each school counselor, provides information on the availability of certain suicide prevention training curriculum, informs schools about certain suicide prevention training, and describes how a school might retain those services. At the onset of the school year, LEA with grades 7-12 will issue identification cards with printed stickers of telephone number for a suicide prevention hotline and crisis text line (SB 972).

As outlined by AB 2246, it is essential that all learners and personnel are knowledgeable in how to identify learners who may be at risk for suicide, as well as confidently know how to get help. Also, as outlined in AB 1436, the LEA will require educational psychologists & counselors to complete suicide prevention training assessments, treatment, and management. In addition, the LEA will review their policies on learner prevention every five years and update the policies if necessary (AB 2639). The LEA must be prepared to respond when a suicide attempt or death occurs. LEA will have procedures ready to notify pupils, parents, or guardians at least twice a year (AB 2022). The LEA will be required to disseminate brochures (Back-to-School- August to September and Open-House-April-June) how to access learners mental health services on campus or in the community.

Instruction

Suicide prevention strategies may include, but are not limited to, efforts to promote a positive school climate that enhances learners' feelings of connectedness to the school and is characterized by caring staff and harmonious interrelationships among learners. Programs such as; PBIS, Love and Logic, Restorative Justice Practice, ALICE Safe-school and MindUp Curriculum will be used as a first-tiered level of intervention to address non-emergency behaviors and establish strong social-emotional support addressing learner's behaviors.

The LEA's focus on Social Emotional learning supports the development of problem-solving skills, coping skills, and self-esteem. Suicide prevention instruction shall be incorporated in the secondary grades and foundational programs in building emotional grit will be incorporated in the primary level curriculum in assisting learners from the foundational ages with resource emotional support tools. Such instruction shall be aligned with state content standards and shall be designed to help learners analyze signs of depression and self-destructive behaviors, including potential suicide, and to identify suicide prevention strategies.

The Director(s) or designee may offer parents/guardians education or information which describes the severity of the youth suicide problem, the LEA's suicide prevention curriculum, risk factors and warning signs of suicide, basic steps for helping suicidal youth, and/or school and community resources that can help youth in crisis.

Teaching and Reinforcing Social-Emotional and Life Skills

To promote the well-being of learners and the development of their sense of self by teaching them the necessary skills required to be successful in life. Schools should:

1. Incorporate within their Local Control Accountability Plan strategies for the development of social-emotional character functions such as mindset, grit and self-efficacy.
2. Provide learners opportunities to practice learned skills, advocate among their peers, and have leadership opportunities in the school and community.
3. Help learners understand the link between physical fitness, healthy practices, a positive body image, and self-esteem.
4. Incorporate opportunities to build social-emotional skills within the Health and Physical Education curriculum.

School-wide Screening and Early Identification of Problems

In order to prevent the escalation of social-emotional problems, schools should have methods and procedures for screening and early identification of behavioral problems. Schools should promote early identification by:

1. Conducting mental health assessments of learners for trauma, Adverse Childhood Experiences (ACES) and other chronic health conditions and develop treatment interventions specific to the severity of their co-occurring mental health needs.
2. Developing and implementing a strategic plan for identification of learners with chronic health conditions (such as asthma, diabetes, and obesity) that are known to have co-occurring social-emotional issues.
3. Establishing a Multi-Tiered Support System Team as a means for identifying learners needing support, delivering of services (triage), monitoring, and evaluating the effectiveness of support services.
4. Establishing a Learner Success Team (SST) as a vehicle for the development of intervention strategies, individual case management, coordination, and implementation of school and community resources.
5. Helping staff become more aware of behaviors and health conditions that may require mental health or medical interventions and/or support.

Staff Development

Suicide prevention training for staff shall be designed to help staff identify and respond to learners at risk of suicide. The training shall be offered under the direction of a LEA's counselor/psychologist and/or in cooperation with one or more community mental health agencies and may include information on:

1. Research identifying risk factors, such as previous suicide attempt(s), history of depression or mental illness, substance use problems, family history of suicide or violence, feelings of isolation, interpersonal conflicts, a recent severe stressor or loss, family instability, and other factors.

2. Warning signs that may indicate suicidal intentions, including changes in learners' appearance, personality, or behavior.
3. Research-based instructional strategies for teaching the suicide prevention curriculum and promoting mental and emotional health.
4. School and community resources and services.
5. LEA procedures for intervening when a learner attempts, threatens, or discloses the desire to commit suicide.
6. The LEA will have established clear protocols through staff development and procedures for contacting the local Mental Health teams when hospitalization may be needed. In addition, procedures for reentry into schools and progress monitoring will be followed for the successful reunification of the learner and to maintain the safety of the other learners.

Building Awareness

Twice during the school year, the school will disseminate informational brochures with resources that include tips on suicide prevention-knowing the warning signs, hotline numbers, and various community resources available within their community of outside additional mental health resources. In addition to the brochures, for learners in grades 7-12, a sticker of suicide and help hotline will be placed on every learner's ID card given to them at the commencement of the school year or when enrolled in the school as part of the welcome packet.

As part of the outreach for awareness, we will take due diligence in reaching out to parents and learners through the various means of social network in disseminating resources for mental health wellness. Mental health articles, resources, and tips will be placed on iLEAD's social media, website, and parent newsletters.

Intervention

Whenever a staff member suspects or has knowledge of a learner's suicidal intentions, he/she shall promptly notify the director, school psychologist or school counselor. The school psychologist or school counselor shall complete an assessment to determine the learner's risk level. The director, school psychologist, or school counselor shall notify the student's parents/guardians as soon as possible and may refer the learner to mental health resources in the school or community.

Learners shall be encouraged to notify a facilitator, director, school psychologist, counselor, or other adult when they are experiencing thoughts of suicide or when they suspect or have knowledge of another learner's suicidal intentions.

The Director(s) or designee shall establish crisis intervention procedures to ensure learner safety and appropriate communications in the event that a suicide occurs or an attempt is made on campus or at a school-sponsored activity.

Comprehensive Learner Support Programs

The school will develop programs to offer comprehensive learner support that addresses learner achievement, attitude (behavior), and attendance, utilizing established screening and early identification processes. The Student Support Department, in collaboration with the director and the Maker Staff Development Team, will provide a variety of programs, services, and strategies to increase learner attendance and implement evidence-based strategies for school dropout prevention and re-entry, including early identification of at-risk youth, intensive case management, support for transitions, enrollment in appropriate educational programs, and parent engagement. Learner Support Services supports learners and families, including providing direct, individual, and family counseling; visiting learners' homes to exchange information; and collaborating with school officials and community agencies. Every school shall have a formal, written, proactive Attendance and Dropout Prevention Plan. E.C. 48340 encourages school districts to adopt a learner attendance policy based on the active involvement of parents/guardians, learners, teachers, administrators, other school personnel, and community members. The Director shall designate an Attendance and Dropout Prevention Team SART/SARB and convene with them at least twice a year to develop, review, and implement a school-wide Attendance and Dropout Prevention Plan. This plan shall be incorporated into the Coordinated Safe and Healthy School Plan for the school.

Programs should offer both specific and targeted, intensive interventions that may include strategies, programs, and services such as:

1. Utilizing credentialed Pupil Personnel Services (PPS) staff in the design, implementation, and coordination of universal prevention programs such as Love and Logic, Restorative Justice Practices, PBIS, targeting school and classroom-wide systems for all learners, facilitators, and other community stakeholders.
2. Utilizing existing funding sources, including LCCF, the development and maintenance of comprehensive Multi-Tiered Support System (MTSS) programs to promote a safe school climate and enhance academic achievement.
3. Using community-based resources to supplement learner support services.
4. Implement intervention programs to provide early detection and intervention for learners in primary and middle schools as a method for preventing moderate-to-serious emotional and behavioral problems.
5. Providing professional staff such as our counselors, BCBA, and psychologist in the development of our facilitative staff capacity with support services about the preventive and therapeutic benefits.
6. Educating all professionals about the comprehensive mental health resources available via iLEAD SCHOOLS, universal, targeted, and intensive services.
7. Maintaining active crisis intervention teams having at least two staff members who are trained through Non-Violent Crisis Intervention Prevention at the school.

Coordination of School and Community Resources

In order to ensure every learner meets his or her potential, schools must have clearly developed systems to coordinate and provide support to all learners. Schools must have clearly defined teams in place and participate in community-based partnerships to meet the individual needs of learners who are struggling with academic, attitude (behavior), or attendance problems.

Using community and school resources, schools should provide coordinated support efforts to learners and families by:

1. Utilizing community resources such as family focus centers, SELPA, regional, and other outreach centers, services that promote learner wellness.
2. Participating on local Resource Coordinating Councils.
3. Collaborating with Organizational Facilitators to foster the development of community relationships.
4. Having systematic documentation processes that clearly define and communicate the prevention and intervention efforts attempted on behalf of individual learners.
5. Develop/refine methods such as the ILPs to articulate learner academic, social, and emotional needs and supports across grade levels and during transitions between schools, grades, and to post-secondary programs.
6. Promoting and enhancing mental health consultations with facilitators, directors, and other support services personnel.
7. Promoting and expanding mental health providers at school-based.
8. Assuring that support service personnel have consistent opportunities to communicate and collaborate to ensure the best use of available resources and delivery of service.

Postvention

In the event that a suicide occurs or is attempted on campus, the Director or designee shall follow the crisis intervention procedures contained in the school safety plan. After consultation with the Director (s) or designee and the learner's parents/guardians about facts that may be divulged in accordance with the laws governing confidentiality of learner record information, the Director(s) or designee may provide learners, parents/guardians, and staff with information, counseling, and/or referrals to community agencies as needed. School staff may receive assistance from school counselors or other mental health professionals in determining how best to discuss the suicide or attempted suicide with learners.

The Director or designee shall implement procedures to address learners' and staff's grief and to minimize the risk of imitative suicide or suicide contagion. He/she shall provide learners, parents/guardians, and staff with information, counseling, and/or referrals to community agencies as needed.

School staff may receive assistance from school counselors or other mental health professionals in determining how best to discuss the suicide or attempted suicide with learners.

Any response to media inquiries shall be handled by the LEA-designated spokesperson who shall not divulge confidential information. The LEA's response shall not sensationalize suicide and shall focus on the LEA's postvention plan and available resources.

After any suicide or attempted suicide by a learner, the Director(s) or designee shall provide an opportunity for all staff and others who responded to the incident to debrief, evaluate the effectiveness of the strategies used, and make recommendations for future actions.

The following are provided to assist school sites in implementing components of the iLEAD Flex Mental Health Wellness Plan:

Model Safe School- Emergency Procedures - The Safe School Plans address violence prevention, emergency preparedness, traffic safety and crisis intervention.

iLEAD California Support Counseling and Intervention Services (CIS) - The Student Support of iLEAD California provide services as needed for Crisis Counseling and Intervention, School Mental Health and is dedicated to restoring and maintaining a safe and healthy learning environment for all Learners and the facilitated staff iLEAD Schools. CIS professional counselors, psychologist as well other facilitators provide crisis response and recovery services in collaboration with law enforcements, Educational Service Centers, and community resources.

Resources links: At-Risk Student Intervention Programs

Matrix for Guide from South Carolina to help with drop-out rate

<https://www2.ed.gov/rschstat/eval/sectech/pathways2careers/AtRiskStudentGuide.pdf>

Warning Signs-FACTS: Feelings, Actions, Changes, Threats, Signs

[http://www.sptsusa.org/wp-content/uploads/2015/05/FACTS Warning Signs of Suicidal.pdf](http://www.sptsusa.org/wp-content/uploads/2015/05/FACTS_Warning_Signs_of_Suicidal.pdf)

Non-Violent Crisis Prevention Intervention Training NCPI

<https://www.crisisprevention.com/What-We-Do/Nonviolent-Crisis-Intervention>

California Teen Hotline

<https://teenlineonline.org/yyf/california-youth-crisis-line/>

National Suicide Prevention

<https://suicidepreventionlifeline.org/> <https://www.crisistextline.org>

Get free help now: Text CONNECT to 741741 in the United States

PBIS Resources

- Positive Behavioral Interventions and Supports: www.pbis.org
- School-Wide Information Systems: www.swis.org
- Association for Positive Behavior Support: www.apbs.org
- Florida's Positive Behavior Support Project: <http://flpbs.fmhi.usf.edu>
- PBIS World – A collection of specific strategies: <http://www.pbisworld.com>
- SELPA Professional Learning Catalog (PBIS trainings available):
www.edcoecharterselpa.org/what-we-do/professional-learning
- <https://edcoe.org/educational-services/selpa-special-education-local-plan-area>

The National Registry of Evidence-Based Programs and Practices (NREPP)

NREPP is designed to provide reliable information on evidence-based mental health and substance use interventions. The purpose of NREPP is to help people learn more about available evidence-based programs and practices, and determine which of these may best meet their needs. Together with the Substance Abuse and Mental Health Services Administration (SAMHSA), NREPP is working to improve access to information on evaluated interventions and practical applications in the field (NREPP website). For more information and to access the NREPP list of evidence-based practices and programs, please visit: [https:// www.samhsa.gov/nrep](https://www.samhsa.gov/nrep) p

School Interventions to Prevent Youth Suicide (Technical Assistance Sample)

Author: Center for Mental Health in Schools at UCLA Date: Revised 2016

Web link: <http://smhp.psych.ucla.edu/pdfdocs/sampler/suicide/suicide.pdf>

Description: This packet of author-produced and other collected materials provides the following: an overview of the problem; a suicide risk assessment; information on planning school interventions and training personnel; guidance on providing support and preventing contagion in the aftermath of a suicide; and sources for hotlines, consultants, and mental health services

Screening/Assessing Students: Indicators and Tools

Author: Center for Mental Health in Schools at UCLA Date: Revised 2015

Web link: <http://smhp.psych.ucla.edu/pdfdocs/assessment/assessment.pdf>

Description: This packet of author-produced and other collected materials includes overviews, outlines, checklists, instruments, and recommendations and guidelines from Federal agencies related to early identification through screening. It also examines the controversy related to the many false positives resulting from universal screening, as well as issues related to screening high-risk youth.

Suicide Prevention (Quick Training Aids)

Author: Center for Mental Health in Schools at UCLA Date: Revised 2007

Web link: <http://www.smhp.psych.ucla.edu/pdfdocs/quicktraining/suicideprevention.pdf>

Description: These quick training aids provide factsheets on suicide rates and methods to assess suicide risk and prevent suicide. Author-produced and other collected materials include several tools and handouts for use with presentations.

Helping Every Living Person (HELP) Depression and Suicide Prevention Curriculum

Author: Sue Eastgard, Washington State's Youth Suicide Prevention Program

Web link: <http://www.yspp.org/>

Description: This pilot-tested and evaluated curriculum is most appropriate for 9th and 10th grades but may be used in 11th and 12th grades. It consists of four 45-minute lessons designed to be taught by a classroom teacher and can be easily incorporated into existing health classes. The program aims to build students' resiliency, increase their help-seeking behavior, and empower them to help other youth. Activities include discussion, problem-solving, and skill practice. The curriculum includes the DVD "*A Cry for Help*." Training to learn how to teach this curriculum is strongly recommended but not required

Cost: In Washington State: materials are \$100; training is free.

Outside of Washington State: materials are \$250; training is a negotiable fee.

LEADS: for Youth (Linking Education and Awareness of Depression and Suicide)

Author: Suicide Awareness Voices of Education

Web link: <https://www.save.org/what-we-do/education/leads-for-youth-program/>

Description: Student Curriculum: This three-hour curriculum is designed to be presented in three separate class sessions and is usually given during health classes. It is geared toward students in grades 9-12 and combines lecture and discussion. It covers signs and symptoms of depression, risk and protective factors and warning signs for suicide, and the barriers and benefits of seeking help. iLEAD's emphasizes connecting students and teachers to school and community resources and increases skills in how to seek help for oneself or a friend. Training for teachers is included in the curriculum materials. Technical assistance is also available.

Protocols: Also included is a guide to help implement a school suicide crisis management plan that covers prevention, intervention, and postvention.

Cost: \$125

Review: <http://legacy.nreppadmin.net/ViewIntervention.aspx?id=26>