

- Prescription medication while on campus – if your child requires prescription medication during school hours, and you would like assistance from School staff in providing this medication to your child, please contact the School Secretary at 323-615-4243.

#### Available in the Community:

- The Child Welfare Division of LACDMH was created to ensure comprehensive, coordinated delivery of mental health services to children and youths in or at-risk of entering the foster care system. <https://dmh.lacounty.gov/our-services/children/child-welfare-division/>
- The Family and Community Partnerships (FCP) administrative unit strengthens system and community capacity to address the mental health needs of children and their families. <https://dmh.lacounty.gov/our-services/children/fcp/>
- TBS is an intensive, individualized, one-to-one behavioral mental health service available to children/youth with serious emotional challenges and their families, who are under 21 years old and have full-scope Medi-Cal. <https://dmh.lacounty.gov/our-services/children/therapeutic-behavioral-services/>

#### Available Nationally:

- National Suicide Prevention Hotline - This organization provides confidential support for adults and youth in distress, including prevention and crisis resources. Available 24 hours at 1-800-273-8255.
- The Trevor Project - This organization provides suicide prevention and crisis intervention for LGBTQ youth between the ages of 13 and 24. **Available at 1-866-488-7386 or visit** <https://www.thetrevorproject.org/>.
- Big Brothers/Big Sisters of America – This organization is a community- based mentorship program. Community-specific program information can be found online at <https://www.bbbs.org> or by calling (813) 720-8778.

#### Suicide Prevention Policy

The Board of Directors of Invictus Leadership Academy Charter School (“Invictus” 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 Invictus and community stakeholders, Invictus school-employed mental health professionals (e.g., school counselors, psychologists, social workers, nurses), administrators, other school staff members, parents/guardians/caregivers, students, local health agencies and professionals, the county mental health plan, law enforcement, and community organizations in planning, implementing, and evaluating Invictus’ strategies for suicide prevention and intervention. Invictus must 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, and updated, Invictus shall appoint an individual (or team) to serve as the suicide prevention point of contact for Invictus. The suicide prevention point of contact for Invictus and the Executive 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 annually in conjunction with the previously mentioned community stakeholders.

#### Staff Development- Mental Health

Invictus, along with its partners, has carefully reviewed available staff training to ensure it promotes the mental health model of suicide prevention and does not encourage the use of the stress model to explain suicide.

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

1. All suicide prevention trainings shall be offered under the direction of mental health professionals (e.g., school counselors, school psychologists, other public entity professionals, such as psychologists or social workers) who have received advanced training specific to suicide. Staff training may be adjusted year-to-year based on previous professional development activities and emerging best practices.
2. At least annually, all staff shall receive training on the risk factors and warning signs of suicide, suicide prevention, intervention, referral, and postvention.
3. At a minimum, all staff shall participate in training on the core components of suicide prevention (identification of suicide risk factors and warning signs, prevention, intervention, referral, and postvention) at the beginning of their employment or annually. Core components of the general suicide prevention training shall include:
  - a. Suicide risk factors, warning signs, and protective factors.
  - b. How to talk with a student about thoughts of suicide.
  - c. How to respond appropriately to the youth who has suicidal thoughts. Such responses shall include constant supervision of any student judged to be at risk for suicide and an immediate referral for a suicide risk assessment.
  - d. Emphasis on immediately referring (same day) any student who is identified to be at risk of suicide for assessment while staying under constant monitoring by staff member.
  - e. Emphasis on reducing stigma associated with mental illness and that early prevention and intervention can drastically reduce the risk of suicide.
  - f. Reviewing the data annually to look for any patterns or trends of the prevalence or occurrence of suicide ideation, attempts, or death. Data from the California School Climate, Health, and Learning Survey (Cal-SCHLS) should also be analyzed to identify school climate deficits and drive program development. See the Cal-SCHLS Web site at <http://cal-schls.wested.org/>.

- g. 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.
4. In addition to initial orientations to the core components of suicide prevention, ongoing annual staff professional development for all staff may 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 suicide prevention resources.
  - d. Appropriate messaging about suicide (correct terminology, safe messaging guidelines).
  - e. The factors associated with suicide (risk factors, warning signs, protective factors).
  - f. How to identify youth who may be at risk of suicide.
  - g. Appropriate ways to interact with a youth who is demonstrating emotional distress or is suicidal. Specifically, how to talk with a student about their thoughts of suicide and (based on Invictus guidelines) how to respond to such thinking; how to talk with a student about thoughts of suicide and appropriately respond and provide support based on Invictus guidelines.
  - h. Charter School-approved procedures for responding to suicide risk (including multi-tiered systems of support and referrals). Such procedures should emphasize that the suicidal student should be constantly supervised until a suicide risk assessment is completed.
  - i. Charter School-approved procedures for responding to the aftermath of suicidal behavior (suicidal behavior postvention).
  - j. Responding after a suicide occurs (suicide postvention).
  - k. Resources regarding youth suicide prevention.
  - l. Emphasis on stigma reduction and the fact that early prevention and intervention can drastically reduce the risk of suicide.
  - m. Emphasis that any student who is identified to be at risk of suicide is to be immediately referred (same day) for assessment while being constantly monitored by a staff member.

#### Employee Qualifications and Scope of Services

Employees of Invictus 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, and to prevent the immediate risk of a suicidal behavior, treatment of suicidal ideation is typically beyond the scope of services offered in the school setting. In addition, treatment of the mental health challenges often associated with suicidal thinking typically requires mental health resources beyond what schools are able to provide.

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

1. Parents/guardians/caregivers may be included 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 Invictus Web page and included in the parent handbook.
3. Parents/guardians/caregivers should be invited to provide input on the development and implementation of this policy.
4. 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 talk with a student about thoughts of suicide.

How to respond appropriately to the student who has suicidal thoughts. Such responses shall include constant supervision of any student judged to be at risk for suicide and referral for an immediate suicide risk assessment.

### Intervention and Emergency Procedures

Invictus designates the Executive Director to act as the primary suicide prevention liaison.

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 Invictus or in the community.

When a student is in imminent danger (has access to a gun, is on a rooftop, or in other unsafe conditions), a call shall be made to 911.

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:
  - Securing immediate medical treatment if a suicide attempt has occurred.
  - Securing law enforcement and/or other emergency assistance if a suicidal act is being actively threatened.
  - 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.
  - Remaining calm, keeping in mind the student is overwhelmed, confused, and emotionally distressed.

- Moving all other students out of the immediate area.
  - Not sending the student away or leaving him/her alone, even to go to the restroom.
  - Providing comfort to the student, listening and allowing the student to talk and being comfortable with moments of silence.
  - Promising privacy and help, but not promising confidentiality.
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.
  4. After a referral is made, Invictus 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 of care. If follow up care is still not provided, Invictus may contact Child Protective Services.
  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 Invictus.
  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.

In the event a suicide occurs or is attempted on the Invictus campus, the suicide prevention liaison shall follow the crisis intervention procedures contained in Invictus' 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 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. Invictus staff may receive assistance from Invictus counselors or other mental health professionals in determining how best to discuss the suicide or attempted suicide with students.

In the event a suicide occurs or is attempted off the Invictus 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 Invictus 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.

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

Students shall be encouraged through the education program and in Invictus activities to notify a teacher, the Executive Director, another Invictus administrator, psychologist, Invictus 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. Invictus staff should treat each report seriously, calmly, and with active listening and support. Staff should be non-judgmental to students and discuss with the student, and parent/guardian, about additional resources to support the student.

#### 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. Invictus 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 the following:
  - a. Confirm death and cause.
  - b. Identify a staff member to contact 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 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 administration).
  - d. Share information that is relevant and that which you have permission to disclose.
3. Prepare staff to respond to needs of students regarding the following:
  - a. Review of protocols for referring students for support/assessment.
  - b. Talking points for staff to notify students.
  - c. Resources available to students (on and off campus).
4. Identify students significantly affected by suicide death and other students at risk of imitative behavior.
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.

7. Consider funeral arrangements for family and school community.
8. 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.
9. Identify media spokesperson if needed.
10. 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 deceased.
  - c. Consider long-term memorials and how they may impact students who are emotionally vulnerable and at risk of suicide.

**Immunizations and Physical Examinations**

To ensure a safe learning environment for all students, the School follows and abides by the health standards set forth by the state of California. Students will not attend school until all required records have been received. The immunization status of all students will be reviewed periodically. Those students who do not meet the State guidelines may be excluded from school until the requirements are met. Students who have been exposed to a communicable disease for which they have not been immunized may be excluded from school at the discretion of the School.

**Immunizations**

Pursuant to the California Health and Safety Code and the California Code of Regulations, children must have a minimum number of immunizations (shots) before they can attend school. Immunization records will be required for all incoming students. Verification of immunizations will be completed with written medical records from the child’s doctor or immunization clinic. To ensure a safe learning environment for all students, the Charter School follows and abides by the health standards set forth by the state of California. Students will not attend school until all required records have been received. The immunization status of all students will be reviewed periodically. Those students who do not meet the State guidelines may be excluded from school until the requirements are met. Students who have been exposed to a communicable disease for which they have not been immunized may be excluded from school at the discretion of the Charter School.

These required immunizations include:

<b>Child’s Grade</b>	<b>List of shots required to attend school</b>
<b>Entering Kindergarten</b>	Diphtheria, Pertussis, and Tetanus (DTaP) - Five (5) doses Polio - Four (4) doses  Measles, Mumps, and Rubella (MMR) - Two (2) doses Hepatitis B (Hep B) - Three (3) doses  Varicella (chickenpox) – Two (2) doses