

An Ounce of Prevention...

VENTURA COUNTY OFFICE OF EDUCATION AND
 VENTURA COUNTY SCHOOLS SELF-FUNDING AUTHORITY
 SCHOOL SAFETY, SECURITY, AND TARGETED THREAT PREVENTION SEMINARS
 SEMINAR 4 - JANUARY 24, 2024

Introductions ~ Mrs. Kim Charnofsky

- **Credentials and Licenses:**
 - School Counselor 1995
 - School Psychologist 1996
 - Licensed Educational Psychologist 1999
- **Internships in the Bay Area of California at Alameda Unified School District and Piedmont School District. 1992 through 1996.**
- **Ventura County Schools:**
 - Conejo Valley Unified School District 21 years
 - Ventura Charter School 1 year
 - Mesa Union School District 3 years
 - Somis Union School District – now in seventh year
- **County Committee Member** for the PSW Model of Specific Learning Disability; primary author of the Ventura County COMPARES document.
- **Mini-Grant Recipient** of a 2023 California School Psychology Foundation for the Somis School “Embracing Change” Project
- **Mom of Two** – one graduated from Ventura High School in 2020, the other will graduate in 2025, and is currently a junior.

Introductions ~ Dr. LaQuita Carter

- A distinguished educational leader with over 20 years of expertise in leadership and best practice implementation with district and campus leaders.



Thank you for being here!



Celebrations!

- Did you try out any "take-aways" from previous sessions?
- How did that work?
- Who would like to share?



Difficult Topics

* Take care of yourself throughout *

Pacing of Slides

- Much to cover in three hours
- Some areas will be considered in depth
- Other info is included as a resource you can consult later



but the



Do the best you can until you know better. Then, when you know better, do better.

~ Maya Angelou



PREVENTION – INTERVENTION – POST-VENTION

Post-vention informs prevention

How can we keep school communities **mentally healthy** by using **lessons learned** and **trauma-informed practices**, by using **strategies and techniques** that can be used by everyone, and by training our staffs **what to look for to connect students -- and also colleagues -- with preventive support, interventions, and services?**

Overview of the Presentation

- Prevention Related to Staff
- Regulation and the Four F's
- Wellness Centers
- Safe & Caring Classrooms – Trauma, Safety, Connection, Empowerment, Agency
- Smartphone Addiction & Digital Flourishing
- Suicide Awareness and Prevention Training in Ventura County
- Resilience Rooted in Hope
- Warning Signs and Risk Assessment for Suicide
- School Resource Officers
- De-Escalation During and After a Crisis
- Resources and Follow-Up Activities

What will you leave with?

- New ideas and/or activation of past learning
- A few strategies for relaxed breathing for yourself, staff, students
- A few strategies for self-regulation that can be shared with staff and students
- Examples and info about what others may be doing
- Resources for you, school staff, students, and families
- Ten-minute slide presentation to take back to your staff
- Access to slide deck on the VCSSFA web site

Poll of Attendees

(some may fit in more than one category)

- Mental Health Personnel - School Psychologists, Counselors, MFTs, Social Workers, Interns, Wellness Coaches, Private Psychologists or Therapists, Mental Health Coordinators, Wellness Center Coordinators and Staff
- Administrators
- Risk Managers
- Law Enforcement
- School Resource Officers
- Office Managers
- Custodians
- Who else is here today?

Let's look at aspects of prevention
related to staffing...

Health and wellness-related staff positions across Ventura County Schools, based on categories in the School Accountability Report Cards (SARC)

- Academic Counselors
- Campus Security Officers
- Health Technician/Psych Support
- Occupational Therapist
- Psychologists
- School Nurse
- School Resource Officer
- Speech and Language Pathologist
- Student Assistant Program Counselor
- College and Career Counselors

California *Education Code* Sections 32280–32289.5: Comprehensive School Safety Plans (CSSP)

- The California Constitution guarantees California children the right to attend public schools that are *safe, secure, and peaceful*. The CDE, public school districts, county offices of education (COEs), and schools and their personnel are responsible for creating learning environments that are safe and secure. First responders, community partners, and families play an essential role, as well. Schools *must be prepared to respond to emergencies* including natural and man-made hazards and *strive to prevent violence and behavior issues* that undermine safety and security. CSSPs include strategies aimed at the prevention of, and education about, potential incidents involving crime and violence on the school campus and aspects of social, emotional, and physical safety for both youth and adults.
- California *Education Code (EC)* Section 32281(a) *requires every kindergarten through grade twelve school, public and public charter, including community and court schools, to develop and maintain a CSSP designed to address campus risks, prepare for emergencies, and create a safe, secure learning environment for students and school personnel.*
- The law requires designated stakeholders to annually engage in a *systematic planning process* to develop strategies and policies to *prevent and respond to potential incidents involving emergencies, natural and other disasters, hate crimes, violence, active assailants/intruders, bullying and cyberbullying, discrimination and harassment, child abuse and neglect, discipline, suspension and expulsion, and other safety aspects.*
- <https://www.cde.ca.gov/ls/ss/vp/cssp.asp>

To Consider in your Safety Plan(s):

- In your plans, **who** is listed as being part of your Core Mental Health Team on each campus?
- Do you have a **mental health professional** listed in your Safety Plan, even if that person or people are not on campus every day?
- Are the details of the Safety Plan updated every year to reflect the **current schedule and contact information** of your **part-time** mental health employees, so you can reach them quickly during a crisis?
- Does your Safety Plan include the **new elements that are added annually** by the California Department of Education?



Scale of 1 to 10: How anxious or stressed out are you feeling about your mental health staffing and your Safety Plans? 1 means no anxiety, 10 means maximum. Raise your fingers in the air!

Starfish Breathing



Use the sensations of breathing and touch to settle your mind and body. Show how to do it and have student(s) copy you.

- Choose a hand to be your starfish. Extend this hand, palm out, with fingers spread like a starfish.
- Use the pointer finger from your other hand to trace the starfish as you breathe. Start at your thumb, and as you breathe in, trace up your thumb to the top. Do this carefully, so your movement matches your inhale.
- Now, with your out breath, trace down the inside of your thumb. Again, move slowly paying attention to keeping the breath and movement together.
- Continue breathing up and down each finger, matching your movement with your breath. As you breathe and trace, notice the sensations of movement in your body – your chest and belly moving in and out and your finger moving up and down.
- When you come to the base of your wrist below your little finger, rest for a moment. Check in with yourself. Notice how you are feeling without overthinking or judging.
- Try this again with your other hand.

Surgeon General's Framework for Workplace Mental Health & Well Being

- The first-ever framework, released in 2022, emphasizes **the foundational role that workplaces should play in promoting the psychological health and well-being of workers and our communities**, and lays out five essentials for pursuing workplace mental health and well-being.
- <https://www.hhs.gov/surgeongeneral/priorities/workplace-well-being/index.html>



Five Essentials of Surgeon General's Framework for Workplace Mental Health & Well Being



2023 American Psychological Association published, “Work in America Survey”

- The research was conducted online in the United States by The Harris Poll on behalf of APA among 2,515 employed adults. The survey was conducted April 17–27, 2023.
- For this study, the sample data is accurate to within ± 3.1 percentage points using a 95% confidence level.
- Tracks the **Surgeon General’s Five Essentials**
- Also tracks central core principles of worker voice and equity
- Looks at workplaces as engines of psychological health
- Goal to promote an equitable, productive, and psychologically healthy future of work

1.) Protection from harm (including security and safety)

- Fundamental to the surgeon general’s framework is the principle that **employers should protect workers from toxic workplaces.**
- Unfortunately, almost one out of five (19%) respondents in this survey stated that **their workplace is very or somewhat toxic.**
- Those who reported a toxic workplace were more than twice as likely to report that **their overall mental health was fair or poor (58%)** than those who did not report a toxic workplace (21%).
- More females (23%) reported a toxic workplace than males (15%).
- More people living with a disability (26%) reported a toxic workplace than those without a disability (16%).

2.) Connection and Community

- The surgeon general's framework emphasizes that **organizations that create opportunities for social connection and community can help improve mental health and well-being**. This workplace essential rests on two human needs: social support and belonging.
- Encouragingly, 89% of respondents said they are **very or somewhat satisfied with their relationships with their coworkers**, and 86% indicated they are **very or somewhat satisfied with their relationships with their managers or supervisors**.
- Similarly, 82% said their **workplace fosters positive relationships among coworkers**, and 79% indicated that **their workplace fosters positive relationships between managers and the people they manage**. Moreover, most workers (81%) indicated that **their workplace provides opportunities for collaboration and teamwork**.
- Although most workers report being generally satisfied with their workplace relationships, more than a quarter (26%) said **they have experienced feelings of loneliness or isolation at work**.

3.) Work-Life Harmony

- The surgeon general **defines work-life harmony as the integration of work and non-work demands through the human needs of autonomy and flexibility**. Work-life harmony involves, among other things, the amount of control one has over the "how, when, and where" one does their work.
- Many workers are achieving satisfactory work-life harmony, but there is **too little respect for time off**.
- Approximately eight out of 10 respondents (81%) reported being either very (42%) or somewhat (40%) satisfied with the **amount of control they have over how, when, and where they do their work**.
- Importantly, those who reported satisfaction with their level of control were **much more likely to report that their overall mental health level is good or excellent** (79%) compared with those who reported being unsatisfied with their level of control (44%).

4.) Mattering at Work

- The surgeon general points out that people want to know they matter to those around them, which includes a sense of dignity and meaning. Indeed, 95% of respondents said that it is somewhat or very important to them to feel respected at work.
- Fortunately, 78% strongly or somewhat agreed with the statement, “I feel valued at work” and 87% strongly or somewhat agreed with the statement, “the work I do is meaningful.”
- Those who reported not having meaningful work were much more likely to report that they were typically tense or stressed out during their workday (71%) than those who reported having meaningful work (45%).
- Four out of 10 workers (42%) reported feeling micromanaged at work. Those who feel micromanaged are much more likely than those who do not feel micromanaged to also report feeling tense/stressed during their workday (64% vs. 36%, respectively).

5.) Opportunity for Growth

- This essential from the surgeon general’s framework is based on human needs for learning and accomplishment. These needs are consistent with the survey results.
- The overwhelming majority of workers (91%) said it was very or somewhat important to them to have a job where they consistently have opportunities to learn.
- 94% said it was very or somewhat important to them to have a job where they get a sense of accomplishment.
- Workers who were somewhat or very satisfied with their opportunities for growth and development more often reported good or excellent mental health (79%) than those who were unsatisfied (52%).
- Further, workers who lacked opportunities for growth and advancement were also more likely to typically feel tense and stressed out during their workday (66% vs. 42%).

APA Study: Psychological health is a very high priority for workers themselves

- 92% of workers said it is very (57%) or somewhat (35%) important to them to work for an organization that **values their emotional and psychological well-being.**
- 92% said it is very (52%) or somewhat (40%) important to them to work for an organization that **provides support for employee mental health.**
- 95% said it is very (66%) or somewhat (29%) **important to them to feel respected at work.**
- 95% said it is very (61%) or somewhat (34%) **important to them to work for an organization that respects the boundaries** between work and nonwork time.

APA Study: Also...

- The majority (77%) of workers reported being very (36%) or somewhat (41%) satisfied with **the support for mental health and well-being they receive from their employers.**
- More than half (59%) strongly agreed (22%) or somewhat (37%) agreed that their **employer regularly provides information about available mental health resources.**
- Further, 72% of workers strongly (30%) or somewhat (42%) agreed that **their employer helps employees develop and maintain a healthy lifestyle.**

APA Study: Improvements Are Still Needed...

- 55% of workers strongly (21%) or somewhat (34%) agreed that **their employer thinks their workplace environment is a lot mentally healthier than it actually is.**
- 43% reported worrying that **if they told their employer about a mental health condition, it would have a negative impact on them in the workplace.**
- Workplace stress also remains at a concerning level, with 77% of workers **reporting experiencing work-related stress in the last month.**
- Further, 57% indicated **experiencing negative impacts because of work-related stress that are sometimes associated with workplace burnout.**

APA Study: What defines “workplace burnout”?

- emotional exhaustion (31%)
- didn't feel motivated to do their very best (26%)
- a desire to keep to themselves (25%)
- a desire to quit (23%)
- lower productivity (20%)
- irritability or anger with coworkers and customers (19%)
- feelings of being ineffective (18%)

APA Study: Breaks from stress?

- Survey data show that many workers are not getting the breaks from this stress that they both need and want.
- Only about one-third (35%) reported that their employer offers a culture where breaks are encouraged.
- Only two-fifths (40%) reported that their employer offers a culture where time off is respected.
- Only 29% reported that their employer offers a culture where managers encourage employees to take care of their mental health.

So, why are we talking so much about “worker mental health” here, when our usual focus is on “student mental health?”





Regulation

A photograph of a young girl with brown hair, wearing a pink shirt and a purple backpack, standing in a library with bookshelves in the background. The photo is framed in a rounded rectangle.

RethinkEd

Learning to regulate is one way students can feel in control, safer, and ready to engage.

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Regulation

Strategies to Support Regulation

- Build movement, mindfulness, and relaxation exercises into the day
- Teach skills to help students identify how they are emotionally and how their body is reacting i.e. heart rate

What has worked for your students?

Create a designated space in the classroom where students can go to regulate—also provide clear guidance on use of the space

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Microphone icon OR Chat icon

School-Based Wellness Centers in California

- **Of California's 346 school-based health and wellness centers:**
 - 45% are in high schools
 - 19% are in elementary schools
 - 14% are in middle schools
 - 12% are "school-linked" or mobile medical vans, and
 - 10% serve multiple grade levels.
- Most of California's School-based Health/Wellness Centers are physically located right on campus within a main building or in a portable.
- <https://www.schoolhealthcenters.org/school-based-health/locations/#:~:text=Of%20California's%20346%20school%2Dbased,14%25%20are%20in%20middle%20schools>

Do you have a Wellness Center focused on mental health on your site? (poll by show of hands)

- **Who does your Wellness Center serve?**
 - Students?
 - Staff?
 - Families?
 - Community members?

School-Based Wellness Centers in Ventura County

- 52 total centers in Ventura County with some of those still in the setup phase.
- VCOE received a grant from the Mental Health Services Oversight and Accountability Commission (MHSOAC) in September of 2020 and has been implementing and growing ever since.
- VCOE attributes a huge part of the success to Ventura County Behavioral Health as they were an integral partner when applying for MHSOAC funds and have continued to be an amazing partner in opening additional centers.
- Source: VCOE Wellness Center team in the Comprehensive Health & Prevention Programs Department

School-Based Wellness Centers in Ventura County

- Integrate disparate services into a "one-stop shop" for wraparound services.
- Through both on-campus programming and community-based partnerships, students can receive coordinated health/mental health and other support services to maximize student engagement and success.
- <https://www.vcoe.org/Comprehensive-Health-and-Prevention-Programs/Wellness-Center>

School-Based Wellness Centers in Ventura County

Specific services include:

- mental health screening, intervention, counseling, education, and referrals
- crisis intervention
- linkages to a vast network of counseling and mental health treatment
- placement services and service planning for students in need of ongoing services
- coordination with health, educational, and other community services
- suicide prevention
- drop-out prevention
- outreach to high-risk youth, including foster youth, youth who identify as LGBTQ+, and youth who have been expelled or suspended from school.
- Source: VCOE Wellness Center team in the Comprehensive Health & Prevention Programs Department

School Wellness Centers in Ventura County

- The Ventura County Wellness Centers are designed with at least two rooms.
- The first room provides a warm and inviting atmosphere with soft seating such as comfortable couches, bean bag chairs, warm and inviting lighting, music, and more.
- The second room provides a confidential and private space for the Clinician, Community Service Coordinator, and additional providers to provide services to students.



- Pictures provided by: VCOE Wellness Center team in the Comprehensive Health & Prevention Programs Department

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WELLNESS CENTERS

Overview

The Wellness Centers are designed to integrate disparate services from a variety of funding sources and organizations to unify care coordination and service provision through one centralized program and location, a "one-stop shop" for wraparound services. Through both on-campus programming and community-based partnerships, students will receive coordinated health/mental health and other support services to maximize student engagement and success. Services will include mental health screening, intervention, counseling, education, and referrals; crisis intervention; linkages to a vast network of counseling and mental health treatment; coordination with health, educational, and other community services; suicide prevention; drop-out prevention; and outreach to high-risk youth. Not all schools have centers, scan the QR code below for more information.

Goals

The goals of the Wellness Centers include:

- Prevent mental illness from becoming severe and disabling
- Reduce risk factors that negatively affect mental health and academic success
- Improve access to school and community-based mental health services
- Create safe and supportive environments where high school students can discuss concerns and needs in a confidential and nonjudgmental space
- Create a space for peers by peers

Scan to see if your school or district has a Wellness Center

VCOE Contact Info:
Suzanne Weiss, Sweiss@vcoe.org
Aubrey Martin, Amartin@vcoe.org
Cecilia Pires, Cpires@vcoe.org

Fund for by Prop 67 - Mental Health Services Act (MHSA)
Made possible through the California Mental Health Services Act (MHSA), Mental Health Services in Schools Act (MHSA), and Ventura County Behavioral Health

The Wellness Center model improves timely access to mental health services by:

- Establishing a "one-stop" location where needed services can be accessed.
- Locating services where it is convenient to students – where they attend class every day.
- Eliminating barriers of cost, transportation, and time off work by parents.
- Reducing perceived stigma that would prevent students from accessing services through a communication plan designed to address that issue.
- Introducing new population-specific mental health awareness education so that students will understand if an issue is related to mental illness early before symptoms can become acute.
- Scheduling "office hours" for professionals and experts to facilitate easy access.
- Enabling access to services by allowing appointments with professionals, if needed.
- Ensuring that students know about the center and the services available through a Wellness Peers-led communication plan.

Wellness Center Schools in Ventura County

- Conejo Valley Unified School District - All schools
- Fillmore Unified School District - Fillmore High School and Fillmore Middle School
- Moorpark Unified School District - Moorpark High School
- Ojai Unified School District - Matilija Middle School
- Oxnard School District - R.J. Frank Academy, Freemont Academy, and Dr. Manual Lopez Academy
- Oxnard Union High School District - Channel Islands High School, Hueneme High School, Oxnard High School, and Pacifica High School
- Pleasant Valley School District - Las Colinas Middle School and Monte Vista Middle School
- Santa Paula Unified School District - Santa Paula High School and Isbell Middle School
- Ventura Unified School District - Buena High School, Foothill Technology High School, Pacific High School, and Ventura High School

2022-23 Ventura County - High Schools

- Across all 11 participating high schools, there were 25,644 visits to the Wellness Center.
- Across all 11 participating high schools, over 476,000 students were reached through over 950 awareness and education events during the 2022-2023 school year.
- Across all 11 participating high schools, ***the number of Wellness Center visits exceeded the approximate enrollment of the schools***. Among individual schools, the ratio of visits to students ranged from 1 visit per 4 enrolled students, to over 10 visits per enrolled student.

2022-23 Ventura County – Middle Schools

- Across all 11 participating middle schools, there were 54,954 visits to the Wellness Center.
- Across all 11 participating middle schools, nearly 200 trainings on mental health topics for staff and/or students were conducted during the 2022-2023 academic year. Over 10,000 individuals attended these trainings, including over 8,000 students.
- Over 100 events on mental health topics for family/community members were conducted during the 2022-2023 academic year across the middle schools. Over 11,000 individuals attended these events.

Info in this section on Wellness Centers is provided through the kindness of the VCOE Wellness Center Team, from the Comprehensive Health & Prevention Programs Department.

Please visit their website for additional information and links:

<https://www.vcoe.org/Comprehensive-Health-and-Prevention-Programs/Wellness-Center>

You may also contact Suzanne Weist (SWeist@vcoe.org), Amber Macias (Amacias@vcoe.org), or Cecilia Perez (Ceperez@vcoe.org).

Suzanne will be stopping in today at the end of this presentation, if you have questions you'd like to ask her in person.

CVUSD – Wellness Centers Update

- Wellness Centers are now provided at all CVUSD sites, with elementary school services being added this month.
- Staffing: One Mental Health Facilitator (Admin), Two Senior Mental Health Clinicians, Four Mental Health Clinician 2s, Eight Mental Health Clinician 1s, Seven Mental Health Associates, and 39 Interns
- Students served, by modality, August through November 2023:**

	Individual Counseling	Group Counseling	Lunch Activities Offered	Drop-Ins	Classroom Presentations
High Schools	222	131	Daily	1,288	2,219
Middle Schools	52	124	Daily	--	--

- Information kindly shared by Dr. Heather Chamberlin-Scholle, director of Mental Health and Wellness Services.

Oxnard Union High School District Wellness Centers

- We Welcome Student Wellness Specialists:
 - Detra Young, from Adolfo Camarillo HS
 - Caroline Gonella, from Rancho Campana HS
 - Ester Dominguez, from Pacifica HS

Safe & Sound in OUHSD

An overview of Oxnard Union High School Wellness Center
services & their role in school safety

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This is our team.



Ester Dominguez

Student Wellness Specialist,
Pacifica High



Caroline Gonella

Student Wellness Specialist,
Rancho Campana High



Detra Young

Student Wellness Specialist,
Adolfo Camarillo High

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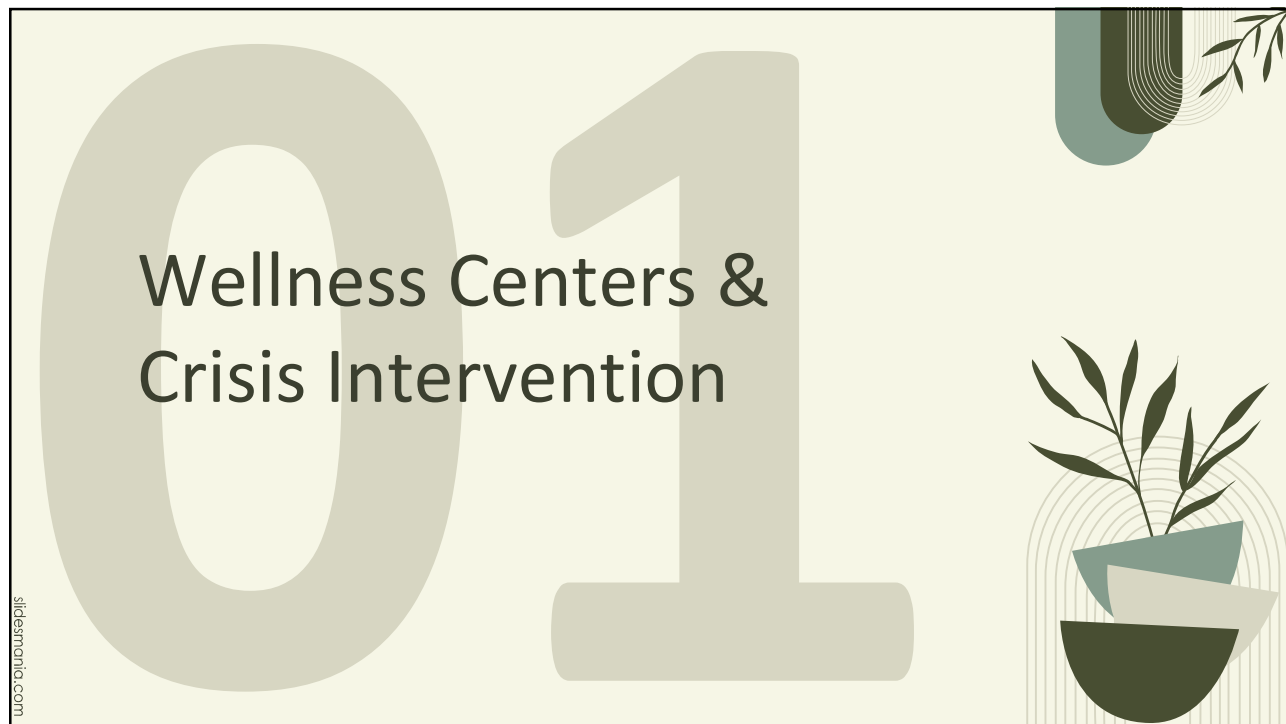
04 | Climate

Wellness Centers

Implemented during 2021-2022
 10 total; 1 @ each site (w/ exception of CHS and adult schools)
 1-2 Student Wellness Specialists; 1 Guidance Technician
 Cohorts of Wellness Peers (8-15)
 Each has unique design to support de-escalation, provide safe space, and various activities
 Access/Link to Community-Based Agencies, such as:
 Ventura Counseling & Wellness Center (VCWC) providers
 Daybreak Telehealth Counseling
 Care Solace

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The slide is divided into two main sections. On the left, there is a grid of four illustrations. The top illustration shows a person sitting on the floor, hunched over, with a tangled mass of lines above their head, representing mental distress. The bottom-left illustration shows a person sitting on the floor, surrounded by red, spiky, flame-like shapes, with two red speech bubbles containing '???' above them. The bottom-right illustration shows a person sitting on the floor, surrounded by several question marks in speech bubbles. The bottom-most illustration shows four small, stylized figures of people sitting on the floor in various poses of distress. On the right side of the slide, the title 'Crisis Response' is written in a large, dark, sans-serif font. Below the title, a paragraph of text explains California law (Education Code § 215) regarding suicide prevention, intervention, and postvention for local education agencies (LEAs) serving students in grades 7-12. The text mentions that LEAs must adopt a policy addressing the needs of high-risk groups and considers suicide awareness and prevention training for teachers. It also states that the California Department of Education (CDE) must develop and maintain a model policy to serve as a guide for LEAs (AB 2246, adopted 9/26/16). The slide is framed by a thin black border.

OUHSD Response to AB2246

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2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
SWS position initiated; needs assessment of crisis procedures; PD for SWS, counselors, psychs, admin	Crisis Response training for SWS, counselors, psychs, admin <i>Prepare Training</i>	*COVID closure; virtual, then physical implementation of wellness centers in Fall 2021	Crisis Response training for SWS, counselors, psychs, admin Multidisciplinary team wrote handbook draft in Summer 22	OUHSD Crisis Handbook; training on roles & procedures

Crisis Response & Intervention

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Suicide Ax

- Suicide Assessment Flowchart → unified district practices & procedures
- Suicide Assessment Student Interview Form
- Suicide Assessment Action Plan
- Notification of Emergency Conference Form
- Safety Plan
- Consent for Release of Information
- Several postvention resources
 - Guidelines for admin
 - Talking points for students
 - Sample letters/announcements

Threat Ax

- Threat Assessment Flowchart→ unified district process & procedures
- Initial Threat Screening Form
- Comprehensive Threat Student Interview Form
- Threat Assessment Action Plan
 - Level of Concern→ Intervention Recommendations

Re-entry SST's

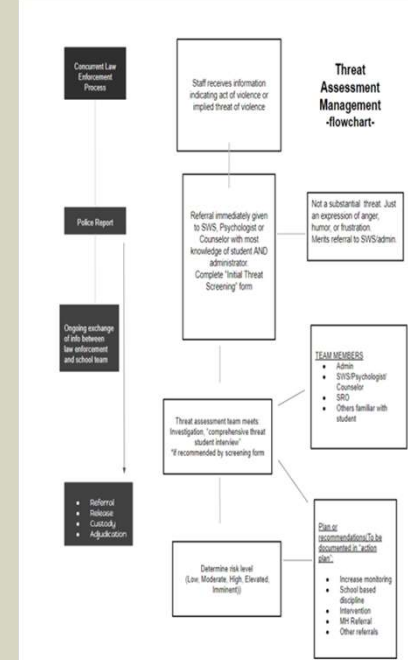
- Upon return from hospitalization, to effectively plan for supporting student and ongoing monitoring
- "Re-entry Checklist" AND SST form

Examples of Tools

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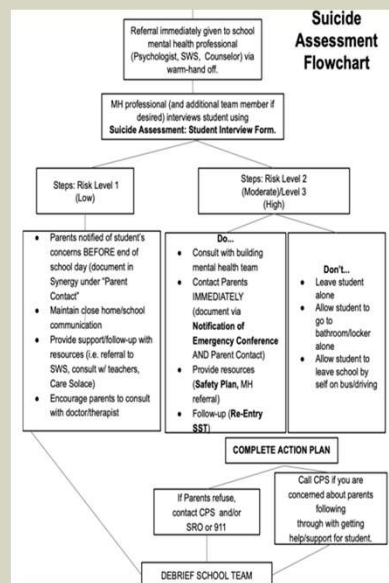
	Low	Moderate	Elevated	High	Imminent
Level of Concern	Threat was made mistakenly, as a joke, very transient No current identifiable risk factors More of a vent No actual intent to harm conveyed	Intended to make threat, wants to do something but no real hell to it Violent thoughts present without intent to follow-through Minimal risk factors Student can identify at least one supportive person in their life Open to resolving conflict/problem in other ways (i.e. conflict mediation, getting support)	Increase in intensity and severity in tone and content of communications Student acknowledges having relatively frequent and severe thoughts of violence and appears to POSE a threat for violent behavior (may be coupled with risk for self-harm) Communication may be directed or fixated on a cause of person No immediacy or specific and detailed plan, but student may reference a time imperative to suggest they are losing patience	Planned out (detailed), access or near access to means, realistic plan. Immediate plan to harm others. Less emotionally driven, more "action-driven." Language indicates the situation/issue will be concluded soon. Operating in more of a predatory mode. Data suggest violence could occur if interventions are not immediately put in place	Student has a plan, the means to carry it out, and access. They desire to implement the plan within a short timeline. Student reports frequent and severe homicidal (and possibly suicidal) thoughts Multiple risk factors and imminent warning signs Clear pathways to violence Communication may suggest the plan is initiated: stated desire to kill, die and/or claim credit or leave a legacy.
Intervention Recommendation	Notify parents (document in Synergy) Consider referral for intervention (SWS, social skills group, SST, etc.) "If abuse by caregivers is suspected, contact CPS in lieu of contacting parents immediately"	Notify parents (document in Synergy) and hold face-to-face conference. Referral to mental health resources and identify team member to monitor the student. If no escalation of violence or threats occur during this time, fade supports. "If abuse by caregivers is suspected, contact CPS in lieu of contacting parents immediately"	Bring in law enforcement at this point for concurrent process (see flowchart) Active monitoring and supervision and intervention supports needed (including mental health) Face to face meeting with parent/caregiver required prior to student being	Bring in law enforcement for concurrent process (see flowchart) If suicidal ideation and/or significant mental health concerns, potential psychiatric emergency (follow suicide assessment procedures) Face to face meeting w/ parent/caregiver. Obtain Consent	LAW ENFORCEMENT EMERGENCY: requires immediate containment, target protection (person, place or thing), case management plan and monitoring. If it does not put you, staff or students in danger, calm the student and prevent the student from leaving the premises until emergency

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Examples of Tools

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As the student, you will complete this with support from school staff and agree to reach out when you need help. The goal is to protect you from hurting yourself or others.

Warning Signs (thoughts, images, mood, situation, behaviors) that a crisis may be developing:

- 1.
- 2.
- 3.

Internal coping strategies: things I can do to take my mind off my problems without contacting another person (relaxation techniques, physical activities, writing music or poetry, etc.)

- 1.
- 2.
- 3.

People and social settings that provide distractions and make me feel better:

- 1.
- 2.
- 3.

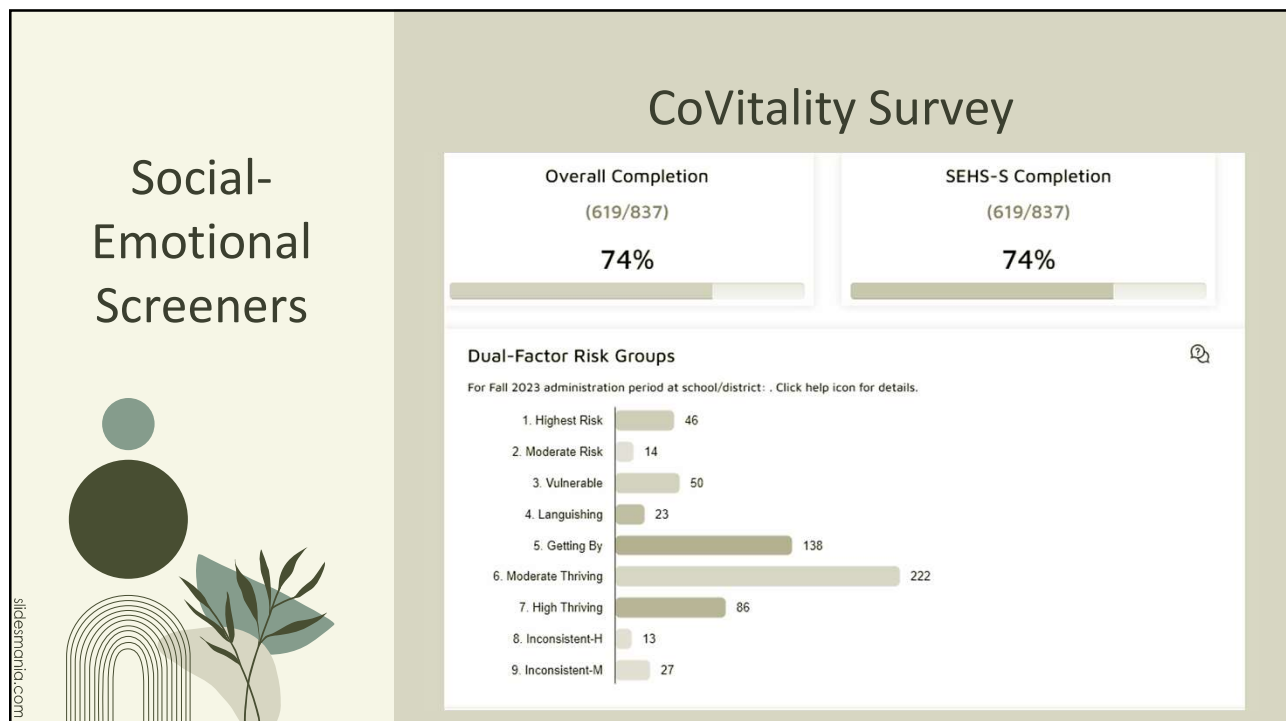
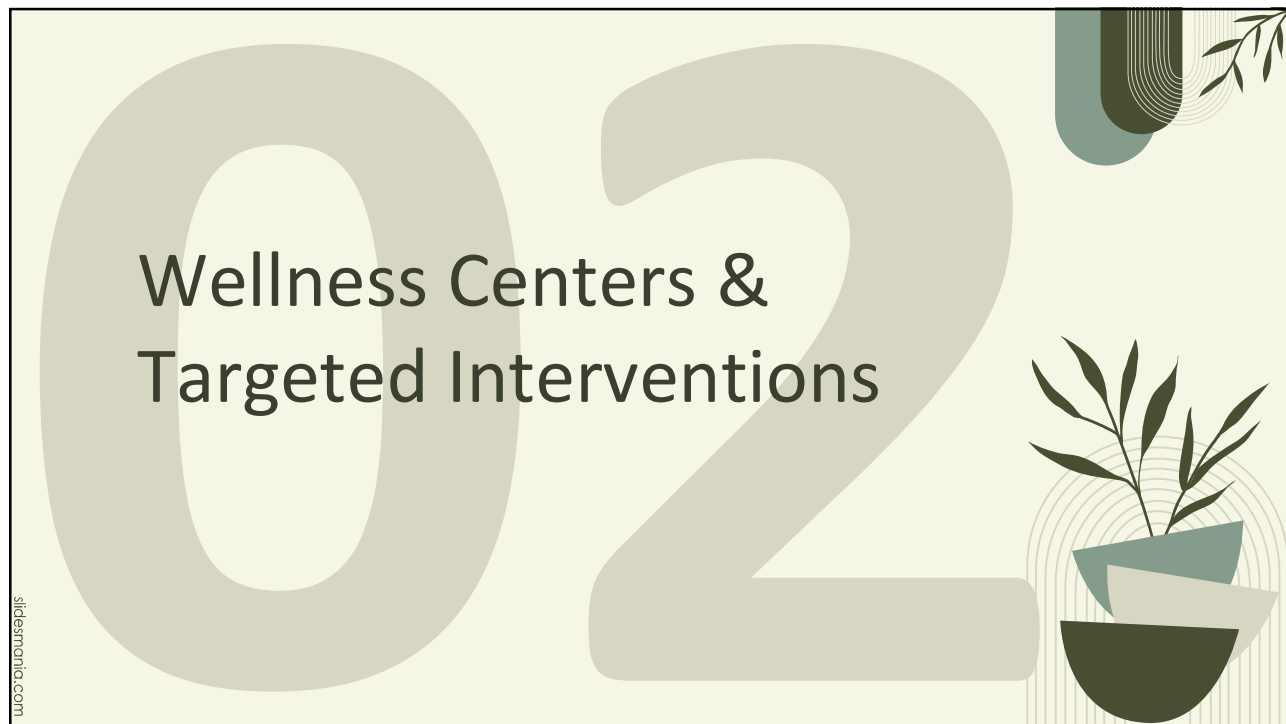
People who I can ask for help directly (and especially if feeling bad):

At Home:	At School:
1.	1.
2.	2.
3.	3.

Professionals or agencies I can contact during a crisis:

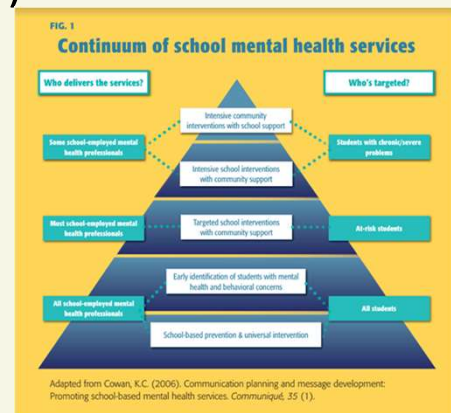
- 1.
- 2.
- 3.

2. Ventura County Crisis Team 1-866-996-2243
3. Suicide Prevention Lifeline: 1-800-273-TALK (8255) or 988



From wellness to serious illness, a student's mental health is integral to how they think, feel, interact, behave, and learn. (Rossen, Cowan, 2014)

Our approach to addressing mental health services aligns w/ an MTSS model, with increasing intensity of services matched to the level of need



Wellness Centers Levels of Support

Tier One

- school-wide universal screening
- social-emotional learning lessons
- care solace referrals
- peer mentor program
- classroom presentations
- School-wide SEL events
- wellness centers

Tier Two

- Brief School Based Counseling
- Groups (social skills, academic supports, self-esteem, anger management, other moderate needs groups)
- 90 minute Student & Parent Family Plan (BRRIM)
- Workshops and/or classroom presentations for Tier 2 area of needs

Tier Three

- Crisis intervention
- Safety Planning
- Ventura County Wellness Center (VCWC): Individual and group therapy
- Livingston Grief and Bereavement: Individual and Group
- Referral to School-Based Therapy (must collaborate with school psychologist)
- Daybreak Counseling
- Referral to Ventura County Crisis Team and School Resource Officer



Wellness Centers & School Climate

"We have learned that school violence is preventable in large part by cultivating positive school climates..."

slidesmania.com



SHIFTING THE CULTURE/CLIMATE ON CAMPUS



- **Wellness Peers**
 - Creating that shift and building school culture
 - Making a Cumulative effect
- **Students**
 - Create a quite & safe space
 - Getting them in the center
 - Using the center for SEL
 - Developing positive coping skills
- **Staff**
 - Taking space with stakeholders
 - Supports and SEL strategies
 - Soft handoffs

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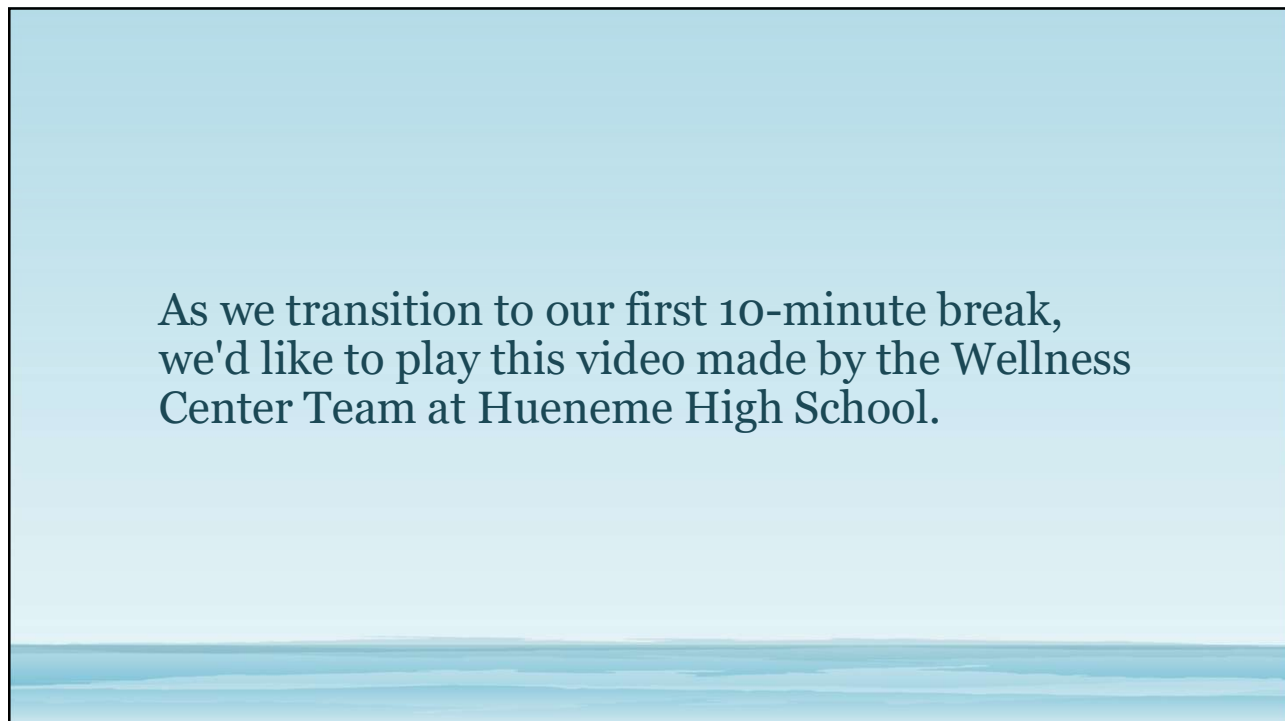
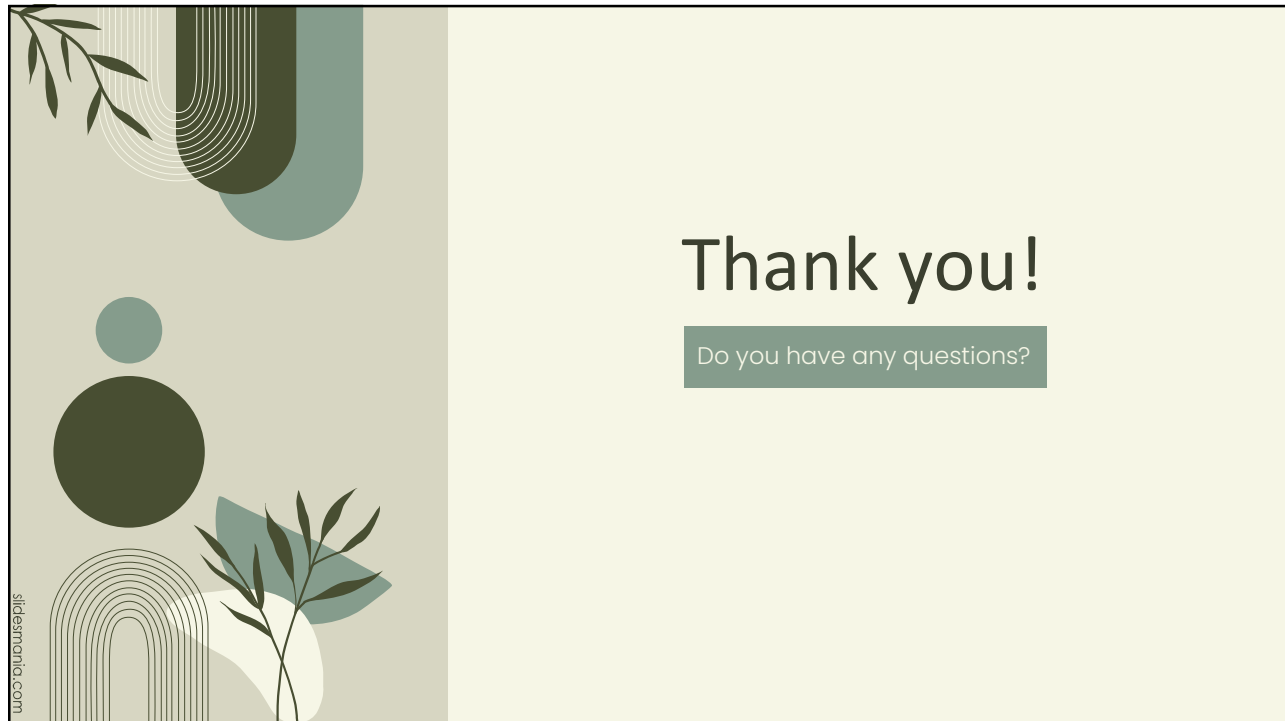


WHERE WE ARE NOW

- Calming corner
- Community circles
- Conflict resolution
- Alternative to suspension
- Connection to community resources/ care closets
- Groups/workshops/presentations
- Culturally inclusive programs

The Wellness Centers are dedicated to helping students access resources that address their emotional, social, physical, and academic needs while offering strategies to elevate resiliency and reduce day-to-day stressors for their overall well-being and academic success.

— Mission Statement



Video of Hueneme Wellness Center




RethinkEd

Safe & Caring Classrooms

“Optimal learning is driven by **curiosity**, which leads to exploration, discovery, practice, and mastery. In turn, mastery leads to pleasure, satisfaction, and confidence to once again explore.

The more a child experiences this cycle of wonder, the more she can create a lifelong excitement and love of learning.

The cycle of wonder, however, can be stopped by fear—

Fear kills curiosity and inhibits exploration. **When a child feels safe, curiosity lives.”**

Dr. Bruce Perry | 74

Erasing Fear

How do we eliminate the threat of fear?



What are some ways you prioritize safety & security in your classrooms?



RethinkEd

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RethinkEd

Trauma in Our Schools

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Defining Themes

Trauma is a painful experience that occurs when the individual does not have:

How do you support your students in feeling a sense of choice, agency, and control?

**Choice,
Agency,
and
Control**

**Adult
Emotional
Regulation**



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Safety



A core component of many traumatic experiences is a lack of safety

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Safety



Strategies to Increase Safety

- Asking students to define safety
- Posting clear classroom rules
- Establishing routines and schedules
- Posting clear classroom rules and enforcing them fairly and consistently
- Establishing routines and schedules
- Sharing and reminding how to access support.

How do you support students feeling safe?



OR



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Connection





Trust, Building Relationships, and Feeling Connected to others

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Connection



Strategies to Support Connection

Think about the first week of school – how can you build connection during this time?

- Greeting students as they come into the door
- Teaching and fostering social skills like communication, cooperation, problem-solving, and conflict resolution
- Getting to know students, their identity and culture
- Recognizing students' resilience and strengths

 OR 

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Empowerment & Agency



Strategies to build Empowerment & Agency

Are there any other things that you do?

- Building shared ownership over the classroom
- Involving students in the decision-making process
- Providing opportunities for students to be in a designated role or position of leadership

 OR 

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Empowerment & Agency

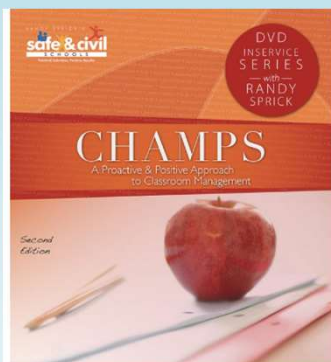


Overcoming Loss of Control

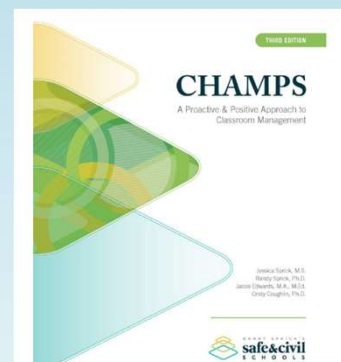
| 83

CHAMPS

- <https://www.safeandcivilschools.com/>



C	1 + "LEFT TALK" WHISPER VOICE
H	2 + QUIET VOICE
A	3 + INSIDE VOICE
M	THINK FIRST
P	ASK YOUR PARTNER
S	RAISE YOUR HAND
S	WHAT IS THE OBJECTIVE?
S	WHAT IS THE END PRODUCT?
S	EYES IN THE GROUP, BRAIN THE GROUP, BODY IN THE GROUP.
S	MOVE - AS LONG AS YOU DO NOT DISTRACT OTHERS
S	DO NOT GET IN SOMEONE'S PERSONAL SPACE
S	IF YOU NEED TO LEAVE THE ROOM, DO NOT SLAM THE DOOR.
S	IF YOU DO NOT WANT TO SHARE, YOU MAY "PASS"
S	FOCUS ON THE ASSIGNMENT
S	LISTEN TO OTHERS
S	EVERYONE SHARES IDEAS
S	BE READY!
S	BE RESPONSIBLE!
S	BE RESPECTFUL!
S	SUCCESS



Feeling Safe in a Secure Environment

- **Active Shooter – Intruder Response – Know What To Do**
- **Review of Some Key Points**
 - “No entry. No entry.” This means “Lockdown.”
 - Threat outside the building. Threat inside the building.
 - Lock out. Get out. Take out. (any order or combination; choose based on proximity)
 - Lock. Layer. Reinforce.
 - Doors that open in: Make a bridge by barricading between door and next wall.
 - Doors that open out: Put cover on actuator of door. 550 cord: make loops in ends, attach to door, sit on it. And/or hold door closed and place own body out of the way.
 - Coming out of lockdown: “All clear, green. All clear, green.”
 - Coming out of lockdown: Remain in lockdown until you see a bldg. administrator and police officer.
 - Coming out of lockdown: Ask police officer for ID, not badge. If not sure, call 911.
 - With thanks to: **Strategos International, Active Shooter Training**

Kim attended this workshop recently, on one of the latest mental health concerns in our society:

Smartphone Addiction

Clinical Tools for Tech-related Anxiety, Depression and More

Nina Hersher, MSW
Nadja Streiter, LMSW

And brought this presentation back to Somis for the staff:

PUT DOWN THE DUCKIE

Digital Wellness in an Age of Smartphone Addiction



A Spectrum of Technology Usage



What are Digital Wellness and Digital Flourishing?

Digital Wellness is the optimum state of health and wellbeing each individual can achieve while using technology.

Digital Flourishing refers to a mindful approach to digital technology usage that supports our thriving in different areas of life.

This flourishing approach is based on positive psychology and empowers us to take advantage of the benefits of technology while avoiding associated harms.



WHAT ARE THE GOALS OF DISCUSSING SMART PHONE USE AND ADDICTIVE BEHAVIOR?

- For me – I need strategies for addressing this issue from a mental health and behavioral perspective, both in a consulting and counseling role – and as a parent myself.
- From a societal perspective, the presenting problems include:
 - Mental health
 - Physical health
 - Relationships
 - Safety and Security
 - Societal Cohesion
 - Productivity



At Somis, we discussed these two areas.

Trends and Key Terminology:

- **Email Apnea:** a phenomenon where people unconsciously hold their breath or drop into shallow breathing when they're responding to email or texting.
- **Zoom Fatigue:** the feeling of tiredness, anxiousness or worry with yet another video call
- **Phubbing:** the practice of ignoring one's companion or companions in order to pay attention to one's phone or other mobile device - which may lower relationship satisfaction.
- **Solitude Deprivation** - a state in which you spend close to zero time alone with your own thoughts and free from input from others minds.
- **Mere Presence Distraction:** a phenomenon where the mere presence of cell phone may be sufficiently distracting to produce diminished attention and deficits in task-performance, especially for tasks with greater attentional and cognitive demands.
- **Technostress:** The negative psychological link between people and the introduction of new technologies. The inability of an individual to cope with technology related demands in the environment resulting in distress.
- **Digital Distress:** Emotional and physical angst caused by the overuse of technology.

ZOOM FATIGUE

Term describes the tiredness, worry, or burnout associated with overusing virtual platforms of communication. Also called “virtual fatigue,” and is a form of “technostress.” Cognitive load, including deciphering gestures, is more challenging.

Solutions include:

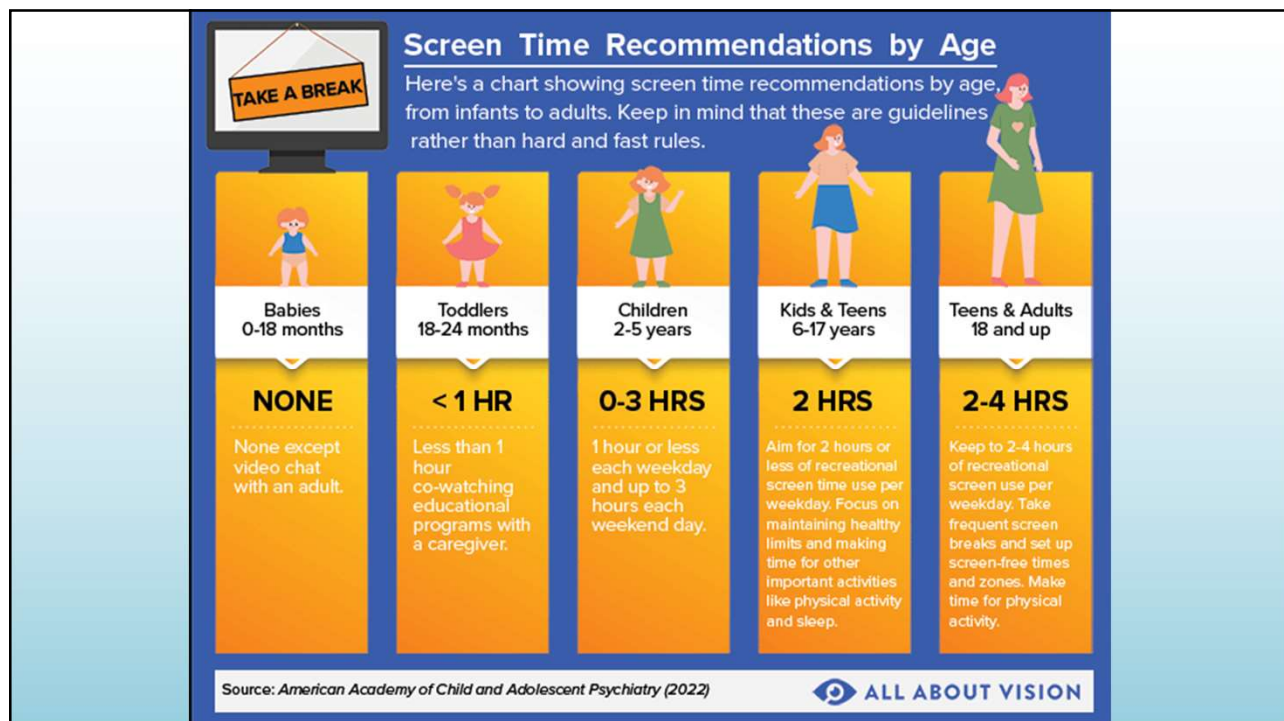
- Video chats reduce typical mobility patterns – get up and move.
- If video is not needed, try a “walking call.”
- Turn off self-view when on a group zoom – this is fatiguing!
- Don't “override” – meaning don't push through a task when signs of distress or technostress have occurred. I know my body needs a break when _____.

OTHER VOCABULARY OF INTEREST

- Cyberloafing: School cyberloafing describes the actions of students who use their internet access at school for personal use while pretending to do legitimate work.
- Digital lifestyle: A person's life in the digital world, as opposed to their physical world lifestyle.
- Parasocial relationship: Where one person is expending all of the energy on a “relationship” – often with a “persona” such as a sports star, movie star, etc. – and the other person is completely unaware.
- Sleep hygiene: Habits that promote/inhibit sleep.
- TLDR: Too long, didn't read.
- Zombie eating: Mindless eating habits developed when eating before a screen.
- Tech neck: When your neck muscles become strained looking at a screen. (Your head weighs 27 to 60 pounds, according to WebMD!)

SO, WHAT CAN WE SHARE AND /OR RECOMMEND TO PARENTS AND TAKE HOME FOR OUR OWN FAMILIES?

- Screen time Recommendations from professionals
- The Unplug Box
- Family Media Plans or Device Agreements
- Resource Websites for Grown-Ups
- Health-Related Concerns



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The collage features four digital resources:

- ESRB Tools For Parents:** A page from the Entertainment Software Rating Board (ESRB) titled "Tools For Parents" with a sub-header "Selecting Appropriate Video Games". It provides guidance on using ESRB ratings to help parents choose appropriate video games for their children.
- Child Mind Institute Media Guidelines:** A page titled "Media Guidelines for Kids of All Ages" by Rachel Ehmske. It offers tips for ensuring children's screen time is healthy and includes a download link. The page is written by Rachel Ehmske and has a clinical expert, Donna Wick, Ed.D.
- Common Sense Media:** A page titled "Parenting, Media, and Everything in Between" with a search bar and navigation tabs for Movies, TV, Books, Games, Podcasts, Apps, YouTube, Parent Tips and FAQs, and Celebrating Community. It also has filters for Screen Time and All Ages.
- Reviews for what your kids are into:** A section showing reviews for various media, including movies like "Taylor Swift: The Eras Tour" and "Killers of the Flower Moon", and games like "Spider-Man 2". Each item includes an ESRB rating (e.g., age 13+, age 16+, age 12+, age 13+).

Other Hot Topics Related to Electronics for Future Discussion

- Altercations and threats due to social media postings
- Policies regarding cell phone use during the school day
- Personal lives of students and staff being brought to school via social media
- News impinging on the school day
- Bringing one's own laptop device to use in school

EMAIL APNEA

- Up to 80% of American smart phone users may be experiencing email apnea.
- This includes holding your breath or shallow breathing while doing email – or while working or playing in front of a screen.
- When picking up your device, deepen your conscious breath and notice posture to allow for easier breathing.
- Notice if you're scanning for urgent messages, if you enter a state of fight or flight, or have increased heart rate.

Stone, L. (2012, July 07). The connected life: From email apnea to conscious computing.

4-7-8 Breathing



One-Minute Individual Stretch Break

Then to Somis Case Study on
"Suicide Training for School Staff"



Somis School



With thanks to:

Richard Lieberman, NCSP, Lead Suicide Prevention Consultant (SPORT) Lecturer,
Loyola Marymount University (CA)

&

Stephanie Murray, MA, SPORT Trainer
Lead Psychologist, Whittier Union HSD (CA)

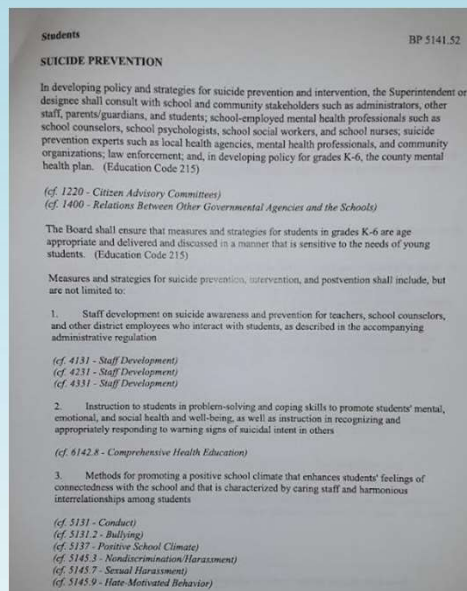
Legislative Mandate

- **Pupil Suicide Prevention Policy (AB 2246)**
- Author: Assemblymember Patrick O'Donnell, 70th District (D Long Beach) Co-sponsors: Equality California, The Trevor Project
- **Legislation approved by Governor Brown and chaptered by Secretary of State Padilla: September 26, 2016**
- Signed into law during National Suicide Prevention Awareness Month, AB 2246 and represented an effort to address rising youth suicide rates.
- **Was to be implemented by all LEAs that serve 7th to 12th grade students before the beginning of the 2017-2018 school year.**

Legislative Mandate (continued)

- AB 1767 extended the mandate to K through 6th grade as well
- Bill sponsored by James C. Ramos and Marc Berman.
- Signed by Governor Newsom October **2019**, to go into effect 2020-21 school year.
- Specified that we have a staff training to review the critical role of all adults in the school setting in preventing suicide.
- Each year, a “booster” presentation for staff for updates and reminders.

Somis Suicide Prevention Policy BP 5141.52



VCSSFA's Youth Suicide Online Training for Staff

- Training platform is provided by VCSSFA.
- Target/Vector Solutions is the vendor.
- Course is titled, “Recognizing and Preventing Youth Suicide.”
- <https://www.vectorsolutions.com/resources/blogs/suicide-awareness-and-prevention/>

VCOE's website has links to Youth Suicide Prevention Policy Development Resources

- [California Department of Education \(CDE\) Youth Suicide Prevention Site](#)
- [VCOE Board Policy 5141.52 - Suicide Prevention](#)
- [Additional Policy Resources](#)
- <https://www.vcoe.org/Title-IX-Bullying-Harassment-Suicide-Prevention#suicide>

VCOE's Suicide Prevention Board Policy states:

- Measures and strategies shall include:
 - Address the needs of **high-risk groups**
 - Provide **provision of information to parents/guardians** regarding risk factors and warning signs of suicide,
 - Be **age-appropriate** and sensitive to the needs of young students,
 - Include **community resources** that can help youth in crisis,
 - Address any trainings on suicide awareness and prevention to be **provided to teachers of all grade levels**.

VCOE's website has links to free suicide prevention training for middle and high school students and staff

- **LivingWorks Start**, a 90-minute online training program, teaches life-saving skills to recognize and support those in need. Funded by Assembly Bill 1808, this interactive training is **available at no cost to California middle and high school students (13 years and older) and staff**.
- You can download a flyer with links to the training here: [Livingwork Start](#)
- You can also access the training directly at: <https://www.lwyouthsummit.com/access-training>
- <https://www.vcoe.org/Title-IX-Bullying-Harassment-Suicide-Prevention#suicide>

VCOE's website has links to free training for school leaders

- The Suicide Prevention Ongoing Resilience Training (SPORT) project provides training, support, and resources to implement a sustainable system to deliver suicide prevention, intervention, postvention, and SEL content to school leaders while complying with AB2246 and AB 1767 mandates. Information and registration can be found here: [SPORT](#).



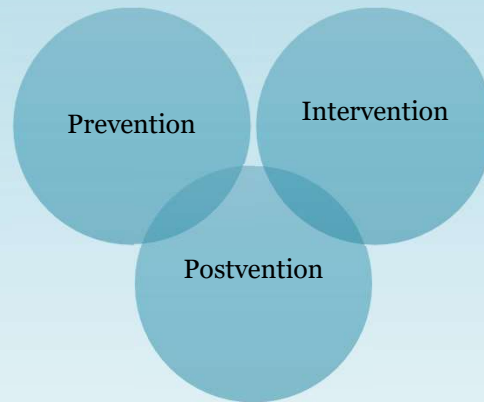
Student ID Card

- All local educational agencies that serve grades 7-12 and issues student id cards, must print the telephone numbers for suicide prevention and domestic violence hotline numbers on either side of the card. Template for Student ID Cards and an actual Student ID Card:



Components of a Pupil Suicide Policy

- Prevention
 - Universal
 - Train All
 - Procedures in place
- Intervention
 - Building Resilience
 - Positive School Climate
 - Addressing threats, attempts
- Postvention
 - Aftermath of a suicide



Vocabulary Review

- Say “**die by suicide**” rather than “commit suicide” – “commit” implies a crime or a sin, and we are approaching mental health more compassionately now
- “**Suicide hotline**” is a national hotline, **access via 988** – text - call - chat
- “**Old suicide hotline**” is active indefinitely – 1-800-273-TALK
- “**Somis School Crisis Team**” – mental health professionals and administrators are the core members – and all staff are extended members
- “**County Crisis Team**” – VCBH 24/7 service – 1-866-998-2243 – mobile crisis response team for psychiatric emergencies
- “**Suicidal ideation**” – thoughts, ideas, rumination, contemplation of killing oneself
- “**Escort**” – to go with a student who has suicidal ideation or intent to their next location to ensure their safety



Common Myths

A table group activity:
True or False?

Review of Stats

- Suicide is the second leading cause of death for 10- to 24-year-olds in America. (CDC 2019) (Accidents are first.)
- Males are 4X more likely to die by suicide, females 3X more likely to attempt.
- Teen girls present higher levels of persistent feelings of sadness and hopelessness, as well as more suicidal thinking and planning, compared with boys.
- For every youth death by suicide, 200 youth attempt.
- **Four out of five teens who attempt have given clear warning signs.**



Take a moment...

IN ADDITION TO AGE AND GENDER, JOT DOWN WHAT YOU THINK MAY BE “RISK FACTORS” FOR YOUTH, IN INCREASING THEIR RISK OF SUICIDALITY

Risk Factors

- **There is no single cause or predictor for suicide.**
- **Risk factors come together in a “perfect storm.”** The covid-19 pandemic made this worse and exacerbated isolation. (Lieberman et al)
 - Eight risk factors:
 - **Alcohol and substance abuse**
 - **Accessibility to means (firearms, medication, proximity to bridges, etc.)**
 - **Depression/Co-morbidity**
 - (60% of deaths in US by suicide involve depression)
 - **Previous suicidal behaviors**
 - **Hopelessness (visible in elementary schools)**
 - **Impulsivity (visible in elementary schools)**
 - **History of non-suicidal self-injury (“cutting” “burning”)**
 - **History of trauma or adverse childhood experiences (ACES)**

LGBTQ+ Youth

- LGB youth seriously consider suicide at three times the rate as heterosexual youth.
- LGB youth are four to five times as likely to have attempted suicide compared to heterosexual youth.
- Of all the suicide attempts made by youth, LGB youth suicide attempts were almost five times as likely to require medical treatment than those of heterosexual youth.
- LGBTQ+ youth who grow up in nurturing homes and safe environments have no greater suicide risk than heterosexual peers.
- **The significant risk factors for LGBTQ+ youth are parental rejection and victimization from peers.**

Cultural Perspectives related to Risk

- Historically, highest suicide risk individuals in USA have been Caucasian Males (men and boys)
- Native American and Alaskan Native youth now show the highest rates of depression and suicide in USA – estimated 14% to 27% of adolescents have attempted suicide in this group
- Hispanic boys and girls (especially females) in LAUSD have the highest level of reporting of suicidal thoughts and behaviors compared with counterparts in other cultural groups in the District (but not the highest in suicide completions)
- Rise in risk among African-American students in LAUSD – the suicide rate among young Black children ages 5 to 11 doubled between 1993 to 2013
- Higher rates of depression for Asian adolescent girls are strongly associated with the challenges of acculturation and family/academic expectations, per LAUSD report

High Risk Youth as Defined by Assembly Bill 2246

- EXPOSED TO SUICIDE
- DEPRESSED; MENTAL ILLNESS
- ALCOHOL/SUBSTANCE ABUSE
- YOUTH WITH DISABILITIES
- LGBTQ+ YOUTH
- YOUTH EXPERIENCING HOMELESSNESS; YOUTH IN FOSTER CARE

Other High Risk Groups to Note:

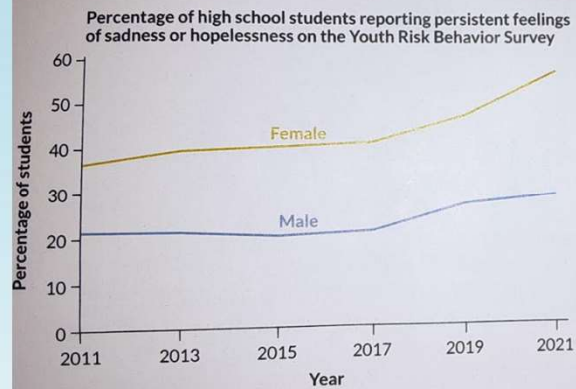
- Victims of bullying – and bullies
- Youth currently engaged in non-suicidal self-Injury

Situations Recognized as Increasing Suicide Risk for Youth

Situation	Examples
Loss	death by suicide, divorce, transience, romance , dignity
Victimization/ Exposure to Violence	at home, in community, at school
School Crisis	disciplinary, academic
Family Crisis	abuse, domestic violence, running away, argument with parents or caregivers
Exposure to Suicide	family member, friend, community member, in the news

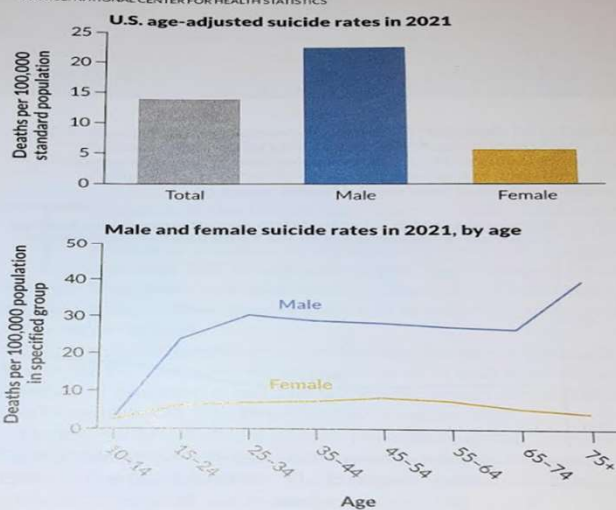
Let's look more closely at
gender-related differences.

Depths of despair Over the last decade, a national survey of U.S. high school students has consistently found higher levels of persistent feelings of sadness or hopelessness in teen girls compared with teen boys. But some experts say the survey may not offer a complete picture of boys' mental health. SOURCE: CDC



www.sciencenews.org | July 1, 2023 19

Suicide stats The latest data in the United States show that the overall suicide rate for males is much higher than for females (top graph). That gap holds across most age groups (bottom graph), even though teen girls report higher levels of suicidal thinking and planning than boys. SOURCE: NATIONAL CENTER FOR HEALTH STATISTICS



20 SCIENCE NEWS | July 1, 2023

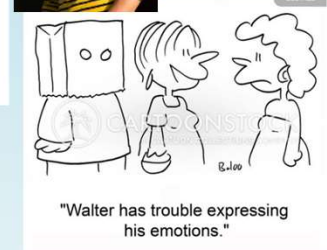
What factors might account for gender differences in suicidality?

Better screening Depression may manifest differently in men and women, so some researchers have developed male-specific diagnostic tools. The Male Depression Risk Scale asks individuals to rate how often over the last month various statements (some shown below) apply to them. These statements address emotion suppression, anger and other topics that are not often included in traditional screening tools. SOURCE: S. RICE ET AL/HARVARD REVIEW OF PSYCHIATRY 2022

Items from the Male Depression Risk Scale

- I bottled up my negative feelings.
- I had unexplained aches and pains.
- I needed alcohol to help me unwind.
- I overreacted to situations with aggressive behavior.
- I stopped caring about the consequences of my actions.
- It was difficult to manage my anger.
- Using drugs provided temporary relief.

How do we use this information to help boys and male-identifying teens with their mental health?



How do we keep all of them safe?



Take a moment...

JOT DOWN WHAT YOU THINK SOME “PROTECTIVE FACTORS” MAY BE FOR YOUTH, IN KEEPING THEM FROM SUICIDALITY

Protective Factors

- **Feeling safe in a secure environment**
- **Having social supports**
- **Feeling connected**
- **Involvement in extra-curricular activities**
- Being cognitively flexible
- Willingness to obtain treatment
- Strong spiritual or religious ties

In 2017, when edutopia.org asked readers to describe the traits of a life-changing teacher, very few of the responses were about test scores or academics. People overwhelmingly said that **great teachers make their students feel safe and loved, believe in their students, model patience, and help their students reach their full potential—all qualities that remain largely unmeasured.**

- George Lucas Educational Foundation (founded 1991)

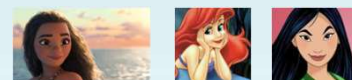


Resilience is also rooted in “HOPE”

- To cultivate positive change—in yourself, others, or society, restoring hope is a vital first step.
- Hope is a nuanced, cognitive process that involves well-known psychological concepts, such as goal-setting, agency, and cognitive restructuring.
- Late psychologist C. Rick Snyder, PhD, defined hope as “the perceived capability to derive pathways to desired goals, and motivate oneself via agency thinking to use those pathways.”
- In a number of studies, people with depression were taught to define pathways towards success in improving mental health (generating hope) reported less symptoms than those in other interventions.
- Doing the work of reframing thoughts and forming new habits leads to reaping the benefits of hope.
- From APA, Monitor on Psychology: <https://www.apa.org/monitor/2024/01/trends-hope-greater-meaning-life>

Hope As A Social Gift

- Jacqueline Mattis, PhD, of Rutgers University-Newark, and Chan Hellman, PhD, of the University of Oklahoma are psychologists currently studying hope.
- "Hope is the belief that the future can be better than today, and that we have the power to make it."
- When we experience barriers to our pathways to the future, we may experience anger and frustration, and slide into a sense of urgency, marked by agitation, anxiety, and rash decision-making, leading to despair and desperation.
- The end of hope is often the end of people's capacity to imagine why it's meaningful and possible to be alive.
- In Disney movies, the main character has a goal, a pathway and agency and then experiences a tremendous barrier. The way the main character overcomes those significant barriers is almost always the same. Their friends come together, and it just demonstrates that hope is such a social gift, something that we can share.
- <https://www.apa.org/news/podcasts/speaking-of-psychology/hope>



Tips for Cultivating Hope

- Break goals into smaller chunks to allow more frequent achievements.
- Stay in community – Be connected to a supportive and inspiring collective.
- Prepare to pivot and use your creativity.
- Reflect on the past to gather evidence of hurdles you have overcome.
- Celebrate wins along the journey.
- Recognize that you're already practicing hope – Showing up is an act of faith.
- From APA, Monitor on Psychology: <https://www.apa.org/monitor/2024/01/trends-hope-greater-meaning-life>

How do we measure our students' levels of hope?



- In counseling, we interview our students to assess what their current and future outlook is.
- How can we quantify these levels of hope so we can pick up changes?
- HopeCheck.org, LLC is a registered Delaware Public Benefits Corporation that was started by a family foundation who lost a family member from a mental health struggle.
- Their goal: "We want to help people who are silently suffering with mental health issues. We created a unique way they can express their suffering. That way is by self-scoring their hope. When hope is high, mental health is strong. When hope is low, mental health is weak."
- Students are sent prompts once per week (outside of school hours) on their cell phones asking them to rate their level of hope, and this information is sent to the counselor or psychologist to review. Low hope signals a time to talk and a follow-up appointment.



• <https://www.hopecheck.org/>

A small illustration of a student's profile card. It has a grid of colored dots (red, yellow, green) representing hope levels. There is also a small cartoon character of a student with blue hair and a yellow shirt.

Student	Hope Level	Notes
Student A	High	Good progress
Student B	Medium	Needs support
Student C	Low	Needs immediate attention
Student D	High	Good progress
Student E	Medium	Needs support
Student F	Low	Needs immediate attention

What are **red flags or warning signs** we might see in our students that could lead to a conversation and/or a risk assessment?



Take a moment...

DISCUSS WITH YOUR TABLE GROUP WHAT YOU THINK SOME “WARNING SIGNS” MAY BE FOR INDICATING THAT A YOUTH MAY BE SUICIDAL
“WHAT YOU SEE THAT ALERTS YOU TO GETTING HELP FOR THE YOUTH”

Warning Signs

What you might see that alerts you to getting help for the youth:

- Suicidal notes/texts/social media posts
- Threats: direct (“I’m going to kill myself.”)
indirect (“Everyone would be happier if I were never born.”)
- Depression/hopelessness
- Loss of energy/lack of enthusiasm for life
- Risk-taking behaviors
- Having a plan/method/access – more detailed plan means more likely
- Giving away prized possessions/making final arrangements

Warning Signs (continued)

What you might see that alerts you to getting help for the youth

- Intense feelings of being a burden
- Isolation and a lack of belonging/connections
- Sudden changes in behavior
 - * Friends, drug use, moods, eating, sleeping, school attendance
- Death and suicidal themes in writings, readings, websites
- Elementary school age children may:
 - * Threaten to run into traffic, Jump from high places, Cut, scratch, mark the body

What we shared with Somis Staff:

If you observe any of the warning signs...
...follow Somis School's procedures for
referral and intervention.

*Connect with a school mental health
professional to have them do a
Student Risk Assessment*

Connect with Kim C or Gabby.
If neither is on site,
Dr. Vaca will contact VCOE to send over a counselor or
school psychologist for the risk interview.

74

Who does a Risk Assessment?

From Somis School Board Policy 5141.52 on Suicide Prevention:

“District employees shall act only within the authorization and scope of their credential or license. Nothing in this policy shall be construed as authorizing or encouraging district employees to diagnose or treat mental illness unless they are specifically licensed and employed to do so.”

So can I talk with a student about suicide?

- Yes! Don't be afraid to talk with students about suicide. You are not putting the idea into their heads. You are showing them you are a safe person who is willing to talk about it.
- Know the risk factors and warning signs so you know *when* to talk with a student directly about suicide.
- Begin and maintain the chain of supervision. Constant supervision. Adult escort to the crisis team.
- Refer student for risk assessment immediately. Don't wait until after lunch.
- Join crisis team to provide important background information as soon as feasible.



Review: What do I say?

- "I'm concerned about how you feel and I cannot let anything happen to you."
- "I care about what happens to you and I need help with this, so I'd like to involve someone else."
- "Thank you for confiding in me. I don't want you to hurt/kill yourself. So let's get you to some help that can support you."
- "I'm on your side and we'll get you help."
- "Thank you for trusting me."
- "Things can get better."

How do the signs of suicidal ideation differ from those of homicidal ideation?

- Suicidal ideation, also known as suicidal thoughts, refers to thinking about, considering, or planning suicide. Suicidal ideation is more common than suicide attempt or suicide death.
- Homicidal ideation, also known as homicidal thoughts, refers to thinking about, considering, or planning a homicide.
- Homicide is different from **suicide**, which means a person wants to harm themselves rather than harming self, respectively. A patient who is **suicidal** might also have **homicidal** ideations; a risk assessment is used for diagnosing and differentiating the two.

What might we observe or find out during an interview to help us differentiate between suicidal and homicidal ideation?

	Emotionality	Threats	There is an Identified Victim	Victim is Self	Victim is Other	Due to Mental Illness	Depression Comorbid
Suicidal	X	X	X	X		Can be	Often
Homicidal	X	X	Maybe		X	Can be	Can be

Put on your detective hat... 🦘

Warning Signs To Look For	✓
Suicidal notes / texts / social media posts	
Direct threats of self-harm	
Indirect threats of self-harm	
Depression / Hopelessness	
Loss of energy / Lack of enthusiasm for life	
Risk-taking behaviors	
Having a plan / method / access	
Giving away prized possessions / Making final arrangements	
Intense feelings of being a burden	
Isolation and a lack of belonging / Lack of connections	
Sudden changes in behavior (friends, drugs, alcohol, moods, eating, sleeping)	
Death and suicidal themes in writings, readings, websites visited	
Cuts, scratches, marks on the body	

Practice Identifying "Warning Signs"



- **View** this video skit of two students talking
- **Check off** "Warning Signs" you observe in this video
- **Discuss** with your tablemates briefly and see if you each observed/found similar signs

As we transition to a Break, take a look at the video,
 "A Day in the Life of A School Resource Officer,"
 from Redlands Unified School District.



School Resource Officer U.S. Statistics

- SROs are **not required to register in any kind of national database**, so there are only estimates of their numbers—no firm tally.
- Federal data estimate that in the 2015-16 school year, **there were some 52,000 full or part-time SROs in schools at least once a week**, plus another 15,500 sworn law enforcement officers in schools who were not SROs.
- The most recent federal data available, from the 2017-18 school year, show that **about 45 percent of schools in the U.S. had an SRO in place at least once a week**. (Another 13 percent of schools reported hosting police who were *not* SROs.)
- This represents a **steady growth over the last few decades**; only 32 percent of schools reported having an SRO in 2005-06.
- Based on Federal data, **nearly all SROs are armed** (about 91 percent), and most carry other restraints like handcuffs as well.
- <https://www.edweek.org/leadership/school-resource-officer-sro-duties-effectiveness>

As you will see in this next section, the roles of School Resource Officers (SROs) vary depending on their school district and their assignment.

At the end of this section, we will have an opportunity for a table group discussion where our SROs are invited to share ideas, their most positive success stories, and proudest moments.



In the U.S. as a whole, which grade levels are supported by SROs?

- Traditionally, SROs have been more common in secondary schools than in elementary schools, but there are indications that the proportion working in elementary schools has risen.
- This appears to be a relatively recent phenomenon caused by several high-profile school shootings in the late 2010s, as states began to pass laws requiring SROs or other armed personnel in schools.
- The end result is that more districts have added SROs in lower grades.
- Florida saw a dramatic increase in police presence between 2017-18 and 2018-19 after passing legislation developed in response to the 2018 high school shootings in Parkland, with much of that due to increases in SROs in the elementary grades.
- <https://www.edweek.org/leadership/school-resource-officer-sro-duties-effectiveness>

U.S. Secret Service Findings on SROs

- ❑ A 2021 publication by the U.S. Secret Service focused on analyzing 63 plots against schools. The authors found that, in nearly one third of cases (31%), an SRO played a role in disrupting an attack plot.
- ❑ This role varied and included:
 - ❑ Eight SROs who directly received the initial reports about the plots from students and others, highlighting their role as a trusted adult in the school community.
 - ❑ An SRO who uncovered a plot during an unrelated investigation.
 - ❑ Those who took part in the response or ensuing investigation.
- ❑ Participation included, but was not limited to, removing the plotters from class or intercepting them before they entered the school, conducting interviews, monitoring online activities, searching lockers or backpacks, and arresting the plotters.

<https://www.secretservice.gov/sites/default/files/reports/2021-03/USSS%20Averting%20Targeted%20School%20Violence.2021.03.pdf>

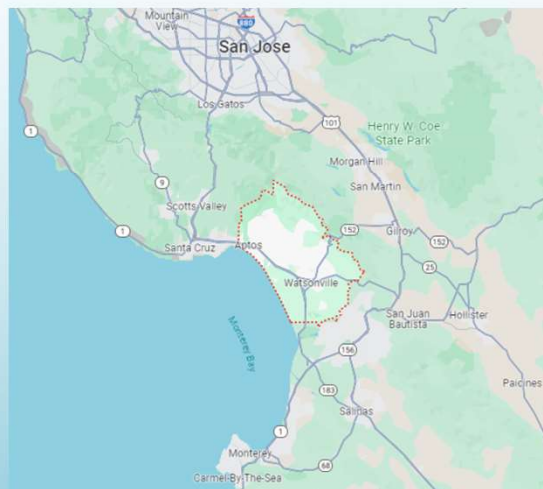
California School Resource Officers' Association states...

- The role of the school resource officer (SRO) is to assist in building a positive school culture by implementing the main duties of the SRO, working closely with the school leadership team, and making a positive impact on the school community while focusing on school safety.
- The four main duties are:
 - one of a counselor by talking with students and staff and offering guidance and assistance;
 - one of teacher by providing classroom presentations, support On-Campus Intervention (OCI) or Saturday School through discussions and lessons, staff development and informational sessions for parents;
 - one of social worker by linking students, parents and staff with resources and services;
 - lastly, as a law enforcement professional when all other options are exhausted or the case warrants tier three interventions or arrest.
- The majority of SRO – student contacts are positive in nature and serve to connect the student with another caring adult on campus or to provide mentoring, guidance and connections to needed services.
- <https://csroa.org/CSROA>

School Resource Officers Are Important Mental Health Supporters in the School Setting



Map of Pajaro Valley USD and Surrounding Region in Monterey County, Central Coast of California



Pajaro Valley Pilot Program: Pairs SROs with Mental Health Clinicians

- The school board had voted to remove SROs from the schools in July 2020, but reinstated them a year later with a pilot program pairing SROs with mental health clinicians.
- In September 2021, after an increase in violence just after the school year began, Pajaro Valley Unified School District in Watsonville, California, approved the resolution adding SROs in tandem with mental health clinicians.
- The district placed new SROs and mental health clinicians at two of its eight middle and high schools.
- When asked this month, Assistant Superintendent Lisa Aguerria responded, "We still are pairing the Mental Health Clinician with the SRO. When fully staffed, the program pairing works well." (January 2024)

<https://www.securitymagazine.com/articles/96130-california-school-district-pairs-sros-with-mental-health-clinicians-in-new-safety-plan>

Pajaro Valley USD Guiding Principles for Pairing SROs and Mental Health Clinicians

- The partnership is grounded in resource, connections, and education, and not solely in response to crisis.
- It is an expectation that the mental health clinician and School Resource Officer are physically with each other in partnership of duties.
- They will work jointly by consulting with each other on student interactions and cases.
- As a team, the pair uses data to identify the appropriate materials needed to create preventive presentations for assemblies, classes, groups, and parent nights.
- Information graciously shared by Dr. Ivan Alcaez, Director of Student Services, Pajaro Valley USD, January 22, 2024.

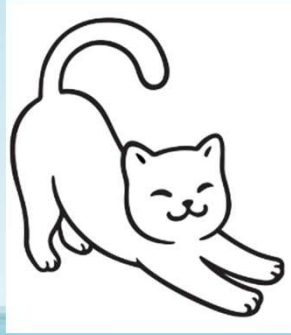
How do we handle privacy issues at the intersection of relationships and roles?

- When SROs and other law enforcement officials interact with school personnel, how is information shared?
- If SROs find out about something going on with a student, what are some ways to share this with mental health personnel at the school site without breaching privacy rules?
- Ex: SROs are involved in a domestic violence call. "Can you check in with this student this week?" "Can you give extra attention to this student this week?"

Table Activity with SROs: Roles, Successes, Brainstorms

- **SROs, Please share with your table group:**
 - What are your specific **roles and duties** at your schools?
 - What are some **success stories** of which you are particularly proud?
 - How do you **interact with or share information with a mental health professional** at your site(s)?
 - **When is a situation escalated** to involve an SRO at your site(s)?
 - Given your particular/unique skills, training, experience, and background, is there **anything additional you would like to contribute at your site(s)**? Are there any **barriers or challenges** that must be faced before you can contribute optimally?
- **Other Table Members, Please:**
 - **listen** to your SROs' roles, duties, successes, ideas, and unique skills and background.
 - **collaboratively brainstorm** approaches or solutions if there are barriers or challenges.

One-minute stretch before we go into our last section.



De-escalation During and After A Crisis

What Is De-Escalation?

- A variety of **psychosocial techniques** aimed at reducing violent and/or disruptive behavior.
- **Skills used** to reduce/eliminate the risk of violence during an escalation phase **through verbal and non-verbal communications**.
- **Less** authoritative, **less** controlling, **less** confrontational approach to gain **more** control.
- <http://www.gocit.org/deescalation-crisis-intervention-training.html>

Ventura County SELPA Trainings on NCI

- Ventura County SELPA offers Nonviolent Crisis Intervention Training from the [Crisis Prevention Institute \(CPI\)](#) to staff and parents in our county. The care, welfare, safety, and security of everyone is the foundation of CPI. Training includes preventative strategies, de-escalation skills, and communication skills to address disruptive and aggressive behaviors.
- Ventura County SELPA and Non-Public Schools serving Ventura County SELPA students may only use emergency interventions implemented by CPI-certified personnel.
- <https://vcselpamaint.vcoe.org/For-Educators/Behavior-Interventions/Non-Violent-Crisis-Intervention-NCPI#:~:text=Ventura%20County%20SELPA%20offers%20Nonviolent,is%20the%20foundation%20of%20CPI.>




NON-VIOLENT CRISIS INTERVENTION LEVEL ONE TRAININGS 2023-2024

A PROGRAM FOCUSING ON THE PREVENTION AND MANAGEMENT OF EXPLOSIVE BEHAVIOR

August 30, 2023	November 17, 2023	February 28, 2024
September 11, 2023	December 5, 2023	March 4, 2024
September 27, 2023	December 16, 2023	March 14, 2024
October 3, 2023	January 22, 2024	April 10, 2024
October 23, 2023	January 31, 2024	May 1, 2024
November 8, 2023	February 8, 2024	May 16, 2024


Location: Ventura County Office of Education
 5100 Adolfo Road, Camarillo, CA 93012

Check in: 7:45am - 8:00am
Workshop: 8:00am - 3:30pm
 Participants must be checked in prior to the 8am start time or will not be admitted. Participants who arrive more than 15 minutes after the training begins will NOT be admitted.

COST \$50
 NO COST FOR EMPLOYEES OF A VENTURA COUNTY SCHOOL DISTRICT

WEAR COMFORTABLE CLOTHING AND TENNIS SHOES. NO OPENED TOED SHOES OR SANDALS. YOU WILL NOT BE ALLOWED TO PARTICIPATE IF INAPPROPRIATE SHOES ARE WORN.

ABOUT THE TRAINING
 The techniques you will learn focus on preventing explosive behavior and safely managing physical crisis. Training in these techniques will be required to correctly utilize emergency behavior interventions outlined in the SELPA plan in compliance with California Code of Regulations - Title certification. Participants must complete BOTH the virtual portion and the in-person training. You must also pass a written examination to receive certification.

NOTE
 The Ventura County SELPA is only authorized to certify employees of the Ventura County SELPA districts, charter schools, non-public schools and contractors. We are not able to oversee the integrity of the interventions utilized by persons who are not our employees, nor are we able to ensure that they attend annual refresher courses. People who do not meet this criterion are welcome to attend and will receive a certificate of attendance but will not be certified.

MODULE IV
 Slots are limited. NO cancellations or changes will be accepted within ten (10) calendar days of the training. However, if you have a staff person who cannot attend a training at the last minute, feel free to substitute another person from your agency/district. A phone call to our office about substitutions will fine an email is preferable. You will receive email confirmation if your registration along with the link for the virtual portion as long as we have a valid email address. (optional needs requirements for VC SELPA ACP, Module IV (Professional Only))

PRESENTER STARTS ON TIME.

DRESS CODE

REGISTER

www.vcselpa.org/Workshops-Events

Ana Teran at ateran@vcoe.org

(805) 437-1560

• Payment must be received prior to event date.

• *District Coordinator or Director of Special Education signature (VC SELPA only) required for use of SEEP PD Funds.

Crisis Prevention Institute (CPI): Nonviolent Crisis Intervention (NCI)

- Key Points to Review, Remember, or Learn:
 - Nonverbal communication
 - Verbal communication
 - Post-Vention
- <https://www.crisisprevention.com/Our-Programs/Nonviolent-Crisis-Intervention>

Nonverbal Communication

- In a crisis, nonverbal communication often happens before verbal communication.
- Proxemics
- Kinesics
- Haptics

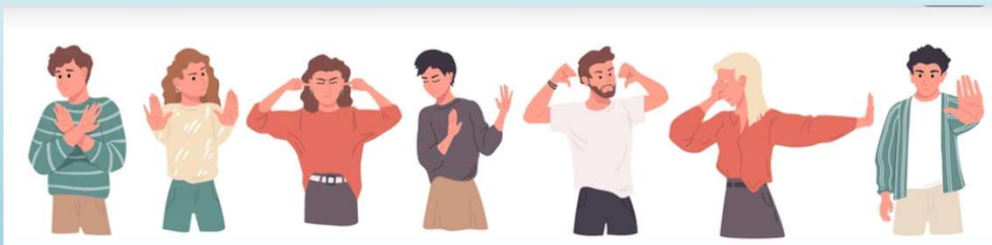
Proxemics

- **What are "proxemics?"**

- the branch of knowledge that deals with the amount of space that people feel it necessary to set between themselves and others
- the study of how space is used in human interactions
- a type of nonverbal communication
- awareness of the "personal space" or "space bubble" around us
- Americans, on average, prefer about 18" of space between themselves and another during casual conversation
- Distances chosen may vary by cultural norm, prior experience, type of relationship, etc.
- <https://www.psychologytoday.com/us/basics/proxemics#:~:text=Often%20referred%20to%20as%20personal,else%20during%20a%20casual%20conversation.>



- **What are Kinesics?** Body language – posture/stance, gesture, speed of movement



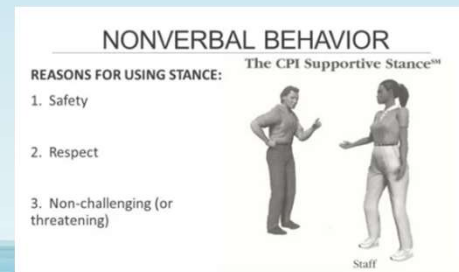
What are Haptics? Communication Through Touch

- Fist bump
- High five
- Secret handshake
- Side hugs
- Hugs
- Even during a restraint, a touch can be communicative.



The Supportive Stance

- Use the Supportive Stance when working with someone in crisis:
- It is nonthreatening, communicates respect, maintains your safety/enables you to escape
- Positioned with one side of your body closer to the distressed person
- Posture relaxed
- Proximity about a leg length away



Verbal Communication

- Paraverbals – the vocal part of speech that excludes words
 - Tone
 - Volume
 - Cadence –word flow, rhythm
- Empathic Listening – an active process of listening
 - Non-judgmental
 - Undivided attention
 - Focus on feelings and the facts
 - Allow silence for reflection – give wait time
 - Restate and paraphrase



Nonviolent Crisis Intervention Postvention

- After a person in crisis enters the tension reduction phase, you address emotions and behaviors associated with the crisis to prevent fueling another crisis cycle.
- NCI uses the “COPING” Model acronym.

The “COPING” Model as part of Postvention

- C – Control - You know it’s time when student has regained control of self. Staff needs to be calm and in control, too.
- O – Orient – Get oriented by collecting facts from the individual’s perspective, as well as from others involved, including staff.
- P – Patterns – Does the student become regularly upset about the same thing? Identify behavioral triggers by looking for patterns.
- I – Investigate – Look for alternatives. “What could you do differently?”
- N – Negotiate – Come up with an agreement. “Could you agree to try ‘X’ at recess?” “What should you do in that situation?”
- G – Give – Give student support and encouragement.

Additional Resources on De-Escalation and Nonviolent Crisis Intervention CPI

- <https://www.crisisprevention.com/Our-Programs>
- <https://www.crisisprevention.com/Our-Programs/Nonviolent-Crisis-Intervention>
- <https://www.crisisprevention.com/Our-Programs/Verbal-Intervention>
- <https://www.crisisprevention.com/Our-Programs/Nonviolent-Crisis-Intervention-APS>
- <https://www.crisisprevention.com/workplace-violence-prevention-calculator?src=nav>
- <https://www.crisisprevention.com/Our-Programs/Classroom-Culture>
- <https://www.crisisprevention.com/Blog/CPI-s-Top-10-De-Escalation-Tips-Revisited>

Mental-Health Related Preventive Resources Available to Staff and Students in Ventura County

Ventura County Employee Assistance Program

- The Employee Assistance Program (EAP) has provided professional, confidential mental health counseling support to employees and their families, since the 2018-19 school year.
- What is it for?
 - when changes or events in life cause undue stress or emotional distress
 - when talking with a professional would be helpful
 - for marriage or family related problems
 - for alcohol or drug related problems
 - for troubling challenges at work
 - for depression or anxiety

Employee Assistance Program Flyers

What's included in your EAP and WorkLife Services

Your Employee Assistance Program (EAP) and WorkLife Services are available to you at no extra cost as part of your benefits. This includes 24/7 access to EAP over the phone and online. You can call to speak with master-level employee assistance specialists who provide confidential, risk assessment, advocacy, referrals and educational materials. Or you can visit our web services, which are available in English and Spanish. Learn all the details at www.vccsebo.com, or visit our website at www.vccsebo.com.

WorkLife Services:

- Adult and elder care support
- Childcare
- Personnel planning

Convenience services:

- Pet services
- Traveling needs (business and leisure)
- Waste management

More information about what's available to you

EAP Services:

Face-to-face counseling: 3 visits available per event per year. A network of clinicians — part of our larger network of 100,000 clinicians — provides goal-oriented counseling.

Financial coaching from experts: Up to 60 minutes of free consultation (provided in 30-minute increments) with a qualified mediator, per separate legal issue, via a national network of more than 20,000 attorneys and AEO professional mediators. Ongoing services are provided at 25 percent below the firm's current rates after the initial consultation.

Legal counseling and mediation services: Free 30-minute telephonic or in-person consultation with a state-specific attorney or qualified mediator, per separate legal issue, via a national network of more than 20,000 attorneys and AEO professional mediators. Ongoing services are provided at 25 percent below the firm's current rates after the initial consultation.

Online EAP clinician visit certification: You can request and receive EAP clinician visit certification immediately through the website for routine, independent care.

Sanctuary: The Sanctuary app offers clinical techniques to help deal with the symptoms of stress, anxiety and depression — anytime. Visit www.vccsebo.com and select the Sanctuary tile under Digital Tools to download the Sanctuary app.

Telehealth: Support when you need it — no appointments necessary. With Telehealth, you can reach out to a licensed, in-network Employee Assistance Program Provider (EAP) 24/7. To get started, call your Employee Assistance Program to obtain an authorization code.

Virtual visits: With a computer and internet access, EAP services are available in the privacy and comfort of your home or wherever you choose, providing convenience and accessibility. EAP-licensed behavioral health providers are available in every state.

OPTUM

CSEBO

BAD THINGS — always come in THREES.

TRUE or FALSE

FALSE.

When going through a rough patch, it can be tough to see the good things.

Life can throw a lot at you, from small worries to big concerns. If you find yourself thinking too much, can't concentrate, work or other tasks, your EAP benefits offer confidential help and support to help you gain control.

A specialist will listen to your needs and connect you to the appropriate resources. Clinicians, counselors, mediators, lawyers and financial advisors are ready to help you with:

- Stress, anxiety and depression
- Marriage and parenting issues
- Workplace conflicts
- Sleeping problems
- Financial or legal questions
- Substance abuse or other addictions

If you're interested in EAP services, call 888-444-8624 or visit www.vccsebo.com. For more information, please refer to your provided benefit information.

Real people. Real life. Real solutions.

Your Employee Assistance Program

888-444-8624

Or log on to www.vccsebo.com

Access code: 0300

This program is provided by the United Behavioral Group of Companies, a subsidiary of United Behavioral Group, Inc. (UBG). UBG is a leading provider of behavioral health services. The program is not intended to replace medical advice or treatment. For more information, please contact your EAP provider.

Ventura County Employee Assistance Program

- EAP Representatives are licensed mental health professionals who can provide up to 5 visits at no cost to you and/or family members.
- If you prefer, you can also contact the EAP to talk with a representative regarding community resources and referrals.
- Services provided at the EAP are confidential, guided by both legal and ethical policies that are designed to carefully protect your privacy.
- **County Employees are invited to download the Headspace App to use any time:** <https://work.headspace.com/countyofventura/member-enroll>

How do I reach the Employee Assistance Program in Ventura County?

- **805-654-4327**
- <https://hr.ventura.org/benefits/employee-assistance-program>
- <https://youtu.be/xvqnS2tEaEo?si=LSeIEGCuptYCKQtJ>

**The National Suicide Prevention
Lifeline is now: 988 Suicide and
Crisis Lifeline**



988 has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline. While some areas may be currently able to connect to the Lifeline by dialing 988, this dialing code will be available to everyone across the United States starting on July 16, 2022.

Text, Chat, or Call

https://988lifeline.org/?utm_source=google&utm_medium=web&utm_campaign=onebox&scrlybrkr=2e655922

Ventura County Behavioral Health Mobile Crisis Response Team

- Available 24/7
- For psychiatric emergencies
- Serves entire community
- Will help by phone
- Will come out in person, if required
- Help to create the least restrictive plan for safety
- Can help with hospitalization, if required
- 1-866-998-2243
- <https://www.vcbh.org/en/get-help/mobile-crisis-response-team>

Ventura County Behavioral Health

- Ventura County Behavioral Health provides Youth and Family services throughout the county. Services include psychiatric assessment and treatment, outpatient therapy, case management, intensive care coordination, psychological testing, and acute crisis and hospitalization.
- <https://www.vcbh.org/youth-family/overview#:~:text=Ventura%20County%20Behavioral%20Health%20provides,and%20acute%20crisis%20and%20hospitalization.>



The Trevor Project

- The Trevor Project is the world's largest suicide prevention and mental health organization for LGBTQ (lesbian, gay, bisexual, transgender, queer, and questioning) young people.
- Trevor Lifeline - [1-866-488-7386](tel:18664887386)
- Trevor Project crisis counselors are trained to answer calls, chats, or texts from LGBTQ young people who reach out on a free, confidential and secure 24/7 service when they are struggling with issues such as coming out, LGBTQ identity, depression, and suicide.
- <https://www.thetrevorproject.org/explore/>

Logrando Bienestar

- Logrando Bienestar (Achieving Well-Being) is an outreach program of Ventura County Behavioral Health that provides education to the community to better understand the importance of emotional well-being.
- The team serves youth, families, and adults by providing linkage to mental health services and resources.
- The program is countywide, with an emphasis on the Latino community.
- For more information, call 1-805-973-5220.
- <https://www.vcbh.org/services/education-outreach>

BRAND NEW!

California DHCS* Launches Free Digital Behavioral Health Platforms

- Part of the state's [CalHOPE](#) program
- Funding from the Children and Youth Behavioral Health Initiative (CYBHI)
- Web- and app-based platforms will offer all California families with kids, teens, and young adults ages 0-25 free one-on-one support including:
 - a live wellness coach
 - a library of multimedia resources
 - wellness exercises
 - peer communities moderated by trained behavioral health professionals to ensure content is appropriate and safe for all users.
- *DHCS = California Department of Health Care Services, January 16, 2024
- https://www.dhcs.ca.gov/formsandpubs/publications/oc/Documents/2024/24-03-CYBHI-1-16-24.pdf?mc_cid=067b8edd2b&mc_eid=d081c716b2 & https://www.calhope.org/?mc_cid=067b8edd2b&mc_eid=d081c716b2

About the New Apps...

- The tools are **flexible and free** for all California families, regardless of income, health insurance, or immigration status.
- **BrightLife Kids**, developed by Brightline, is for parents or caregivers and kids 0-12 years old.
- **Soluna**, developed by Kooth, is for teens and young adults ages 13-25.
- Families with multiple children whose ages span 0-25 can use both platforms to meet their unique needs.
- Each app will also offer coaching services in English and Spanish, as well as telephone-based coaching in all Medi-Cal threshold languages.

What happens to students after an incident?

If emotionality is interfering with school progress...

- Student may go through Student Study Team review and end up having a 504 Plan or being assessed for Special Education supports and services and may be considered for eligibility under the category of Emotional Disturbance.
- For students who meet eligibility criteria, need Special Education, and “qualify,” placements may remain the same or similar, with the addition of supports, accommodations, and services.
- Students who need a higher level of support may require a higher level of support, such as a therapeutic program at another site.

Somis: After an incident of self-harm

- Parent consultation
- Team meeting to brainstorm how to help student
- Add weekly or more frequent school-based individual counseling
- Frequent teacher check-ins
- Written agreement with student to follow process of getting help
- Signed release to consult with outside therapist (if there is an outside provider)



Somis
Suicide
Prevention
Team

Last breathing and regulation exercise...

- The 60-Seconds Fix by Dr. Regalena Melrose, psychologist and educational consultant, which can be used by anyone, including teachers in the classroom.

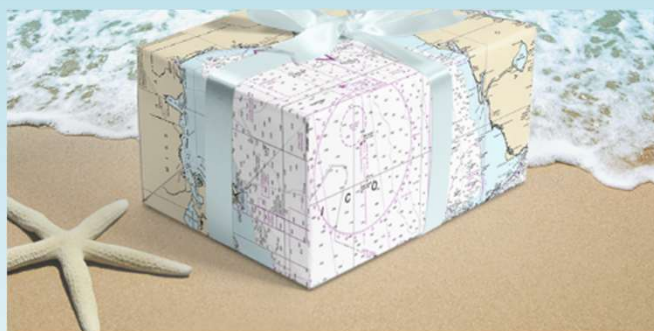


Five Key Points of the 60-Seconds Fix

- 1.) **Grounding.** Sit and feel your feet flat on the ground.
- 2.) **Support.** Take in the support of what you are sitting on.
- 3.) **Breath.** Breathe in through your nose, fill your belly with air, breathe out through either your nose or your mouth.
- 4.) **Visualization.** Visualize a soothing nature scene.
- 5.) **Noticing.** Notice what is happening inside your body and focus only on the pleasant physical sensations you are having.



Wrapping Up and "Homework"



Things to follow up with back at school...

- Give a 10-minute slide presentation with staff on key points and helpful vocabulary, allow time for discussion
- Talk with staff about self-regulation and supporting student regulation
- Talk with staff about how classrooms support safety, connection, empowerment, and agency
- Check your Comprehensive School Safety Plan to be sure it includes mental health practitioners and California's annual updates
- Practice your breathing exercises and teach them to others
- Be sure your Suicide Trainings with all staff are up to date
- Check to see if your Student IDs have 988 on the reverse side

Thank you for participating!

