

Grizzly Challenge Charter School

721 Mendocino Ave, Bldg 945, San Luis Obispo, CA 93405

Suicide Prevention Policy Board Policy (BP) 5141.52

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Vision

Grizzly Challenge Charter School, in partnership with the California National Guard, is a structured, nurturing, safe, and professional environment that values the development of the whole student. Through positive relationships, Grizzly develops the student's social, emotional and physical well being. Possessing self-discipline, respect and integrity, students become contributing citizens who succeed both personally and professionally and move forward with resilience and a strong sense of self into a life filled with promise.

Mission

The mission of the Grizzly Challenge Charter School is to intervene in and reclaim the lives of students who are at risk of dropping out of high school. Graduates gain the values, life skills, education, and self-discipline necessary to succeed as productive citizens.

Introduction

The Grizzly Challenge Charter School (GCCS) Suicide Prevention Policy complies with the mandates of Education Code sections 215 and 216, as applicable. This Policy corresponds with and supports the federal, state and local efforts to provide staff and youth, through professional training, prevention education, early identification, intervention and postvention strategies.

GCCS consults with school-employed professionals (e.g., school-based mental health therapist or counselor, 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 GCCS's strategies for suicide prevention and intervention. GCCS also regularly convenes these stakeholders to review the policy, at a minimum every five years, and update as required by Education Code Section 215.

In an attempt to reduce suicidal behavior and its impact on students and families, GCCS 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 but not limited to substitute teachers, volunteers, expanded learning staff (afterschool), and other individuals in regular contact with students.

GCCS will access resources to promote the health and well-being and address the needs of

the students by working to prevent personal harm or self-injury, specifically among the following high risk groups:

- A. Youth who have attempted suicide in the past and/or who currently experience suicide ideation;
- B. Youth who have a history of abuse, trauma and loss, and/or who have a past history of self harm behavior;
- C. Youth bereaved by suicide;
- D. Youth with disabilities, mental illness, or substance abuse disorder;
- E. Youth experiencing homelessness, out-of-home settings, or foster care;
- F. Lesbian, gay, bisexual, transgender, or questioning youth.

Grizzly Youth Academy (GYA) is in a unique position to address suicide prevention among its student population. Early identification of students that may have suicidal tendencies can be determined from the questions in the enrollment packet regarding their past behaviors. Reviewing that information will help recognize those at risk very soon in the cycle. The students live on grounds which gives staff the ability to monitor behaviors. GYA and Grizzly Challenge Charter School (collectively “Grizzly”) has developed a Suicide Prevention Policy that directs its efforts toward the implementation of a unified and targeted plan that wraps its services around those most vulnerable.

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

Overall Strategic Plan for Suicide Prevention (Plan)

The plan is designed to reduce suicidal behavior and to inform all staff of the mental health challenges associated with suicidal thinking. Strategies are developed for the

implementation of suicide prevention, intervention and postvention. The following is an outline of the **Four Part Strategic Plan**:

I. School Climate and Classroom Prevention Education

- Identified Curriculum
- Anonymous Reporting System for Bullying/Harassment
- Schoolwide and National Guard Counseling Services
- After School and Lunchtime Counseling Groups
- Platoon Environment Elected Representative (PEER) program
- Parent, Guardian, and Caregiver Participation and Education

II. Staff and Student Training and Responsibilities

- Professional Development for all Grizzly Employees
- Specialized Professional Development for Grizzly Mental Health Staff
- Professional Training for all Students

III. Crisis Response Team (CRT) CRT is responsible for implementation of the Suicide Prevention and Response Flowchart, which identifies the process and employee responsibilities. see *appendix*

Prevention Process

- Identify High Risk Students based on Intake Information & Acclimation Quad Meeting
- Implement Referral Process
- CRT determines Risk Level as GCCS Administration and/or school-based mental health therapist or counselor(s) are notified about high-level mental health concerns
- Implement Prevention Strategies
- Apply Strategies Appropriate to Risk Level according to flowchart

Intervention Process

- Apply Criteria for Low, Medium or High Risk level (see appendix)
- Implement Appropriate Strategies based on Risk Level
- Communicate to Staff and Parent/Guardian(s)
- Communicate with San Luis Obispo County Mental Health Evaluation Team (MHET), if necessary
- Monitor

Postvention Process

- Ongoing Monitoring
- Ongoing Communication to Staff and Parent/Guardian(s) on a case-by-case basis and/or as clinically appropriate
- Implement Appropriate Strategies/Procedures

IV. Suicide Crisis Response Procedures

- Suicide Threat Procedure
- Procedure for Suicidal Act or Attempt on School Grounds or

- During School Activity
- Procedure for Suicidal Act or Attempt off School Grounds or After School Hours

Suicide Prevention Policy Actions: Four Part Strategic Plan

I. School Climate and Classroom Prevention Education

Students will receive appropriate lessons in their classrooms through Health Science education on the importance of safe and healthy choices, as well as help-seeking strategies for self or others. Students are taught not to make promises of confidence when they are concerned about a peer or significant other, but to inform an adult. 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. Lessons will contain information on comprehensive health and wellness, including emotional, behavioral and social skills development.

Within the first two weeks of school, all students will be introduced to the Bully Prevention Program and their responsibilities to fellow students. Students will be informed of available resources and how and where to respond anonymously to report suicidal thoughts, suicidal behaviors and bullying to self or others. Students who are in need of intervention will be referred to a school-based mental health therapist or counselor for screening.

In addition, all students have access to a mental health screening when they self-report or are referred by staff. School-based mental health therapist(s) or counselor(s) will assess and determine placement into individual or group counseling services. Additional social-emotional supports available to students include, but are not limited to: school-based mental health therapist(s) or counselor(s) as well as platoon counselor(s). GYA counseling groups address anger management, grief & loss, sexual assault/abuse support, relapse prevention, domestic violence and anxiety/depression, to name a few.

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

GCCS, along with its partners, have thoroughly and regularly reviewed all materials and resources used in awareness efforts to ensure they align with best practices for safe and effective messaging about suicide.

Parents, Guardians, and Caregivers Participation and Education

In an effort to include parents/guardians/caregivers in all suicide prevention efforts, GCCS has shared this suicide prevention policy and procedures widely and included it in the parent/student handbooks. This suicide prevention policy is also prominently displayed on the GCCS web page and on all schools within the LEA.

Parents/guardians/caregivers are invited to provide input on the development and implementation of this policy. Parents/guardians/caregivers are provided information on crisis resources including school based resources, 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.

All parents/guardians/caregivers have access to suicide prevention training that addresses the following:

- Suicide warning signs, risk factors, and protective factors
- How to approach and talk with their children about thoughts of suicide
- How to respond appropriately to the youth who has suicidal thoughts

II. Staff and Student Training and Responsibilities

Professional Development will be provided by qualified facilitators using evidence-based, best practice materials. All staff are responsible for safeguarding the health and safety of students. All staff are expected to exercise sound professional judgment, err on the side of caution and demonstrate extreme sensitivity throughout any crisis situation.

Any staff member originally made aware of any threat or witnesses any attempt towards self-harm, that is written, drawn, spoken or threatened, will immediately notify a school-based mental health therapist or counselor. Any threat in any form must be treated as real and dealt with immediately. No student should be left alone, nor confidences promised. Thus, in cases of life threatening situations, a student's safety, not confidentiality, will be the priority. GCCS' school suicide crisis response procedures will be implemented.

Staff Professional Development Procedures

Training will be provided for all Grizzly staff members and other adults on campus at least annually under the direction of school-employed mental health professionals who have received advanced training specific in suicide prevention.

- Mental Health Therapist(s)
- School Psychologist(s)
- School Counselor(s)

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. GCCS shall ensure 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.
- GCCS-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.
- GCCS-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.
- GCCS-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.
- GCCS-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.

Staff training is reviewed and adjusted annually based on previous professional development activities, emerging best practices, and feedback.

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-based mental health therapist or counselor, psychologists, social workers, administrators, and nurses employed by the GCCS. Training for GCCS 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 GCCS 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, GCCS-approved tool such as the Columbia—Suicide Severity Rating Scale (C-SSRS) (can be accessed here: <https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare/#filter=.healthcare.english>); Patient Health Questionnaire 9 (PHQ-9) Depression Scale (can be accessed here: <https://www.phqscreeners.com/select-screener>); BSS Beck Scale for Suicide Ideation (can be accessed here: <https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Personality-%26-Biopsychosocial/Beck-Scale-for-Suicide-Ideation/p/100000157.html>); National Institute of Mental Health (NIMH)'s Ask Suicide-Screening Questions (ASQ) Toolkit (can be accessed here: <https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials>); and the Adolescent Suicide Assessment Protocol – 20 (this PDF can be accessed here: <https://preventsuicidewv.com/wp-content/uploads/2021/04/ADOLESCENT-SUICIDE-ASSESSMENT-PROTOCOL.pdf>).

- Best practices on approaching and talking with a student about their thoughts of suicide and how to respond to such thinking, based on district guidelines and protocols.
- Best practices on how to talk with a student about thoughts of suicide and appropriately respond and provide support based on district guidelines and protocols.
- Best practices on follow up with parents/caregivers.
- Best practices on re-entry.

Employee Qualifications and Scope of Services

Employees and volunteers of GCCS 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.

Student Training

Within the first two weeks of school, students will receive suicide prevention training under the supervision of GCCS mental health professionals with input from county and community mental health agencies and students. The instruction is developmentally appropriate, student-centered, and includes:

- Recognizing behaviors (signs and symptoms) of mental health challenges and emotional distress.
- Recognizing life issues (risk factors) associated with suicide and mental health issues in oneself and others.
- Learning coping strategies for dealing with stress and trauma.
- Learning about protective factors.
- Learning help-seeking strategies for oneself and others, including how to engage school-based and community resources and refer peers for help.
- Emphasis on reducing the stigma associated with mental illness and the fact that early prevention and intervention can drastically reduce the risk of suicide.
- Guidance regarding GCCS's suicide prevention, intervention, and referral procedures.

GCCS maintains a list of current student trainings and is available upon request.

In addition, all students will be introduced to the Bully Prevention Program and made aware of their responsibilities to their fellow students. Finally, all students will be apprised of their access to individual or group counseling when they self-report or

are referred by staff.

III. Crisis Response Team (CRT) The CRT members will have additional specialized training particular to GCCS' needs, processes and procedures, documentation and parent contact. The team will meet to identify, refer and develop prevention plans for students at risk. A CRT member will meet with targeted students, assess their risk level and develop a plan. Our goal is to intervene early in the cycle to prevent an actual suicidal event. *see flowchart in appendix*

CRT members consist of the GCCS Mental Health Therapist(s) and/or School Psychologist(s). and are responsible for:

- Completing an evidence-based risk level assessment (i.e. the [suicide risk screening tool](#)). The risk assessment tool is used in conjunction with the assessor's clinical judgement. Together, the assessor determines a clinically appropriate risk level and recommendation based on risk and protective factors.
- Developing a safety plan centered on mitigating risk(s) to student
- Communicating safety concerns and outcome of assessment/plan with stakeholders: GCCS Administrator or designee, Plt Counselor, GYA Leadership, staff, & parent/guardian(s)
- Collaborating with National Guard staff to increase safety during and after school
- Documenting the assessment, intervention, and plan and providing a copy to GCCS Administration
- Expanding the safety plan by adding regular, ongoing MH services for continued/increased support and monitoring
- Contacting MHET if safety risks cannot be mitigated through safety planning

GCCS Administrator or designee is responsible for:

- Completing an evidence-based risk level assessment (i.e. the [suicide risk screening tool](#)) in the event that a CRT member or trained School Counselor are not immediately available
- Attempted and suicidal deaths
- Interacting with 911 teams
- Interacting with the press
- Informing parents (outside of risk level assessment)
- Informing GCCS staff, as needed/requested by CRT

GCCS will also identify one or two student volunteers to represent the student voice as part of the prevention and referral process. Students participating in the PEER program are given the opportunity to volunteer and consult with the CRT in order to provide input and give a student perspective on the CRT processes followed by CGGS and GYA. Additionally, one of the PEERs will be trained to serve as a Student Ambassador for the purpose of aiding in the care of students as it relates to this policy. Specifically, students can contact the Student Ambassador with related concerns by utilizing an anonymous, shared email account with the GCCS Principal.

Prevention Process

- Identify high risk students from intake information and Acclimation Quad meeting held within the first 2 weeks of each cycle
- Implement Referral Process for staff and student referrals
- CRT determines risk level (*see appendix*)
- Apply strategies according to risk level

Intervention Process

- Apply criteria for low, medium or high risk level as listed in flowchart
- Implement appropriate strategies related to risk level
- Communicate to staff and parent/guardian(s) and/or SLO County Mental Health Services
- Put all recommendations in writing and document assessment, intervention, and plan. Provide a copy to GCCS Administration
- Monitor

- In the event that GCCS mental health staff are notified of a student's self-injurious behavior, a CRT member will follow the Non-Suicidal Self-Injury Protocol (*see appendix*)

Postvention

- Ongoing monitoring
- Ongoing communication with staff and parent/guardian(s)
- Implement appropriate strategies/procedures
- Complete required documentation, , and provide a copy of all documentation to GCCS Administration as noted in flowchart

IV. Suicide Crisis Response Procedures

The CRT and GCCS Administrator/designee(s) will be trained in the procedures developed for suicide threats, attempts and/or acts. It is important to remember that the health and safety of the student and those around him/her/them is critical.

- Suicide Threat Procedures
- Suicidal Act or Attempt on School Grounds
- Suicide Act or Attempt After School Hours

Suicide Threat

Definition – A suicide threat is a verbal or nonverbal communication that the individual intends to harm him/herself/themself with the intention to die but has not acted on the behavior.

- 1) The staff member who learns of the threat will locate the individual and arrange for or provide constant adult supervision.
- 2) The above-mentioned staff member will immediately inform a school-based mental health therapist or counselor or Administrator/designee.
- 3) The school-based mental health therapist or counselor will involve appropriate National Guard staff and the GCCS Administrator CRT will determine risk level and intervention needed by counseling the student, and gathering appropriate supportive documentation from teachers or others who witnessed the threat.
- 4) A CRT member will:
 - i. Contact the National Guard partner, apprise them of the situation and make recommendations. The National Guard counselor will contact the parent/guardian. **Determination of notification to parents/guardians/caregivers should follow a formal initial assessment to ensure that the student is not endangered by parental notification.**
 - ii. Put all recommendations in writing to the parent/guardian.
 - iii. Mail the recommendation through certified mail if there is any question or doubt of the parent/guardian receiving the recommendations.
 - iv. Maintain a file copy of the letter in a secure and appropriate location, specifically the GCCS Principal's officeAttempt to inform their treatment provider of what occurred and the actions taken, if the student is currently receiving counseling. will .
- 5) Develop a student safety plan.
- 6) Document interventions and provide a copy to GCCS Administration
- 7) Monitor follow-up and support.

After a referral and recommendations are made, A CRT member or Platoon Counselor 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, a CRT member 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, GCCS may contact Child Protective Services.

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.

GCCS 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, GCCS 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 GCCS protocols.

GCCS has determined a process and protocols for GCCS 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.

Suicidal Act or Attempt on School Grounds or During a School-Sponsored Activity

Definition - Suicidal act (also referred to as suicide attempt) – a potentially self injurious behavior for which there is evidence that the person probably intended to kill himself or herself; a suicidal act may result in death, injuries, or no injuries.

If the student is in imminent danger (e.g., has access to a gun, is on a rooftop, or in other unsafe conditions, etc.), the first GCCS employee on the scene is required to request assistance from a school-based mental health therapist or counselor and call 911. Give the 911 operator as much information about any suicide note, medications taken, and access to weapons, if applicable. 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. If needed, provide medical first aid until a medical professional is available.

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.

Additionally, the GCCS employee(s) should adhere to the following protocol once the 911 call is made and the school-based mental health therapist or counselor has

been successfully contacted:

- a) A staff member must notify the Principal or designee. Staff members should move all other students out of the immediate area and arrange appropriate supervision. Students should not be allowed to observe the scene.
- b) Principal or designee, or school-based mental health therapist or counselor will involve appropriate GCCS & GYA personnel to assist as needed.
- c) Principal or designee, or school-based mental health therapist or counselor will contact appropriate GCCS & GYA personnel to contact the parent/guardian and inform them of the attempt and ask them to come to the school or hospital.
- d) Principal or designee, or school-based mental health therapist or counselor will inform the San Luis Obispo County Office of Education, or call for assistance from SLO County's Crisis Services at **1-800-838-1381**.
- e) Principal or designee, or school-based mental health therapist or counselor will document, in writing, all actions taken and recommendations. *see appendix*
- f) If the student is known to be currently receiving counseling, the Principal, designee, or CRT member will gather treatment information from the service provider.
- g) Principal, designee, or CRT member will request written documentation from any treating facilities prior to a student's return to school.
- h) Offer to the student and parent/guardian steps for reintegration to school. Re-integration may include obtaining a written release of information 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.
- i) The Principal or designee will promptly follow up with any students or staff who might have witnessed the attempt, and contact their parents/guardians. The Principal or designee will provide support and document all actions taken.
- j) Refer media requests to GCCS spokesperson or Principal at **805-782-6819**.

Suicide Act or Attempt Not on School Grounds or During a School-Sponsored Activity but Reported to a School Employee

Follow the procedures outlined under Suicide Threat.

It is critical for staff to protect the privacy of the student and maintain a confidential record of the actions taken to intervene, support, and protect the student:

1. Contact the parents/guardians/caregivers/families and offer support.
2. Discuss with the family how they would like the school to respond to the attempt while minimizing widespread rumors among teachers, staff, and students.
3. Obtain permission from the parents/guardians/caregivers/families to share information and ensure the facts regarding the crisis are correct.
4. Provide care and determine appropriate support to affected students.
5. Offer to the student and parents/guardians/caregivers/families steps for re-integration to school.

Suicide of a Student or Employee on School Grounds or During a School Sponsored Activity

Definition - Suicide – death caused self-directed injurious behavior with any intent to die as a result of the behavior.

Note: The coroner's or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death. The school must adhere to the wishes of the family in this regard and respect their right to privacy and confidentiality.

When a sudden unexplained death of a student or staff member occurs, the Principal or designee, or CRT member will confer with the appropriate GCCS staff and the San Luis Obispo County Office of Education and promptly implement crisis response procedures as outlined in the Safe Schools Plan. These actions may include the following:

1. The first employee on the scene must call for help from another staff member, locate the individual and follow emergency medical procedures, such as calling 911.
2. A staff member must notify the Principal or designee, or school-based mental health therapist or counselor.
3. Staff members should move all other students out of the immediate area and arrange appropriate supervision. Students should not be allowed to observe the scene.
4. Principal or designee, or school-based mental health therapist or counselor will involve appropriate GCCS staff.
5. Principal or designee, or school-based mental health therapist or counselor will contact, or will have designated GCCS staff contact the parent/guardian and ask them to come to the school or hospital.
6. Principal or designee, or school-based mental health therapist or counselor will inform the San Luis Obispo County Office of Education, or call for assistance from the SLO County's Crisis Services at **1-800-838-1381**.
7. Principal,designee, or CRT member will document all actions taken

and recommendations in writing.

Re-Entry and Supporting Students After a 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. GCCS has determined the following steps be implemented after the crisis:

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

1. The school or LEA administrator shall obtain a written release of information signed by parents/guardians/caregivers/families and providers.
2. GCCS mental health therapist or counselor shall confer with the student and parents/guardians/caregivers/families about any specific requests on how to handle the situation.
3. GCCS mental health therapist or counselor shall confer with the student and parents/guardians/caregivers/families to develop a safety plan.
4. GCCS mental health therapist or counselor shall inform the student's teachers about possible days of absences.
5. Teachers and Administrators shall allow accommodations for student to make up work (understanding that missed assignments

may add stress to student).

6. Mental health therapist, counselor or trusted staff members shall maintain ongoing contact to monitor student's actions and mood.
7. School or LEA-based mental health therapist or counselor shall work with parents/guardians/caregivers/families to involve the student in an aftercare plan.
8. School or LEA-based mental health therapist or counselor shall provide parent's/guardians/caregivers/families local emergency numbers for after school and weekend emergency contacts.

Suicide Postvention (procedures to support students, staff and families

following a sudden death by suicide). The Principal or designee will:

1. Assemble the response team using appropriate personnel from both GCCS staff and GYA staff.
2. Designate a CRT member or designee to immediately notify, regardless of the day or time, the San Luis Obispo County Office of Education.
3. Designate a CRT member or designee to confirm death and cause and obtain as much factual information as possible via staff, police, the parent/guardian, or others who may have the facts depending on circumstances. Do not describe the death as a suicide with the general public, parents, staff or students unless you have written confirmation from the coroner or medical examiner.
4. Designate a CRT member or designee to contact the deceased's family (within 24 hours).
5. Designate a CRT member or designee to notify staff members (ideally in-person or via phone, not via e-mail or mass notification). If the communication is made via email or phone, it will be followed by a staff meeting at the conclusion of the day. If the death occurred in the evening, convene a staff meeting prior to the start of school the next day.
 - a. Coordinate an all-staff meeting, to include:
 - i. Notification (if not already conducted) to staff about suicide death.
 - ii. Emotional support and resources available to staff.
 - iii. Notification to students about suicide death and the availability of support services.
6. Remind and direct staff to respond to 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 supports to staff in responding to student reactions.
 - d. Share school, LEA, community-based resources available to students.
7. Designate a CRT member or designee to promptly collect and

safeguard the student's belongings from backpack or locker, any student work or photo or staff belongings (in the event of a staff death). Consult with family members and determine a mutually agreeable date and time in private, to return these belongings.

8. Designate space for all postvention activities.
9. Consider working with the family regarding funeral arrangements, as appropriate. Once obtained, in consultation with the family, provide funeral arrangements and related details to students, staff via main office and parent/guardian(s) via written communication.
 - a. If possible, suggest the funeral occur outside of school hours.
 - b. Encourage parents/guardians of students to attend funeral/memorial with their children.
 - c. 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.
 - d. Offer a safe space on campus for students to utilize if needed before/after funeral or memorial service.
 - e. 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.
10. Prioritize classrooms and students who will need immediate attention and connect them with the response team or other appropriate resources as determined by student services staff.
11. Identify students significantly affected by suicide death and other students that may be considering imitative behavior.
 - a. Staff shall immediately refer students who they suspect are considering imitative behavior to a GCCS mental health therapist or counselor.
 - b. If deemed safe, a school-based mental health therapist or counselor shall contact the students' parents/guardians/caregivers/families.
12. Identify students affected by suicide death but not at risk of imitative behavior.
 - a. Staff shall immediately refer students who are affected by the suicide to a GCCS mental health therapist or counselor.
 - b. If deemed safe, Grizzly staff shall contact the students' parents/guardians/caregivers/families.
13. Refer media requests to GCCS spokesperson or Principal at **805-782-6819**. Do not use explicit, graphic, or dramatic content to describe suicide death in media.
14. Do not disclose any information or details to the media.
15. Meet with the response team at the end of the day or days during crisis management activities to ensure the exchange of important information, as well as to ensure communication and further planning of activities.
16. Check in periodically with the family, staff and students to ensure that everyone is supported as much as possible within the context of

the school setting. Thank those who assisted in the postvention. Don't forget to include instructional staff, ancillary staff, crisis team and any outside agency or community organizations.

17. 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.
18. Utilize and respond to social media outlets:
 - a. Identify what platforms students are using to respond to suicide death.
 - b. Identify and encourage staff and students to monitor social media outlets.
19. Include long-term suicide postvention responses:
 - a. Consider important dates (i.e., anniversary of death, deceased birthday, graduation, or other significant events) 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 suicidal.

Actions to Avoid

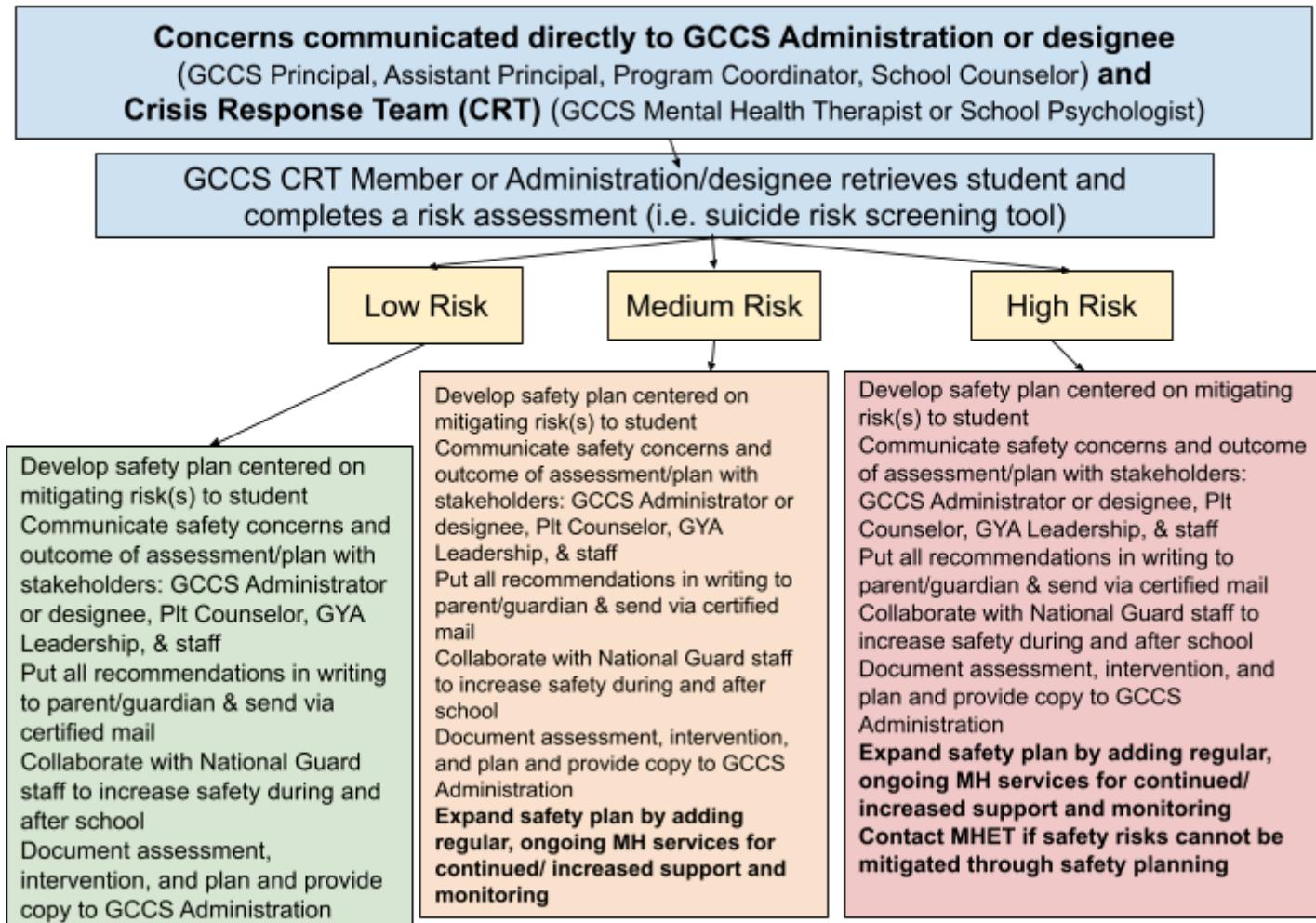
- Do not announce the death of anyone over the public address system.
- Do not hold an assembly program or bring large groups of students together in one place to discuss suicide.
- Avoid canceling school, classes or pre-planned activities unless absolutely necessary; students find comfort in following their normal routine when they are under stress, within reason. Discuss with the GCCS Principal prior to proceeding with any cancellations.
- Avoid permanent memorials for any death but especially in response to suicide due to potential glamorization of the individual.

Memorials

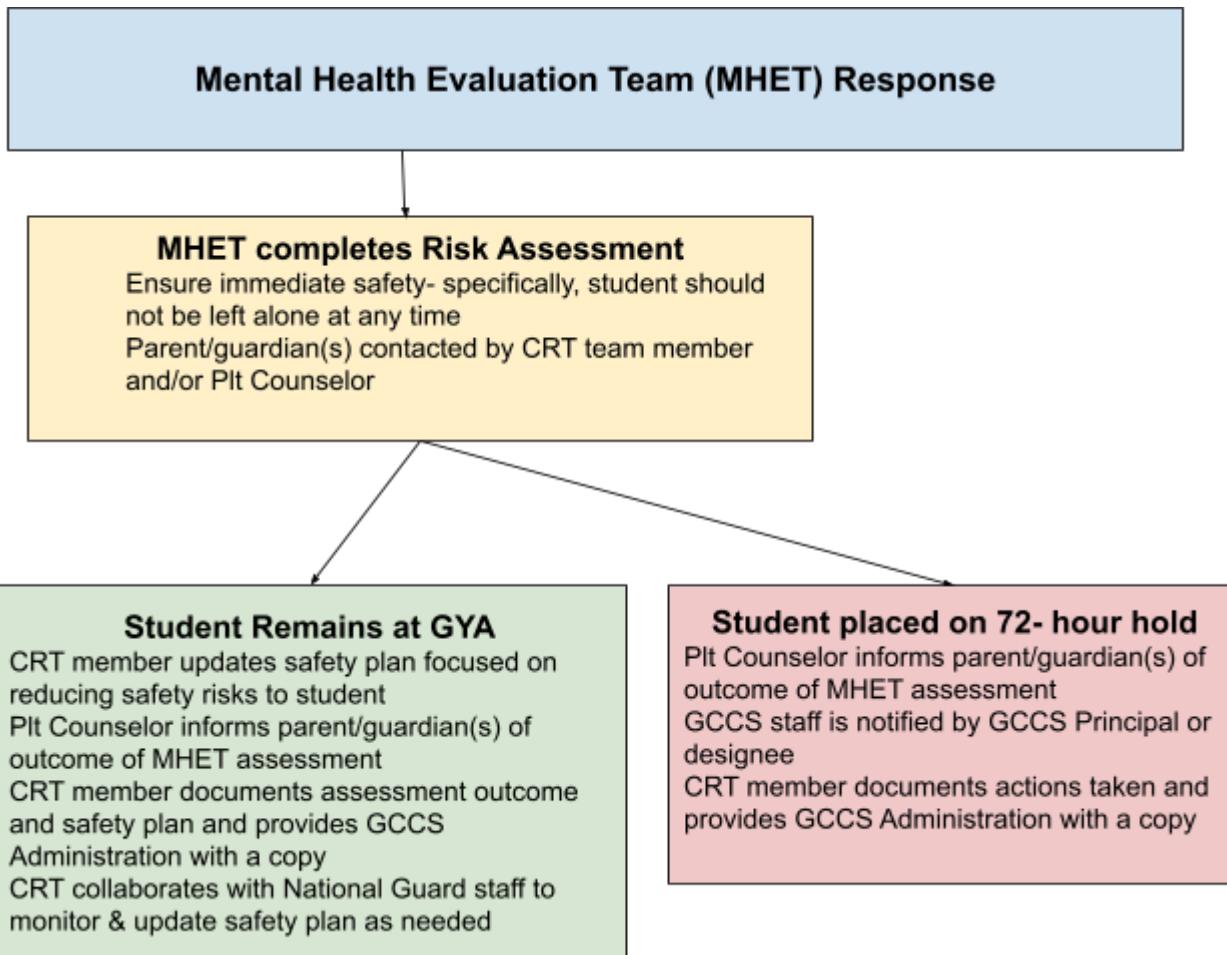
It is recognized that grieving individuals need a variety of opportunities to personally express their emotions and reactions to this type of death. Recommendations and ideas for a memorial should be taken into consideration and discussed with the San Luis Obispo County Office of Education, Grizzly Youth Academy, and the response team prior to being implemented.

Memorials must be carefully and tastefully planned, considering a broad range of responses. A variety of activities may in fact occur to celebrate positive remembrances, and these expressions often vary.

Grizzly Challenge Charter School Suicide Prevention & Response Flowchart



See below for Crisis Response by San Luis Obispo County Mental Health Evaluation Team (**MHET**)



In the event that a GYA student is evaluated to be at a **High Risk Level AND is removed from the program for a 72-hour hold**, the following will be considered PRIOR to the student returning to the GYA program/GCCS.

1. GYA Plt Counselor assigned to the student will **request a copy of the Discharge paperwork** from the parent/guardian.
 - a. Discharge paperwork will be reviewed by the GCCS Principal, GCCS counseling service provider, Plt Counselor, & GYA Director to determine current status & level of care needed for the individual to return.
 - b. Take into account new/adjusted medications recommended by a treating physician.
2. Parent/guardian obtains a Release of Information (ROI) between the Social Worker (or their specific designated provider) and with GYA. A copy will be provided to both the Plt Counselor as well as the GCCS counseling service provider. This allows all involved parties to be aware of treatment recommendations.
3. **Discuss a Care Plan** for the individual and what that will look like upon return to GYA.
 - a. If determined the Care Plan is feasible here, document the Care Plan, review with parent and student, & get signatures.

- i. Brief GCCS and GYA National Guard staff that work directly with that individual on the plan for return and the safety measures that are outlined in the Care Plan.
- b. If determined that the level of care needed is best suited to take place *outside* of GYA, PIt Counselor and GCCS counseling service provider will work with the parent/guardian on a recommendation for further care outside of GYA.

Grizzly Challenge Charter School

Non-Suicidal Self-Injury Protocol

GCCS Crisis Response Team (CRT) includes:

- GCCS Mental Health Therapist(s)
- School Psychologist

When notified of a report of a student's self-injurious behavior, a GCCS CRT member will:

1. **Prioritize and conduct a thorough risk-assessment to determine the frequency, severity, intent, and medical risk of self-harm behaviors with the student as soon as possible, but no later than 48 hours of being notified**, given the notification happens during the M-F work week. If the self-injurious behavior occurs over the weekend, the National Guard staff will follow their protocol and GCCS staff will be notified accordingly.
2. Once conducted, **the results of the risk-assessment will be communicated to the GCCS Principal or Administrator designee, the assigned PIt Counselor, and National Guard Director.**
 - A priority for the CRT member conducting the risk assessment is to distinguish between self-harm and suicidal intent.
 - **If student is presenting with high-risk of suicidal behavior, the GCCS CRT will follow the [suicide prevention protocol](#) focused on achieving and sustaining immediate safety.**

If student is demonstrating non-suicidal self-harm as determined by the risk-assessment, GCCS CRT will follow protocol below with an emphasis on crisis management and triage. The CRT will work in coordination and partnership with the National Guard staff to meet overarching goals for the identified student including:

1. **Achieving immediate safety** by significantly reducing and ultimately eliminating self-injurious behavior(s)
2. **Developing and implementing healthy, adaptive coping skills** to manage emotional distress without self-harm
3. **Increasing insight and understanding of the triggers** and functions of self-harm
4. **Improving overall quality of life by addressing co-occurring issues** like depression, anxiety, and trauma
5. **Building a robust support system** and strengthen interpersonal effectiveness and problem-solving skills

Treatment & Safety Planning

The identified student, CRT member and GYA team (i.e. Plt Sergeant, Plt Counselor, cadre, National Guard leadership) will prioritize mitigating danger and increasing immediate safety of student(s) by creating and utilizing a [personalized safety plan](#) at school, home (i.e. prior to home pass) and during after school hours and situations.

A Personalized Safety Plan will consist of the following. A copy will be provided to GCCS Administrator or designee and the parent/guardian(s) will be notified by a CRT member or Plt Counselor regarding the behavior(s) and the actions taken.

1. **Warning signs, internal coping strategies, and social contacts** to distract/support within the National Guard staff, GCCS staff, and supportive contacts at home - focusing on how to increase safety in their current environment.
2. Explore exceptions to problem behavior to **identify and build upon student's existing strengths and resources** with the intention of mitigating the danger of self-harm
3. **Reduce access to means**
 - Collaboratively problem-solve ways to limit access to common self-harm
 - Examples include:
 - increased supervision (i.e. sleeping on cot closer to NG staff)
 - restricting means (i.e. student losing access to razors or other means to self-harm)
 - safety planning within the larger group (i.e. addressing and instructing the larger platoon that they are to not share razors)
4. **The student will learn and practice distress tolerance techniques** to use when self-harm urges are present. Examples of these include:
 - **Emotional regulation, mindfulness and distress tolerance skills**
 - i. *Mindfulness and Dialectical Behavioral Training (DBT) are evidenced-based approaches that can reduce emotional intensity, improve stress tolerance, promote relaxation and calmness and provide a sense of control over emotions.*
 - Grounding, Oxygen box breathing, Tapping, Tense/release, Hold, Imagine & Slow heart rate (**GOT THIS**)
 - Temperature, Intense Exercise, Paced Breathing, and Progressive Muscle Relaxation (**TIPP**)
 - Activities, Contributing, Comparisons, Emotions (opposite emotions), Pushing Away, Thoughts, and Sensations (**ACCEPTS**)
 - i. *Distracting is a DBT distress tolerance skill that involves purposefully shifting focus from an overwhelming emotion to another activity or sensation to get through a crisis without making things worse.*
 - **Non-suicidal self-harm workbook** for skill tracking and reinforcement

Should the self-injurious behavior continue or mental health concerns escalate beyond 14 days, the student should be re-evaluated by a member of the CRT and/or Mental Health Evaluation Team (MHET), respectively.

Discharge Planning

GCCS's CRT team will work in collaboration with the National Guard staff to communicate mental health needs to parent/legal guardian(s) as appropriate and/or requested by the student. The CRT member and/or Plt Counselor will assist in communication and collaboration with the student's support network back home in providing reasonable referral(s) to community resources for continued monitoring and care, including mental health services, at the close of the GYA residential phase.

Appendix Available Upon Request

APPROVED: 6/13/17

Revised: 6/1/23, 3/26/25, 6/10/25, 1/13/26