The Accelerated Schools
Board Policy: AB 2246: Suicide Prevention, Intervention & Postvention (SPIP) Policies in Schools
Board Approved: October 31, 2017

INTRODUCTION

Suicide is the second leading cause of death among 10 to 24 year-olds (behind accidents) in the United Stated (CDC 2016). This alarming statistic leads us to create and implement a policy to help staff feel more confident in intervening with a student they believe to be at risk. Studies have also shown that LGBT youth are up to four times more likely to attempt suicide than their non-LGBT peers.

The Accelerated Schools are committed to providing a safe, civil and secure school environment. It is our charge to respond appropriately to a student expressing or exhibiting suicidal ideation or behaviors and to follow-up in the aftermath of a death by suicide.

AB 2246: Suicide Prevention Policies in Schools

This bill would require the governing board or body of a local educational agency, as defined, that serves pupils in grades 7 to 12, inclusive, to, before the beginning of the 2017–18 school year, adopt a policy on pupil suicide prevention, as specified, that specifically addresses the needs of high-risk groups.

By imposing additional duties on local educational agencies, the bill would impose a state-mandated local program. The bill requires the department to develop and maintain a model policy to serve as a guide for local educational agencies. The bill is authored by Assembly member Patrick O'Donnell (D-Long Beach) and co-sponsored by Equality California and The Trevor Project.

The bill requires the following elements be addressed:

PREVENTION:

1) Suicide Prevention Coordinator and a crisis team
2) Annual PD for school staff
3) Training for mental health professionals
4) Content in health curriculum

INTERVENTION:

1) Procedure for assessment and referrals for youth at risk
2) Procedures to handle in and out of school suicides attempts
3) Re-entry procedures after a crisis
4) Parental notification and involvement

POSTVENTION:

1) Crisis team procedures after a suicide death
2) Handling interaction and communication with families
3) Handling media inquiries

RESOURCES AVAILABLE:

1) Simplify policy version on parent-student handbook
2) Resource guide

PURPOSE

The purpose of this policy is to protect the health and well-being of all Accelerated School students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. The Accelerated Schools: (a) recognize that physical, behavioral, and emotional health is an integral component of a student's educational outcomes, (b) further recognize that suicide is a leading cause of death among young people, (c) have an ethical responsibility to take a proactive approach in preventing deaths by suicide, and (d) acknowledge each school's role in providing an environment which is sensitive to individual and societal factors that place youth at greater risk for suicide and one which helps to foster positive youth development.

Toward this end, the policy is meant to be paired with our current mental health program and restorative practices to continue supporting the emotional and behavioral health of students.

DEFINITIONS: SHIFT IN LANGUAGE

Common misstatements to avoid: Committed suicide, successful suicide, and failed suicidal attempt

Correct statements about suicide to avoid common misstatements:

1. Die by or of suicide: suicide is a means of death and is neither a crime nor a sin. It is not "committed". The person who dies of suicide is in so much pain that they cannot think rationally at that time. Similarly, one does not commit cancer, a heart attack or other fatal illnesses. The cause of death is the illness not the person who died of the illness.

2. Completed suicide: completed is the term used for an attempt that ended in death.

3. Survive an attempted suicide: When one does not die from an attempt one is a survivor of an attempt. This is not a failed attempt. Suicide is not a "success". The vast majority of those students who survive an attempted suicide go on to thrive and live full lives.

Suicide attempt – A potentially self-injurious behavior, associated with some evidence of intent to die.

Non-suicidal self-injury behavior (NSSI) - Self-injurious behavior not associated with intent to die (intent may be to relieve distress or communicate with another person), often called "self-mutilation," or "suicide gesture."

Youth suicide cluster – A group of suicides or suicide attempts (3 or more in the same community), or both, that occur closer together in time and space than would normally be expected in a given community.

At risk - A student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide including potential means of death and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedures.

Postvention - Suicide postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.

Suicide contagion - The process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.

Suicidal ideation - Thinking about, considering, or planning for self-injurious behavior which may result in death. A desire to be dead without a plan or intent to end one's life is still considered suicidal ideation and should be taken seriously.

Self-Injury - Self-injury is the deliberate act of harming one's own body, through means such as cutting or burning. Although self-injury often lacks suicidal intent, youth who self-injure are more likely to attempt suicide. For this reason, it is crucial that students who engage in self-injury are assessed for suicide risk. Self-injury is an unhealthy way to cope with emotional pain, intense anger or frustration.

Warning signs - Warning Signs are behaviors that signal the possible presence of suicidal thinking. They might be regarded as cries for help or invitations to intervene. Warning signs indicate the need for an adult to immediately ascertain whether the student has thoughts of suicide or self-injury. Warning signs include: suicide threat (direct or indirect); suicide notes and plans; prior suicidal behavior; making final arrangements; preoccupation with death; and changes in behavior, appearance, thoughts and/or feelings.

GUIDELINES

All employees are expected to:

- Inform the school site administrator/designee immediately or as soon as possible of concerns, reports or behaviors relating to student suicide and self-injury.
- Adhere to the Suicide Prevention, Intervention and Postvention (SPIP) policy.
- Administrator or Designee should:
    - Respond to reports of students at risk for suicide or exhibiting self-injurious behaviors immediately or as soon as possible.
    - Monitor and follow-up to ensure that the risk has been mitigated through support and resources.
    - Ensure that the SPIP policy is implemented.
    - Provide follow-up to relevant staff such as Local District Operations, as needed.

Local District Administrators and Staff should:

- Be responsible for providing training and adherence for the SPIP policy.
- Designate Local District staff to ensure the implementation of the SPIP policy and provide guidance and support, as needed, to the school site.
- District Office Staff should:
    - Support the SPIP policy by assisting Local schools with guidance and consultation, as needed.

PREVENTION EFFORTS

PREVENTION

Suicide prevention involves school-wide activities and programs that enhance connectedness, contribute to a safe and nurturing environment, and strengthen protective factors that reduce risk for students. Suicide prevention includes:

- Promoting positive school climate
- Increasing staff, student and parent/guardian knowledge and awareness of risk factors and warning signs of youth suicide and self-injury.
- Monitoring students' emotional state and well-being, as well as engaging students by providing structure, guidance, and fair discipline.
- Modeling and teaching desirable skills and behavior.
- Promoting access to school and community resources

Policy Implementation – The principals at Accelerated Charter Elementary School, The Accelerated School, and Wallis Annenberg High School are the designated suicide prevention coordinators. They are responsible for overseeing the planning and implementation of this policy at their respective school site.

School Sites - Each school principal will designate a Crisis Response Team (CRT) composed of the following members:

- **Suicide Prevention Coordinator**: Point of contact for issues related to suicide prevention and policy implementation. Acts as the coordinator for the suicide prevention action plan.
- **Team Leader**: With the support and guidance from the Suicide Prevention Coordinator, the Team Leader coordinates the development and dissemination of information and resources to staff, parents, and students at the site level.
- **Triage Crisis Responders/Counselors**: The triage crisis responder identifies and sorts children according to their exposure, identifies preexisting stressors, and the need for mental health support.

Each site must establish a crisis response team that should consist of administrators, parents, teachers, school employed mental health professionals, representatives from community suicide prevention services/school partners, and other individuals with expertise in youth mental health.

Crisis Response Team tasks include:

- Provide support in suggesting courses of action to the administration (e.g., staff meetings, letters to be sent home and announcements to the school body)
- Empower teachers in their efforts to talk with students
- Provide personnel in the classroom to assist staff members who may need emotional support
- Ensure consistency and a continuum of available responding techniques to fit various situations
- Obtain and disseminate accurate information that will help to dispel rumors
- Allow students and staff the opportunity to express their thoughts and feelings and to ask questions in a safe and controlled environment
- Provide support to staff and students during the recovery period

To accomplish these goals, responsibilities in a crisis situation can be divided among various personnel. Best practices recommend assigning staff to specific roles and blending roles is not advised. Practicality will determine how well this can be carried out in each of the schools.

Staff Professional Development - All staff will receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention. All staff members shall report students they believe to be at elevated risk for suicide to the school suicide prevention coordinator.

The professional development will include additional information regarding groups of students at elevated risk for suicide, including those living with mental and/ or substance use disorders, those who engage in self harm or have attempted suicide, those in out-of-home settings, those experiencing homelessness, American Indian/Alaska Native students, LGBTQ (lesbian, gay, bisexual, transgender, and questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities.

Content in Health Curriculum: *Youth Suicide Prevention Programming* – Student programs that address suicide can play a significant role in reducing risk for suicide when they are used in conjunction with other strategies such as interventions, protocols and staff training.

- Best practice includes a comprehensive health curriculum for students at all grade levels that meets the health Education Content Standards for California Public Schools. A developmentally-appropriate, student-centered education materials will be integrated into the curriculum of all K-12 health classes, community circles, council practices, etc. The content of these age-appropriate materials will include: 1) the importance of safe and healthy choices and coping strategies, 2) how to recognize risk factors and warning signs of mental disorders and suicide in oneself and others, 3) help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help.

- Schools may provide supplemental small group suicide prevention programming for students.

Publication and Distribution - This policy will be distributed annually and a summary will be included in all student and teacher handbooks and on the school website.

INTERVENTION PRACTICES

Assessment and Referral: Identify Students Who May Be at Risk for Suicide
Be alert to problems that increase suicide risk

How to conduct a Risk Assessment?
Although schools do not have the power to completely prevent suicides from occurring, counselors can help lower the risk by conducting risk assessments. A risk assessment is essentially a conversation about current ideation, communication of intent, plan, means and access, past ideation, previous attempts, changes in mood/behavior, stressors, mental illness, substance use and protective factors.

You may notice problems facing your students that may put them at risk for suicide. There are a large number of risk factors for suicide. Some of the most significant ones are:

- Prior suicide attempt(s)
- Alcohol and drug abuse
- Mood and anxiety disorders, e.g., depression, posttraumatic stress disorder (PTSD)
- Access to a means to kill oneself, i.e., lethal means
- Non-suicidal self-injury
- Tendency to be aggressive and violent and to engage in dangerous, illegal or risky activities
- History of child sexual abuse
- Family conflict
- Precipitants/triggering events leading to humiliation, shame or despair (i.e. loss of relationship. Conflict with peers or family members)
- Hopelessness, the belief that problems cannot be solved, poor problem solving ability
- Family history of suicide
- Severe insignia and agitation
- Acute psychosis
- Bullying
- LGBTQ

Suicide risk is usually greater among people with more than one risk factor. For individuals who are already at risk, a "triggering" event causing shame or despair may make them more likely to attempt suicide.

Non-Suicidal Self-Injury Behavior

- Common methods of self-punishment "cutting, burning, scratching, head banging"
- No intent to die

As a best practice share general safety procedures for non-suicidal self-injury behaviors by developing a written personal safety plan that addresses:

- How to keep the home environment safe (i.e. removing firearms).
- Strategies on parental monitoring
- Sharing and recognizing warning signs that a suicidal crisis may be approaching (situations, thoughts, feelings, body sensations, behaviors)
- Coming up with ways to cope personally with suicidal thoughts – internal coping strategies - without calling on other people or resources (relaxation technique, physical activity, review my Hope Box - see page 7 for a full description)
- Make sure to identify the one thing is more important to the youth and what's worth living for.
- If that doesn't work, identifying friends, family, and other people to contact for help or distraction
- And if that doesn't work, identifying mental health agencies and other resources that the youth can call (911) or visit (emergency room); or California Youth Crisis Line (1-800-8435200), National Suicide Prevention Lifeline (1-800-273-TALK), Crisis Text Line (text START to 741-741), and Didi Hirsch Community Mental Health Center (1-800-854-7771), Teen Line (www.teenlineonline.org or 800-TLC-TEEN (852-8336).

Suicide Warning Signs

Talk - if a person talks about:

- Being a burden to others
- Feeling trapped
- Experiencing unbearable pain
- Having no reason to live
- Killing themselves

Behavior - Specific things to look out for include:

- Increased use of alcohol or drugs
- Looking for a way to kill themselves, such as searching online for materials or means
- Acting recklessly
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Aggression

Mood - People who are considering suicide often display one or more of the following moods:

- Depression
- Loss of interest
- Rage
- Irritability
- Humiliation
- Anxiety

Best practices for youth with low risk: Students with a low risk of suicide display warning signs of suicide and/or express thoughts of killing themselves with no intent to act on these thoughts.

- Activate Crisis Response Team
- Remain with student
- Notify parents
- Refer to counselor for follow-up
- Document
- Follow-up with student and family
- Debrief

Best practices for youth with moderate to high risk: Students with a moderate to high risk of suicidal ideation or behavior with any intent or desire to die. If student does not require emergency medical treatment or hospitalization review the following:

- Activate Crisis Response Team
- Assign a counselor to manage the situation
- Ensure student and parents discuss importance of lethal means restriction
- Provide support and resources for family
- Explain designated Crisis Team member will follow up within 2 days
- Establish a plan for periodic contact from Crisis Response Team member
- Document
- Debrief

When a student is identified by a staff person as potentially suicidal, i.e., verbalizes about suicide, presents overt risk factors such as agitation or intoxication, the act of self-harm occurs, or a student self-refers, the student will be seen by a mental health professional within the same school day to assess risk and facilitate referral. If there is no mental health professional available, an administrator will fill this role until a mental health professional can be brought in.

In a suicidal crisis, it is often difficult for youth to identify coping skills. To combat this problem, the youth should be asked to create a "Hope Box" for use during suicidal crises or hopeless moments.

The hope box is a box or other type of container in which the youth places items and mementos that provoke positive feelings, cue them to use coping skills (such as distraction and self-soothing), and serve as reminders of reasons to continue living. Examples: photographs of favorite people and places, postcards, paper and colored pencils, letters, gifts, greeting cards, etc. Other items could include: a cuddly toy, stress ball, a journal, puzzles, a book, DVD/CD, the youth is instructed to put the hope box in a place where they can easily access it when feeling down or suicidal.

The "Virtual Hope Box (VHB)" is a smartphone application designed for use by youth as an accessory to treatment. The VHB contains simple tools to help youth with coping, relaxation, distraction, and positive thinking. The VHB provides help with emotional regulation and coping with stress via personalized supportive audio, video, pictures, games, mindfulness exercises, positive messages and activity planning, inspirational quotes, coping statements, and other tools

For information on a "Virtual Hope Box" visit:

https://play.google.com/store/apps/details?id=com.t2.vhb&hl=en

https://itunes.apple.com/us/app/virtual-hope-box/id825099621?mt=8

Best practices for youth at risk (extremely high/imminent risk):

- Ensure Crisis Team member remains with student at all times.
- The principal and school suicide prevention coordinator will be made aware of the situation as soon as reasonably possible.
- Clear the area and make sure all other students are safe.
- Suicide Prevention coordinator notifies parents. Timing of this call may be related to clinical circumstances.
- The mental health professional or principal will contact the student's parent or guardian, as described in the Parental Notification and Involvement section, and will assist the family with urgent referral. When appropriate, this may include calling 911 and indicate the need for a 5150 or the Psychiatric Mobile Response Teams (PMRT) at (800) 854-7771.
- Staff will ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate.
- Document.
- Debrief.

In-School Suicide Attempts: In the case of an in-school suicide attempt, the health and safety of the student is vital. In these situations:

1. First aid will be rendered until professional medical treatment and/or transportation can be received.
2. School staff will supervise the student at all times to ensure their safety.
3. Staff will move all other students out of the immediate area as soon as possible.
4. If appropriate, staff will immediately request a mental health assessment for the youth.
5. The mental health professional or principal will contact the student's parent or guardian, as described in the Parental Notification and Involvement section.
6. Staff will immediately notify the principal or school suicide prevention coordinator regarding in-school suicide attempts.
7. The school will activate as necessary the crisis team to assess whether additional steps should be taken to ensure student safety and well-being.

When a student commits suicide, or is the survivor of any kind of tragic death, the Crisis Response Team is confronted immediately with a number of serious issues. Some critical questions for the Crisis Response Team to consider after a crisis due to suicide or sudden death are:

- How and when should the staff be informed?
- How and when should the students be informed?
- What specific information will be shared about the tragedy with the teachers and staff?
- How will the school protect the family's privacy?
- What will staff members be told to say if contacted by the media?
- How should the personal possessions of the student be handled?
- If other schools are affected by the crisis, how should they be included in the overall postvention efforts?
- Will you have a "care center" for those students who are upset?
- Where will the "care center" be located?
- Who will supervise the "care center"?
- How will students be identified to come to the "care center"?
- How many days will the "care center" be in existence?

The first 48 hours following a student's suicide or tragic death are crucial. The specific things for The Crisis Response Team to do during the first 48 hours are listed below:

- Suicide Prevention Coordinator verifies the pass of the student. Meet and/or call the family; share with family what school and staff plans to do; protect the family's right to privacy, but also share the critical survivor needs of students and staff.
- Activate all members of the Crisis Response Team.
- Meet with faculty to provide accurate information.
- Assign the case to a counselor. Make counselor available to students, staff and the family of the deceased student.
- Identify a Crisis Team member who will follow the deceased student's class schedule to meet with teachers and classmates and to work the hallways following the crisis.
- Identify students about whom faculty and staff are concerned.
- Provide rooms for students to meet in small groups.

Suspected Child Abuse or Neglect
If child abuse or neglect by a parent/guardian is suspected or there is reasonable suspicion that contacting the parent/guardian may escalate the student's current level of risk, or the parent/guardian is contacted and unwilling to respond, report the incident to the appropriate child protective services agency. This report should include information about the student's suicide risk level and any concerning ideations or behaviors. The reporting party must follow directives provided by the child protective services agency personnel.

Responding to Students with Disabilities
For students with disabilities whose behavioral and emotional needs are: documented to be more intense in frequency, duration, or intensity; affect their ability to benefit from their special education program; and are manifested at the school, at home, and in the community, contact the Division of Special Education ERICS Department at (213) 241-8303 for assistance. Self-injurious behaviors may be exhibited by students with profound disabilities without being indicative of suicide or suicidal ideation. Contact the Division of Special Education at (213) 241-6701 for further assistance.

Responding to Students who may be Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ)
LGBTQ youth who are targets of bias, bullying or rejection at home or at school have elevated rates of suicidality, compared to non-LGBTQ youth. LGBTQ students with rejecting families have an eight-fold increased risk for suicidal ideation than do LGBTQ students with accepting families.

When working with LGBTQ youth, the following should be considered:

A. Assess the student for suicide risk.
B. Do not make assumptions about a student's sexual orientation or gender identity. The risk for suicidal ideation is greatest among students who are struggling to hide or suppress their identity.
C. Be affirming. Students who are struggling with their identity are on alert for negative or rejecting messages about sexual orientation and gender identity.

D. Do not "out" students to anyone, including parent(s)/guardian(s). Students have the right to privacy about their sexual orientation or gender identity.
E. Provide LGBTQ-affirming resources (see Attachment P – Resource Guide).
F. Ensure safe campuses.

Re-Entry School Procedures: For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), a mental health professional, the principal, or designee will meet with the student's parent or guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school.

1. A mental health professional or other designee will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.
2. The parent or guardian will provide documentation from a mental health care provider that the student has undergone examination and that they are no longer a danger to themselves or others.

The content of the psychological/mental health clearance to go back to school might include:

- testing administered
- evaluation of tests and interview
- results and findings
- interventions
- recommendations including whether the student is not a danger to themselves or others and is safe to return to school

3. The designated staff person will periodically (time be determined according to need) check in with student (and family) to help the student readjust to the school community and address any ongoing concerns. School accommodations may be needed to slowly transition the student back to his regular routine. Be specific and inform all stakeholders.

While the student is receiving treatment away from school:

- Ask teacher(s) to modify assignments if appropriate and arrange for book and assignment delivery and pick up.
- Ask for approval from parents/guardians/doctor/therapist for friends and/or school personnel to visit the student and/or family.
- When a student is deemed ready to return to school, request a meeting with therapist and/or doctor and parents and student to determine what will occur at school for the student.
- Continue to involve relevant staff in updates about the student and to check in with friends and other at-risk students, while continuing to remind staff and students' friends about confidentiality and its limitations.

When the student returns to the school setting:

- Decide if the student's schedule and classes need modification and determine when to reevaluate the schedule.
- Locate a place and people to whom the student can go if feeling anxious or unsafe. Parents/guardians and/or the therapist will be contacted at each incident.
- Plan with the student how to handle unwanted attention from peers. Ask teachers to be alert and report any harassment.
- Discuss with teachers what expectations and modifications may be warranted as the student re-integrates into class (This may require a 504 plan).
- Include the office staff in discussion of medications, when they are given, and their anticipated side effects. Make staff aware of potential side effects and ask them to report any unusual behavior.
- Arrange for tutoring with teachers, peers, or outside resources, if necessary.

While the student attends school:

- Check in daily for the first week; then at least twice weekly for the second week, and so on.
- Check regularly to be sure student is attending counseling and check-in often with the therapist to share school concerns.
- Ask the office to notify the Principal immediately if the student fails to show to school.
- Teachers are to report immediately if the student misses a class. Call parents/guardians immediately.
- Ask staff to monitor behavior and report any concerns.
- Arrange to meet with teachers, parents/guardians, and student to monitor progress and resolve issues.
- Document all steps taken.

Out-of-school Suicide Attempts

If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member will:

1. Call the police and/or emergency medical services, such as 911 or PET (Psychiatric Emergency Team).
2. Inform the student's parent or guardian.
3. Inform the school suicide prevention coordinator and principal.

If the student contacts the staff member and expresses suicidal ideation, the staff member should maintain contact with the student (either in person, online, or on the phone). The staff member should then enlist the assistance of another person to contact the police while maintaining verbal engagement with the student.

Parental Notification and Involvement: Working with Families

In situations where a student is assessed at risk for suicide or has made a suicide attempt, the student's parent or guardian will be informed as soon as practicable by the principal, designee, or counselor. If the student has exhibited any kind of suicidal behavior, the parent or guardian should be counseled on "means restriction," limiting the child's access to mechanisms for carrying out a suicide attempt. Staff will also seek parental permission to communicate with outside mental health care providers regarding their child.

Through discussion with the student, the principal or counselor will assess whether there is further risk of harm due to parent or guardian notification. If the principal, designee, or counselor believes that contacting the parent or guardian would endanger the health or well-being of the student, they may delay such contact as appropriate. If contact is delayed, the reasons for the delay should be documented. However, notifying parents reduces family conflict.

Parent Notification:

a) Send a letter home to parents with notification of event.
b) Opt to answer parental questions via telephone or written notice. If necessary hold a special meeting for parents/guardians to deal with concerns.
c) Offer the following resource information:
    1. Warning signs for adolescents who may be suicidal.
    2. Supportive services available to students at the school.
    3. Community resources they may wish to utilize.
    4. How to respond to students' questions about suicide.
    5. Remind them of their child's needs during this time.

See Attachment Guidelines for Notifying Families

POSTVENTION

1. **Development and Implementation of an Action Plan.** The crisis team will develop an action plan to guide school response following a death by suicide. A meeting of the crisis team to implement the action plan should take place immediately following news of the suicide death. The action plan may include the following steps:

    a. *Verify the death.* Staff will confirm the death and determine the cause of death through communication with a coroner's office, local hospital, the student's parent or guardian, or police department. Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such until after a cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parent or guardian will not permit the cause of death to be disclosed, the school will not share the cause of death but will use the opportunity to discuss suicide prevention with students.

    b. *Assess the situation.* The crisis team meets to prepare the postvention response, to consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected. The crisis team will also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. If the death occurred during a school vacation, the need for or scale of postvention activities may be reduced.

    c. *Share information.* Before the death is officially classified as a suicide by the coroner's office, the death can and should be reported to staff, students, and parents/guardians with an acknowledgement that its cause is unknown. Inform the faculty that a sudden death has occurred, preferably in a staff meeting. Write a statement for staff members to share with students. The statement should include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief. Public address system announcements and school-wide assemblies should be avoided.

    The crisis team may prepare a letter (with the input and permission from the student's parent or guardian) to send home with students that includes facts about the death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available.

    d. *Avoid suicide contagion.* It should be explained in the staff meeting described above that one purpose of trying to identify and give services to other high-risk students is to prevent another death. The crisis team will work with teachers to identify students who are most likely to be significantly affected by the death. In the staff meeting, the crisis team will review suicide warning signs and procedures for reporting students who generate concern.

    e. *Initiate support services.* Students identified as being more likely to be affected by the death will be assessed by a school employed mental health professional to determine the level of support needed. The crisis team will coordinate support services for students and staff in need of individual and small group counseling as needed. In concert with parents or guardians, crisis team members will refer to community mental healthcare providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs.

    f. *Develop memorial plans.* The school should not create on-campus physical memorials (e.g. photos, flowers), funeral services, or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion. School should not be canceled for the funeral. Any school-based memorials (e.g., small gatherings) will include a focus on how to prevent future suicides and prevention resources available.

g. *Social Networking*. Students may often turn to social networking as a way to communicate information about the death; this information may be accurate or rumored. Many also use social networking as an opportunity to express their thoughts about the death and about their own feelings regarding suicide. Some considerations in regard to social networking include:

a. Encourage parents/guardians to monitor internet postings regarding the death, including the deceased's personal profile or social media.

b. Social networking sites may contain rumors, derogatory messages about the deceased or other students. Such messages may need to be addressed. In some situations, postings may warrant notification to parents/guardians or law enforcement.

2. **External Communication:** all external communication will be handled by The Accelerated Schools

   a. Keep the executive officers informed of school actions relating to the pass of a student.

   b. Prepare a statement for the media including the facts of the death, postvention plans, and available resources. The statement will not include confidential information, speculation about victim motivation, means of suicide, or personal family information.

   c. Answer all media inquiries. If a suicide is to be reported by news media, the spokesperson should encourage reporters not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase "suicide epidemic" – as this may elevate the risk of suicide contagion. They should also be encouraged not to link bullying to suicide and not to speculate about the reason for suicide. Media should be asked to offer the community information on suicide risk factors, warning signs, and resources available.

School Culture and Events

It is important to acknowledge that the school community may experience a heightened sense of loss in the aftermath of a death by suicide when significant events transpire that the deceased student would have been a part of, such as culmination, prom or graduation. Depending on the impact, such triggering events may require planning for additional considerations and resources.

CONFIDENTIALITY

All student matters are confidential and may not be shared, except with those persons who need to know. Personnel with the need to know shall not redisclose student information without appropriate legal authorization. Information sharing should be within the confines of the District's reporting procedures and investigative process.

RESOURCES

Crisis Services for Students:
National Suicide Prevention Lifeline: The Lifeline is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis or their friends and loved ones. Call 1.800.273.8255 (TALK). Callers are routed to the closest possible crisis center in their area. http://www.suicidepreventionlifeline.org

The Trevor Lifeline: The only nationwide, around-the clock crisis intervention and suicide prevention lifeline for lesbian, gay, bisexual, transgender, and questioning young people, ages 13-24, available at 1.866.488.7386.

TrevorChat: A free, confidential, secure instant messaging service that provides live help to lesbian, gay, bisexual, transgender, and questioning young people, 13-24, through http://www.TheTrevorProject.org

School Programs: "Signs of Suicide Prevention Program (SOS) – Screening for Mental Health, Inc.
http://www.mentalhealthscreening.org/programs/youth-prevention-programs/sos/

"Lifeguard Workshop Program" – The Trevor Project thetrevorproject.org/adulteducation

ASSISTANCE:
For assistance and information, please contact any of the following offices:

- LAUSD RESOURCES Crisis Counseling and Intervention Service, School Mental Health (213) 241-3841 - for assistance with threat assessments, suicide prevention and mental health issues.
- Division of Special Education (213) 241-8051– for assistance with cases involving students with disabilities.
- Education Equity Compliance Office (213) 241-7682 – for assistance with alleged student discrimination and harassment complaints.
- Human Relations, Diversity and Equity (213) 241-5337 – for assistance with issues of bullying, conflict resolution, and diversity trainings.
- Office of Communications (213) 241-6766 – for assistance with media requests.
- Office of General Counsel (213) 241-7600 – for assistance/consultation regarding legal issues.
- School Operations Division (213) 241-5337 – for assistance with school operations and procedures concerning students and employees.

ATTACHMENT A: SUICIDE IS PREVENTABLE – Tips on what you can do:

- Talk to your student about suicide, don't be afraid, you will not be "putting ideas in their heads". Asking for help is the single skills that will protect students. Help your student to identify and connect to caring adults to talk to when they need guidance and support

- Know the risk factors and warning signs of suicide.

- Remain calm. Becoming too excited or distresses will communicate that you are not able to talk about suicide.

- Listen without judging. Allow for the discussion of experiences, thoughts and feelings. Be prepare for expression of intense feelings. Try to understand the reasons for considering suicide without taking a position about whether or not such behavior is justified.

- Supervise constantly. Do not leave the individual alone until a caregiver or school crisis team member has been contacted and agrees to provide appropriate supervision.

- Respond immediately. Escort the student to a member of your crisis team. Don't leave the student alone!

PROTOCOL FOR RESPONDING TO STUDENTS AT RISK FOR SUICIDE

The following is a summary checklist of general procedures for the administrator/designated school site crisis team member to respond to any reports of students exhibiting suicidal behavior/ideation.

The urgency of the situation will dictate the order and applicability in which the subsequent steps are followed.

A. RESPOND IMMEDIATELY
    a. Report concerns to administrator/designee immediately or as soon as possible.
    b. Do not leave the student unsupervised.

B. SECURE THE SAFETY OF THE STUDENT
    a. Supervise the student at all times.
    b. Conduct an administrative search for access to means to hurt themselves.
    c. If appropriate, contact local law enforcement, the Los Angeles County Department of Mental Health or consult with Crisis Counseling and Intervention Services, School Mental Health.

C. ASSESS FOR SUICIDE RISK (see Attachment B, Suicide Risk Assessment Tool)
    a. Administrator/designee or designated school site crisis team member gathers essential background information.
    b. Administrator/designee or designated school site crisis team member meets with the student at risk for suicide.
    c. The assessing party should collaborate with at least one other designated school site crisis team member to determine level of risk

D. COMMUNICATE WITH PARENT/GUARDIAN
    a. Share concerns & provide recommendations for safety.
    b. Communicate a plan for re-entry.
    c. Provide resources and parent/caregiver handout.

E. DETERMINE APPROPRIATE ACTION PLAN
    a. Determine action plan based on level of risk.
    b. Develop a safety plan. Follow student re-entry guidelines.
    c. Mobilize a support system and provide resources.
    d. Monitor and manage.

F. IMPORTANT CONSIDERATIONS
    a. When Certificated Staff Accompany a Student to the Hospital
    b. Providing Information for a Psychiatric Evaluation

G. DOCUMENT ALL ACTIONS (Maintain records and complete RARD on PowerSchool within 24 hours.)

Suspected Child Abuse or Neglect
If child abuse or neglect by a parent/guardian is suspected or there is reasonable suspicion that contacting the parent/guardian may escalate the student's current level of risk, or the parent/guardian is contacted and unwilling to respond, report the incident to the appropriate child protective services agency. This report should include information about the student's suicide risk level and any concerning ideations or behaviors. The reporting party must follow directives provided by the child protective services agency personnel.

PROTOCOL FOR RESPONDING TO STUDENTS WHO SELF-INJURE

The following is a summary checklist of general procedures for the administrator/designated school site crisis team member to respond to any reports of students exhibiting self-injurious behavior.

The urgency of the situation will dictate the order and applicability in which the subsequent steps are followed.

NOTE: Self-injurious behaviors may be exhibited by students with profound disabilities without being indicative of suicide or suicidal ideation. Please contact the Division of Special Education at (213) 241-6701 for further assistance.

A. KNOW THE WARNING SIGNS OF SELF-INJURY
    a. Report concerns to administrator/designee immediately or as soon as possible.
    b. Do not leave the student unsupervised.

B. PROTOCOL
    a. Respond immediately or as soon as possible.
    b. Supervise the student.
    c. Conduct an administrative search for access to means.
    d. Assess for suicide risk.
    e. Communicate with parent/guardian.
    f. Encourage appropriate coping and problem-solving skills.
    g. Develop a safety plan with student.
    h. Provide resources.
    i. Document all actions. (Maintain records and complete RARD on PowerSchool within 24 hours.)

C. SELF-INJURY AND CONTAGION
    a. Respond immediately or as soon as possible.
    b. Respond individually to students, but try to identify peers that may be engaging in similar behavior.
    c. Supervise students in separate locations and assess individually.

D. OTHER CONSIDERATIONS FOR RESPONDING TO SELF-INJURY AND CONTAGION
    a. Self-injury should be addressed individually, never in settings such as student assemblies, public announcements, or groups.
    b. When self-injury impacts the school community, consider hosting a parent/guardian meeting for awareness and psycho-education.
    c. Consult and work with Office of Communications as needed.

Suspected Child Abuse or Neglect
If child abuse or neglect by a parent/guardian is suspected or there is reasonable suspicion that contacting the parent/guardian may escalate the student's current level of risk, or the parent/guardian is contacted and unwilling to respond, report the incident to the appropriate child protective services agency. This report should include information about the student's suicide risk level and any concerning ideations or behaviors. The reporting party must follow directives provided by the child protective services agency personnel.

ATTACHMENT B: GUIDELINES FOR NOTIFYING PARENTS

Parents or guardians should be contacted as soon as possible after a student has been identified as being at risk for suicide. The person who contacts the family is typically the principal, school psychologist, or a staff member with a special relationship with the student or family. Staff need to be sensitive toward the family's culture, including attitudes towards suicide, mental health, privacy, and help-seeking.

1. Notify the parents about the situation and ask that they come to the school immediately.

2. When the parents arrive at the school, explain why you think their child is at risk for suicide.

3. Explain the importance of removing from the home (or locking up) firearms and other dangerous items, including over-the-counter and prescription medications and alcohol.

4. If the student is at a low or moderate suicide risk and does not need to be hospitalized, discuss available options for individual and/or family therapy. Provide the parents with the contact information of mental health service providers in the community. Preferably, call and make an appointment while the parents are with you.

5. Tell the parents that you will follow up with them in the next couple of days. If this follow-up conversation reveals that the parent has not contacted a mental health provider:

    a. Stress the importance of getting the child help
    b. Discuss why they have not contacted a provider and offer to assist with the process

6. If the student does not need to be hospitalized, release the student to the parents.

7. If the parents refuse to seek services for a child under the age of 18 who you believe is in danger of self-harm, you may need to notify child protective services that the child is being neglected.

8. Document all contacts with the parents.

ATTACHMENT C: Suicide Prevention Coordinator's Checklist for Responding to a Crisis

IMMEDIATE ACTIONS TO BE TAKEN

_____ Verify information regarding crisis.

_____ Notify the school

_____ Contact crisis team leader and key support staff. Determine times for a crisis team meeting and a full staff meeting.

_____ Cancel all non-emergency appointments and meetings.

WITH CRISIS TEAM

Review team role and assign the following responsibilities:

_____Identify a family contact person.

_____Identify staff members to assist substitutes and teachers who need help with reading the student announcement.

_____ Write student announcement to distribute to teachers.

_____Determine triage center; arrange small and large group meeting rooms; assign staff to cover these areas.

_____Gather resource materials for students and staff.

_____Decide who will follow the student's [or teacher's] schedule for the day.

_____Establish procedure for tracking students who are counseled, as well as those in need of follow-up.

_____Establish procedure for students in need of early release.

_____gather information about siblings and/or students living within close proximity to the persons involved in the crisis or attending other Accelerated School sites, and check on these students. Contact those school sites.

AT STAFF MEETING

_____Provide an update on the events and circumstances.

_____Emphasize the need to stick with the facts in order to reduce rumors.

_____Identify staff in need of support and identify appropriate personnel to assist.

_____Explain the protocol for requesting counseling services.

_____ Ask staff for the names of close friends and other students most likely to be impacted.

THROUGHOUT THE DAY

_____Send letter to families.

_____Obtain memorial arrangements and prepare communication with the information for students and staff.

_____Be highly visible to show presence, support and control of the situation.

_____ All media inquiries should be directed to The Chief Executive Officer.

FOLLOW-UP ACTIVITIES

_____Hold staff meeting at the end of the day, providing informational updates.

_____Ensure follow-up of students in distress, including phone calls to parents.

_____Provide a reflection session for staff, as needed.

_____Make arrangements for excused absences for students [and coverage for staff] wishing to attend services.

_____Share plans for moving forward with staff, including the rearranging of the student's desk, emptying the locker, etc.

_____Stop any school and system notifications that might be sent home, including report cards, newsletters, etc.

_____Continue to monitor impacted students and staff.

ATTACHMENT D: LANGUAGE FOR PARENT & STUDENT HANDBOOK

Protecting the health and well-being of all our students is of utmost importance to The Accelerated Schools. Suicide is the second leading cause of death among 10 to 24 year-olds (behind accidents) in the United Stated (CDC 2016). This alarming statistic leads us to create and implement a policy to help staff feel more confident in intervening with a student they believe to be at risk. Studies have also shown that LGBT youth are up to four times more likely to attempt suicide than their non-LGBTQ peers.

AB 2246: Suicide Prevention Policies in Schools This bill would require the governing board or body of a local educational agency, as defined, that serves pupils in grades 7 to 12, inclusive, to, before the beginning of the 2017–18 school year, adopt a policy on pupil suicide prevention, as specified, that specifically addresses the needs of high-risk groups.

In response to this needs, the school board has adopted a suicide prevention policy which will help to protect all students through the following steps:

1. Students will learn about recognizing and responding to warning signs of suicide in friends, using coping skills, using support systems, and seeking help for themselves and friends. This will occur in all health classes and/or community circles, council sessions, etc.

2. Each school will designate a suicide prevention coordinator to serve as a point of contact for students in crisis and to refer students to appropriate resources.

3. When a student is identified as being at risk, they will be assessed by a mental health professional who will work with the student and help connect them to appropriate local resources.

4. Students will have access to national resources which they can contact for additional support, such as:
    a. TeenLine: Text TEEN to 839863 www.teenlineonline.org
    b. The National Suicide Prevention Lifeline – 1.800.273.8255 (TALK). www.suicidepreventionlifeline.org
    c. The Trevor Lifeline – 1.866.488.7386. www.thetrevorproject.org

5. All students will be expected to help create a school culture of respect and support in which students feel comfortable seeking help for themselves or friends. Students are encouraged to tell any staff member if they, or a friend, are feeling suicidal or in need of help.

6. Students should also know that because of the life or death nature of these matters, confidentiality or privacy concerns are secondary to seeking help for students in crisis.

For a more detailed review of this policy, please ask your principal for full suicide prevention policy currently available in English only.

SUICIDE RISK ASSESSMENT TOOL

Student Name/DOB:_____ Location:_____ Date:_____

The purpose of this checklist is to determine a student's level of suicide risk. The assessing party should be the administrator/ designee or school site crisis team member(s).

DIRECTIONS: For the items with the **ASK** specification, please directly pose these questions to the student. Take note of the student's responses in the space provided and mark the check boxes, as appropriate. The * indicates *Unable to Assess*. The items with the **ASSESS** specification should not be asked directly, but rather explored by the assessing party to gather additional background information. Gathering of additional information may also include interviewing other involved individuals, reviewing student history, and referring to other data gathering sources (i.e. MiSIS, iSTAR, teacher reports/observations).

CATEGORY	ASSESSMENT QUESTIONS			
1. Current Problem/ Situation	**ASK:** *Tell me what happened.*			
2. Current Ideation	**ASK:** *Are you thinking about suicide/killing yourself now?*	☐ Yes	☐ No	☐ *
	ASK: *How long have you been feeling this way?*			
3. Communication of Intent	**ASSESS:** Has the student communicated directly or indirectly ideas or intent to harm/kill themselves? (Communications may be verbal, non-verbal, electronic, written. Please note that electronic communications may include texting and social media.) Indicate what was said and how this was communicated.	☐ Yes	☐ No	☐ *
	ASK: *Have you ever shared your thoughts about suicide with anyone else?*	☐ Yes	☐ No	☐ *
	ASK: *To whom? What did they say when you told them?*			
4. Plan	**ASK:** *Do you have a plan to harm/kill yourself now?*	☐ Yes	☐ No	☐ *
	ASK: *What is your plan?*			
5. Means and Access	**ASK:** *Do you have access to weapons, guns, medication?*	☐ Yes	☐ No	☐ *
	ASSESS: Does the student have the means/access to kill themselves?	☐ Yes	☐ No	☐ *
	ASSESS: Indicate means and access.			
6. Past Ideation	**ASK:** *Have you ever had thoughts of suicide in the past?*	☐ Yes	☐ No	☐ *
	ASK: *How long ago? Tell me what happened then.*			

7. Previous Attempts	**ASK:** *Have you ever tried to kill yourself?*	☐ Yes	☐ No	☐ *
	ASK: *How long ago?*			
	ASK: *What did you do? What happened?*			
8. Changes in Mood / Behavior	**ASK:** *In the past year, have you ever felt so sad that you stopped doing things you usually do or things that you enjoy?*	☐ Yes	☐ No	☐ *
	ASK: *What are the activities you no longer do?*			
	ASSESS: Has the student demonstrated abrupt changes in behaviors? Describe.	☐ Yes	☐ No	☐ *
	ASSESS: Has the student demonstrated recent, dramatic changes in mood and/or appearance? Describe.	☐ Yes	☐ No	☐ *
9. Stressors	**ASK:** *Has anyone close to you ever died by suicide? Who? How long ago? How?*	☐ Yes	☐ No	☐ *
	ASK: *Has someone close to you died recently or have you been separated from someone who is important to you?* (e.g., death, parent separation/divorce, relationship breakup)	☐ Yes	☐ No	☐ *
	ASK: *Has anything stressful/traumatic happened to you?* (e.g. domestic violence, community violence, natural disaster)	☐ Yes	☐ No	☐ *
	ASK: *Have you experienced victimization or been the target of bullying/harassment/ discrimination?* Describe.	☐ Yes	☐ No	☐ *
10. Mental Illness	**ASSESS:** Does the student have a history of mental illness (e.g. depression, conduct or anxiety disorder)?	☐ Yes	☐ No	☐ *
11. Substance Use	**ASK:** *Do you use alcohol or drugs? Which ones? How often? How much?*	☐ Yes	☐ No	☐ *
12. Protective Factors	**ASK:** *Do you have an adult at school that you can go to for help?*	☐ Yes	☐ No	☐ *
	ASK: *Do you have an adult outside of school, such as at home or in the community, that you can go to for help?*	☐ Yes	☐ No	☐ *
	ASK: *What are your plans for the future?*	☐ Yes	☐ No	☐ *
	ASSESS: Can the student readily name plans for the future, indicating a reason to live?	☐ Yes	☐ No	☐ *

ASSESSMENT RESULTS:

RISK LEVEL/DEFINITION	WARNING SIGNS MAY INCLUDE:
☐ **No Known Current Risk** No known current evidence of suicidal ideation	• No known history of suicidal ideation/behavior or self-injurious behavior • No current evidence of depressed mood/affect. For example, statement made was a figure of speech, intended as a joke, or was a repetition of song lyrics or movie script.
☐ **Low Risk** Does not pose imminent danger to self; insufficient evidence for suicide risk.	• Passing thoughts of suicide; evidence of thoughts may be found in notebooks, internet postings, drawings • No plan • No history of previous attempts • No means or access to weapons • No recent losses • No alcohol/substance abuse • Support system is in place • May have some depressed mood/affect • Sudden changes in personality/behavior (e.g., distracted, hopeless, academically disengaged)
☐ **Moderate Risk** May pose imminent danger to self, but there is insufficient evidence to demonstrate a viable plan of action to do harm.	• Thoughts of suicide • Some details indicating a plan for suicide • Unsure of intent • History of self-injurious behavior • History of previous attempts and/or hospitalization • Difficulty naming future plans or feeling hopeful • History of substance use or current intoxication • Recent trauma (e.g., loss, victimization)
☐ **High Risk** Poses imminent danger to self with a viable plan to do harm; exhibits extreme or persistent inappropriate behaviors; may qualify for hospitalization.	• Current thoughts of suicide • Plan with specifics - indicating when, where and how • Access to weapons or means in hand • Making final arrangements (e.g., giving away prized possessions, good-bye messages in writing, text, or on social networking sites) • History of previous attempts or hospitalization • Isolated and withdrawn • Current sense of hopelessness • No support system • Currently abusing alcohol/substances • Mental health history • Recent trauma (e.g., loss, victimization)

ATTACHMENT C

SUICIDE RISK ASSESSMENT LEVELS, INDICATORS & ACTION PLAN OPTIONS

The assessing party should collaborate with at least one other designated school site crisis team member to determine appropriate action(s) based on the level of risk. Action items should be based upon the severity and risk of suicide. There are circumstances that might increase a student's suicide risk.

RISK LEVEL/DEFINITION	WARNING SIGNS MAY INCLUDE:	ACTION PLAN OPTIONS:
☐ **No Known Current Risk** No known current evidence of suicidal ideation	• No known history of suicidal ideation/behavior or self-injurious behavior • No current evidence of depressed mood/affect. For example, statement made was a figure of speech, intended as a joke, or was a repetition of song lyrics or movie script.	• Communicate with parent/guardian, even if it is determined that there is no current risk: o Provide information regarding the incident or statement made. o Explore with the parent/guardian if there are any concerning behaviors at home, school or community. If so, this might change the level of risk originally determined. o Reinforce the importance of student safety and use of appropriate language. o Provide Attachment L, Suicide Prevention Awareness for Parents/Caregivers handout and school/community resources, as needed. • Document all actions in the RARD on iSTAR; include student identification number in the Persons Involved tab of iSTAR.
☐ **Low Risk** Does not pose imminent danger to self; insufficient evidence for suicide risk.	• Passing thoughts of suicide; evidence of thoughts may be found in notebooks, internet postings, drawings • No plan • No history of previous attempts • No means or access to weapons • No recent losses • No alcohol/substance abuse • Support system is in place • May have some depressed mood/affect • Sudden changes in personality/behavior (e.g., distracted, hopeless, academically disengaged)	• Reassure and provide support to the student. • Communicate concerns with parent/guardian (see Section IV D), including recommendations to seek mental health services. • Provide Attachment M, Suicide Prevention Awareness for Parents/Caregivers handout. • Assist in connecting with school and community resources, including suicide prevention crisis lines. • Develop a safety plan that identifies caring adults, appropriate communication and coping skills (see Attachment D2, Student Safety Plan template). • Manage and monitor, as needed. • Document all actions in the RARD on iSTAR; include student identification number in the Persons Involved tab of iSTAR.

ATTACHMENT C

SUICIDE RISK ASSESSMENT LEVELS, INDICATORS & ACTION PLAN OPTIONS

☐ **Moderate Risk**
 	
May pose imminent danger to self, but there is insufficient evidence to demonstrate a viable plan of action to do harm.
	• Thoughts of suicide
	• Some details indicating a plan for suicide
	• Unsure of intent
	• History of self-injurious behavior
	• History of previous attempts and/or hospitalization
	• Difficulty naming future plans or feeling hopeful
	• History of substance use or current intoxication
	• Recent trauma (e.g., loss, victimization)
		MODERATE & HIGH RISK ACTION PLAN RECOMMENDATIONS ARE THE SAME
		
		• Supervise student at all times (including restrooms).
		• Reassure and provide support to the student.
		• Contact the Psychiatric Mobile Response Team (PMRT) (800) 854-7771 for a mental health evaluation or LASPD at (213) 625-6631 for possible transport to an emergency hospital for a mental health evaluation.
		• See Important Considerations on page 8 of BUL-2637.2 for clarification regarding accompanying a student to a hospital and providing relevant information to the evaluating psychiatrist.
		• Develop a safety plan that identifies caring adults, appropriate communication and coping skills (see Attachment D2, Student Safety Plan template).
		• Establish a plan for re-entry, manage and monitor, as needed (see Attachment E – Student Re-Entry Guidelines).
		• Communicate concerns with parent/guardian (see Section IV E 3), including:
		  ○ Re-entry plan and recommendations to seek mental health services.
		  ○ Provide Attachment L - Suicide Prevention Awareness for Parents/Caregivers handout.
		• Document all actions in the RARD on iSTAR; include student identification number in the Persons Involved tab of iSTAR.

☐ **High Risk** Poses imminent danger to self with a viable plan to do harm; exhibits extreme or persistent inappropriate behaviors; may qualify for hospitalization.	• Current thoughts of suicide • Plan with specifics - indicating when, where and how • Access to weapons or means in hand • Making final arrangements (e.g., giving away prized possessions, good-bye messages in writing, text, or on social networking sites) • History of previous attempts or hospitalization • Isolated and withdrawn • Current sense of hopelessness • No support system • Currently abusing alcohol/substances • Mental health history • Recent trauma (e.g., loss, victimization)	

For support and consultation, contact:

School Mental Health Crisis Counseling and Intervention Services (SMH CCIS)
Monday-Friday (8:00 a.m.-4:30 p.m.)
(213) 241-3841

After hours, contact the Los Angeles School Police Department (LASPD) at (213) 625-6631.

STUDENT HEALTH AND HUMAN SERVICES Recommendations for Developing a Student Safety Plan

A Student Safety Plan should be completed after an incident involving a student who expresses suicidal ideation, is engaging in self-harm, receives a psychiatric evaluation or is hospitalized. Initial safety planning should be developed in collaboration with the student's input and should emphasize strategies that are practical. Complete a Safety Plan (Attachment D2) when the suicide risk assessment level is deemed low, moderate or high. Update the Safety Plan as needed.

Triggers: Any situation, person, place or thing that may elicit a negative reaction or cause the student to engage in negative behaviors/self-harm. Some examples may be: being alone at home, English class writing about myself, seeing my ex best friend, gossip on social media.

Warning Signs: These are the actions, behaviors and observations that inform adults/staff that a student might be feeling suicidal and needs help. These can be thoughts, images, moods, situations, or behaviors. Some warning signs adults/staff may notice in students include: talking, writings, posting or thinking about death; displaying dramatic mood swings; alcohol and drug use; socially withdrawing from friends, family and the community; drastic personality changes; and neglect of personal appearance. On their safety plan, students may indicate some of the following warning signs: can't get out of bed, heavy breathing, failing my classes, agitated by my friends and family, feeling like I can't express myself, not wanting to do the things I used to enjoy, not caring what I look like, and/or sleeping too much/not enough.

Coping Skills/Healthy Behaviors: These are positive actions and behaviors that a student engages in to help them through their struggles on a daily basis. Some coping strategies include activities that students can do in order to regulate his/her emotions (include some things he/she can do in classroom and on the school yard, and some things he/she can do at home); ask the student for input, and teach him/her additional strategies if necessary. Strategies may include: slow breathing, yoga, play basketball, draw, write in journal, take a break from class to drink water, listen to music.

Places I Feel Safe: These are places that the student feels most comfortable. It should be a safe, healthy, and generally supportive environment. This can be a physical location, an imaginary happy place, or in the presence of safe people. Help students identify a physical and/or emotional state of being. Places may include: my 2nd period class, health office, with my friends, youth group at church, imagining I am on a beach watching the waves.

School Support: Any school staff member or administrator can check in with a student regularly (regardless of whether or not the student seeks out help). Notify student's teacher(s) and request monitoring and supervision of the student (keeping in mind not to share confidential information).

Emphasize that teacher(s) must notify school site crisis team members about any safety issues or concerning observations. Some examples of school support may include: Counselor Mr. Jones, Teacher Mr. Doe, Teacher Assistant Ms. Jane, After-School Staff Ms. Smith.

Adult Support: It is important that a student also feel connected with healthy adults at home or in their community. The student should trust these adults and feel comfortable asking for help during a crisis. Identify how student will communicate with these individuals and include a phone number. Some adults may include: family (e.g., grandparent, aunt, uncle, adult sister); clergy (e.g. youth pastor); or next door neighbor-Mr. Smith.

Parent Support:

- Parent(s)/guardian(s) should follow-up with hospitalization discharge, medications and recommendations.
- Parent(s)/guardian(s) should be mindful of the following warning signs: suicidal ideation, talking, writing posts and thinking about death, dramatic mood changes, impulsive or reckless behavior, withdrawal from friends, family or community, and previous attempt.
- Parent(s)/guardian(s) should:
    - Plan for securing any and all objects and materials that could be dangerous to student (e.g., if student states she would kill herself with a knife, then plan should include securing knives and sharp objects in home; if student states she would use a gun, then plan should include removing/securing firearms from home).
    - Plan for altering home environment to maintain safety (e.g., if student talks about killing herself by jumping out a window, plan should include recommending ways to secure windows or block child's access to rooms that have windows).
    - Plan for monitoring and supervision of student. Help parent/guardian think about who will monitor the child when they cannot (e.g., while parent/guardian is at work student will stay with Aunt Shelly, student will accompany parent to run errands), and parents/guardians should have access to students' social media accounts.
- Try to illicit ideas from the student regarding ways their parent/guardian can support them. Some ways a parent/guardian may offer support include: spending time with family and friends, watch movies with mom, dad will pick me up from school, go to counseling with mom once a month.

Case Carrier Support: The case carrier is a school site crisis team member that has been identified by the administrator/designee who can follow-up with the student and the action/safety plans developed for the student. The support offered may include strategies to manage, monitor and check-in with the student. In addition, collaboration with the outside mental health agency providing services and ensuring that there is a Release/Exchange of Information form signed and on file. Case carrier support may include: monitor daily logs; check-in meeting twice a week for the first month, then reassess safety and determine appropriateness of meeting once per week; monitor grades and attendance; maintain weekly contact with Community Counseling Center and therapist.

Student Safety Plan

Student's Name: _____ DOB:_____ Date:_____

Triggers

There are certain situations or circumstances which make me feel uncomfortable and/or agitated:

1.

2.

3.

Warning Signs

I should use my safety plan when I notice these warning signs (thoughts, images, moods, situations, behaviors):

1.

2.

3.

Coping Skills/Healthy Behaviors

Things I can do to calm myself down or feel better in the moment (e.g. favorite activities, hobbies, relaxation techniques):

1.

2.

3.

Places I Feel Safe

Places that make me feel better and make me feel safe (can be a physical location, an imaginary happy place, or refer in the presence of safe people):

1.

2.

3.

School Support

Healthy adults at school and/or ways school staff can give me support:

1.

2.

3.

Adult Support

Healthy adults at home or in my community, whom I trust and feel comfortable asking for help during a crisis (include phone number):

1.

2.

3.

Parent Support

Actions my parent/guardian can take to help me stay safe:

1.

2.

3.

Case Carrier Support

Actions my case carrier can take to help me stay safe:

1.

2.

3.

Outside Mental Health Agency Providing Me Support

Mental Health Agency:

Clinician Name: **Office #:**

Clinician Email: **Cell #:**

During a crisis, I can also call:

- 911 For Immediate Support
- Los Angeles County Department of Mental Health ACCESS (800) 854-7771 – (24 hours)
- Suicide Prevention Lines (24 Hours)
  - National Suicide Prevention Lifeline (800) 273-TALK or (800) 273-8255
  - Suicide Prevention Crisis Line (877) 727-4747
  - National Hopeline Network (800) SUICIDE or (800) 784-2433
- California Youth Crisis Line (800) 843-5200 – 24 hours, bilingual
- TEEN LINE (310) 855-HOPE or (800) TLC-TEEN – a teen-to-teen hotline with community outreach services, from 6pm-10pm PST daily. Text, email and message board also available, with limited hours-visit http://teenlineonline.org for more information.
- The Trevor Project (866) 4-U-TREVOR or (866) 488-7386 – a 24 hour crisis line that provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24. Text and chat also available, with limited hours-visit www.thetrevorproject.org for more information.

Signatures

_____ _____
Student Signature Date

_____ _____
Parent/Guardian Name (please print) Phone#

_____ _____
Parent /Guardian Signature Date

_____ _____
Administrator/Case Carrier (please print) Title

_____ _____
Administrator/Case Carrier Signature Date

STUDENT RE-ENTRY GUIDELINES

Student Name/DOB:_____School:_____Date:_____

In planning for the re-entry of a student who has been out of school for any length of time following reported suicidal ideation, including mental health hospitalization, or if the student will be transferring to a new school, the school site administrator/designee may consider any of the following action items:

Preparing for Re-Entry	☐ If a student has been out of school for any length of time, including for a mental health evaluation or mental health hospitalization, including psychiatric and drug or alcohol inpatient treatment, consider providing the parent Attachment H – Return to School Information for Parent/Guardian which outlines steps to facilitate a positive transition back to school.
Returning Day	☐ Have parent/guardian escort student to the main office on first day back to school.
Hospital Discharge Documents	☐ Request discharge documents from hospital or Medical Clearance for Return to School (see Attachment I) from parent/guardian on student's first day back.
Meeting with Parent(s)/ Guardian(s)	☐ Engage parent(s)/guardian(s), school support staff, teachers, and student, as appropriate in a Re-Entry Planning Meeting. ☐ If the student is prescribed medication, monitor with parent/guardian consent. ☐ Offer suggestions to parent/guardian regarding safety planning and removing means/access (e.g., weapons, medication, alcohol) to students at home, as needed. ☐ Offer suggestions to parent/guardian regarding monitoring personal communication devices, including social networking sites, as needed. ☐ Review Attachment M - *Suicide Prevention Awareness for Parents/Caregivers* with caregiver.
Student Safety Plan	☐ Develop a Safety Plan to assist the student in identifying adults they trust and can go to for assistance at school and outside of school (e.g., home, community). See Attachment D2 – Student Safety Plan.
Identify Supports	☐ Notify student's teacher(s), as appropriate.
	☐ Modify academic programming, as appropriate.
	☐ Consider an assessment for special education for a student whose behavioral and emotional needs affect their ability to benefit from their educational program (see BUL-5577.1 *Counseling and Educationally Related Intensive Counseling Services (ERICS) for Students with Disabilities,* July 21, 2014).
	☐ Identify on-going mental health resources in school and/or in the community.
	☐ Designate staff (e.g., Psychiatric Social Worker, Pupil Services and Attendance Counselor, School Nurse, Academic Counselor) to check in with the student during the first couple weeks periodically.

	☐ Manage and monitor – ensure the student is receiving and accessing the proper mental health and educational services needed.
Address Bullying, Harassment, Discrimination	☐ As needed, ensure that any bullying, harassment, discrimination is being addressed.
Release/Exchange of Information	☐ Obtain consent by the parent/guardian to discuss student information with outside providers using the Parent/Guardian Authorization for Release/Exchange of Information (see Attachment F).

Los Angeles Unified School District
STUDENT HEALTH AND HUMAN SERVICES

ATTACHMENT F

Parent/Guardian Authorization for Release/Exchange of Information

Date: _____ To Parent(s)/Guardian(s) of: _____

This document authorizes the release/exchange of information relating to my child between the agency personnel listed below and a representative of LAUSD.
The information received shall be reviewed only by appropriate professionals in accordance with the Family Educational Rights and Privacy Act of 1974.

TO: _____ (Agency Staff Name/Title)

RE: _____ (Student Last Name) _____ (Student First Name)

_____ (Agency, Institution, or Department)

Date of Birth: _____ (Month) / _____ (Day) / _____ (Year)

_____ (Street Address)

_____ (Home Street Address)

_____ (City) _____ (State) _____ (Zip)

_____ (City) _____ (State) _____ (Zip)

I hereby give you permission to release/exchange the following information:

☐ Medical/Health ☐ Speech & Language ☐ Educational
☐ Psychological/Mental Health ☐ Other – Specify: _____

The information will be used to assist in determining the needs of the student.

THIS INFORMATION IS TO BE SENT TO:

_____ (School Staff Name) _____ (Title/School or Office)

_____ (School Address & Telephone Number)

This authorization shall be valid until _____ unless revoked earlier.

I request a copy of this authorization: ☐ Yes ☐ No

_____ (Name of Parent/Legal Guardian) _____ (Phone Number)

_____ (Signature of Parent/Legal Guardian) _____ (Date)

Los Angeles Unified School District
STUDENT HEALTH AND HUMAN SERVICES

ATTACHMENT F

Autorización de Padres/Tutor Legal Para Intercambiar Información

Fecha: _____ A los Padres/Tutores de: _____

Este documento autoriza el intercambio de información sobre su niño/a entre el personal de la agencia indicada y un representante del Distrito Escolar Unificado de Los Ángeles.
La información recibida será revisada únicamente por profesionales apropiados en acuerdo con Los Derechos Educativos Familiares y Acto de Privacidad de 1974.

TO: _____ RE: _____ _____
Nombre del Personal de Agencia/Titulo — Apellido del Estudiante — Primer Nombre del Estudiante

_____ Fecha de Nacimiento: _____ /_____ /_____
Agencia, Institución, o Departamento — Mes — Día — Año

_____ _____
Dirección — Dirección de Residencia

_____ _____ _____ _____ _____ _____
Ciudad — Estado — Código Postal — Ciudad — Estado — Código Postal

Por la presente doy permiso para divulgar/intercambiar la siguiente información:

☐ Médica/Salud ☐ Hablar y Lenguaje ☐ Educacional
☐ Psicológico/Salud Mental ☐ Otra: _____

La información será usada para determinar las necesidades del alumno.

ESTA INFORMACIÓN SERÁ ENVIADA A:

_____ _____
Nombre de Personal Escolar — Titulo/Escuela u Oficina

_____
Dirección de Escuela y Número de Teléfono

Esta autorización será válida hasta _____ solo que sea revocada antes.

Yo requiero una copia de esta autorización: ☐ Si ☐ No

_____ _____
Nombre de Padre / Tutor Legal — Numero de Teléfono

_____ _____
Firma de Padre / Tutor Legal — Fecha

Los Angeles Unified School District
STUDENT HEALTH AND HUMAN SERVICES Completion of the Summary of Relevant Student Information

The Summary of Relevant Student Information is intended to summarize important information regarding a student who might be a danger to himself/herself, a danger to others, or gravely disabled.

- Complete the following two pages and provide this information to the person authorized to transport the student for a psychiatric evaluation, including a law enforcement officer or mobile crisis response team (e.g., PMRT, SMART). Background and relevant historical student information provided to the receiving hospital will ensure awareness of all concerns regarding student safety.

- Please be mindful of CONFIDENTIALITY, and only include information that is directly relevant to the safety concerns regarding suicidal/homicidal ideation and the need for the psychiatric evaluation.

- Remember to attach any additional relevant information, including suicide notes, target lists, drawings, social media posts, and text messages.

- Keep a copy of all documents provided to the transporting agency in a confidential folder separate from the student's cumulative record. This folder may be kept by the school site administrator/designee or the case carrier/school site crisis team member for the student.

- Once the student has been transported, ensure that plans are made to have a student re-entry meeting and to develop a safety plan for the student.

- For support and consultation throughout this process, contact: o Local District Operations Coordinator
    - Local District Mental Health Consultant

Los Angeles Unified School District
STUDENT HEALTH AND HUMAN SERVICES
Summary of Relevant Student Information

ATTACHMENT G2

Los Angeles Unified School District
STUDENT HEALTH AND HUMAN SERVICES

Summary of Relevant Student Information

_____
Date

_____ _____
Student Name Date of Birth

_____ _____
School Name Student Grade

_____ _____
Parent/Guardian Name Phone #

Assessed Level of Risk: ☐ Low ☐ Moderate ☐ High

Current Concerns/Behaviors Include: (e.g., specific statement(s) made by student and/or action(s) taken by student, stated a plan with intent, current suicide attempt, recent death/loss of loved one, access to weapons, current substance use)

Relevant History (e.g., past suicide attempts, prior hospitalizations (5150/5585), history of self-injury, mental health history)

Psychotropic Medication(s)

☐ None ☐ Unknown

☐ Yes, Name of Medication(s) _____ Dosage _____

_____ Dosage _____

Compliant with medication? ☐ Yes ☐ No ☐ Unknown **Recent medication change?** ☐ Yes ☐ No ☐ Unknown

Summary of Relevant Student Information

Other Factors to Consider

Current Mental Health Support

Mental Health Agency: _____

Therapist/Clinician Name: _____

Office #: _____ **Cell #:** _____

The following are attached to this summary (check all that apply):

- ☐ Suicide note(s) letter(s)
- ☐ Text/chat messages
- ☐ Drawing(s)
- ☐ Social media postings
- ☐ Journal entry or other assignment
- ☐ Other: _____

A copy of this summary was provided to (check all that apply):

- ☐ Parent/Guardian
- ☐ PMRT/SMART Clinician
- ☐ LASPD Officer
- ☐ Other: _____
- ☐ Local Law Enforcement

For additional questions/concerns, please contact:

_____ School Site Crisis Team Member Completing Assessment

_____ Office Phone #

_____ Title

_____ Cell Phone #

_____ School Site Crisis Team Member (2) Completing Assessment

_____ Office Phone # (2)

_____ Title

_____ Cell Phone # (2)

ATTACHMENT H

RETURN TO SCHOOL INFORMATION FOR PARENT/GUARDIAN

Date: _____ _____
School Name

RE: _____
Student Name and DOB

Dear Parent/Guardian:

The following steps have been outlined to help facilitate a positive transition back to school after your child returns from a psychiatric evaluation. Please review the checklist below prior to your child's return to school:

☐ Communicate with ☐ Principal and/or ☐ School Site Crisis Team member regarding whether your child was hospitalized, following a psychiatric evaluation. If hospitalized, please notify the school of the name of the hospital.

_____ _____
Principal Name School Phone Number To Call

_____ _____
School Site Crisis Team Member Name School Phone Number To Call

☐ Request discharge documents from the hospital or have the hospital complete the *Medical Clearance for Return to School* form (attached).

- Ensure the hospital includes any accommodations/recommendations requested.
- If medication was prescribed, it is recommended that you inform the school nurse of medication(s) and dosage. However, if the student needs to have medication administered at school by the school nurse, then please be sure to request the appropriate documentation from the treating physician.

☐ Inform the school contact person, indicated above, when your son/daughter will return to school.

☐ Escort your son/daughter to school on the first day back after the hospitalization. Please request to meet with _____ located in _____.
(Name of School Site Crisis Team Member) (Office/Room #)

☐ Participate in your son/daughter's *Students Re-entry Meeting*, which will include creating his/her *Safety Plan*.

Thank you for working with us to support your child at school.

Los Angeles Unified School District
STUDENT HEALTH AND HUMAN SERVICES
Medical Clearance for Return to School Following Mental Health Intervention Services or Hospitalization

CONFIDENTIAL

ATTACHMENT I

Los Angeles Unified School District
STUDENT HEALTH AND HUMAN SERVICES

Medical Clearance for Return to School
Following Mental Health Intervention Services or Hospitalization

CONFIDENTIAL

Date:_____

Dear Doctor:

The student named below was either hospitalized or received mental health services recently for being a danger to himself/ herself, danger to others and/or gravely disabled. Medical information from you is essential in planning for the student's safety, educational and health needs.

_____ _____ _____ ____
Student Name | Date of Birth | School | Grade

Please complete the following information and return to the parent/guardian to provide to the school upon return to school. Your cooperation is much appreciated.

If the student no longer poses a threat to self and/or others at the time of discharge and can return to school, please sign below and indicate restrictions, if any.

The above named student does not pose a threat to self and/or others at the time of discharge and may return to school:

☐ Without restrictions ☐ With the following modifications/restrictions (indicated below)

Recommended Modifications/Restrictions: _____

Please indicate any prescribed medications and dosages: _____

_____ _____
Doctor's Name | Doctor's Signature

_____ _____
Hospital Name | Contact Number

AUTHORIZATION TO EXCHANGE/RELEASE MEDICAL INFORMATION

TO: _____ RE: _____ _____
Practitioner/Staff Name/Title | Student Last Name | Student First Name

_____ Date of Birth: _____ /_____ /_____
Hospital/Agency/Clinic | Month | Day | Year

I hereby give you permission to release/exchange the following information:

☐ Medical/Health ☐ Speech & Language ☐ Educational ☐ Psychological/Mental Health ☐ Other – Specify: _____

This authorization shall be valid until _____ unless revoked earlier.

_____ _____
Name of Parent/Legal Guardian | Phone Number

_____ _____
Signature of Parent/Legal Guardian | Date

STUDENT HEALTH AND HUMAN SERVICES
Recommendations for Incident Report Completion

After a critical incident involving a student with suicidal ideation, it is extremely important to generate a report that accurately reflects what happened, how the school responded, and what plans are in place to support the student. The following are recommendations for completing an Incident Report when a student expresses suicidal ideation, including sample summaries and updates.

- Contact Local District Operations and/or the Local District Mental Health Consultant for training, support and consultation for you and your school staff regarding suicide prevention and documenting interventions.

Recommended Information to Include in the Incident Report

Incident Summary
1. Remember to maintain CONFIDENTIALITY at all times. The goal is to explain what happened and how the school responded, without reporting confidential information, such as the student's mental health history, family history or other medical information protected by HIPPA laws. See below for Incident Summary Samples.

2. Explain exactly what the student stated (e.g., "I want to kill myself," or "I don't think life is worth living any more," etc.), and/or explain the student's actions (e.g., "Mark wrapped a computer cord around his neck.").

3. Explain who conducted the Suicide Risk Assessment with the student, and note the student's level of risk (e.g., "low, moderate, or high").

4. Explain the short-term action plan taken by the school. This includes communication with parent(s)/guardian(s), and possibly contact with PMRT (Psychiatric Mobile Response Team) and/or law enforcement. If PMRT is involved, explain their actions and/or specific recommendations.

5. Explain the long-term action plan developed by school. This includes creating a Student Safety Plan – at home and school – identifying caring adults and appropriate communication and coping skills (see Attachment D2, Student Safety Plan). It also includes designating a staff member to carefully monitor student and check-in with student frequently until crisis has stabilized. Finally, the long-term action plan includes linking the student to appropriate mental health services.

6. If the student is hospitalized, explain the plan for re-entry (see Attachment E, Student Re-entry Guidelines).

7. Remember to UPDATE the PowerSchool as the case evolves (e.g., document the outcome of the re-entry meeting).

8. Be sure to indicate who you consulted with, adding individuals as appropriate.

STUDENT HEALTH AND HUMAN SERVICES

CONFIDENTIAL

RISK ASSESSMENT REFERRAL DATA (RARD)

TO BE COMPLETED BY THE ASSESSING SCHOOL SITE CRISIS TEAM MEMBER

Cost Center (School/Office): _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____ ☐ AM ☐ PM

INCIDENT OCCURRED: ☐ On Campus ☐ Off Campus ☐ At another school ☐ District Office ☐ District School Bus/Vehicle

☐ Going to or from school ☐ Going to or from a school sponsored activity ☐ Athletics Competition

EXACT LOCATION: _____

NAME OF STUDENT: _____ STUDENT ID: _____

(Last, First Name) (10-digit number ONLY)

TYPE OF INCIDENT/ISSUE (An Injury Report must also be completed for issue in red.)

SUICIDAL BEHAVIOR

☐ 5150 Hospitalization
☐ Suicidal Behavior/ Ideation (injury)
☐ Self-Injury/Cutting
☐ Suicidal Behavior/Ideation (non-injury)

INCIDENT SUMMARY

INFORMATION FOR RARD TAB ON ISTAR

Reasons for Referral and Other Associated Factors: (Check all that apply)

☐ Current attempt
☐ Direct Threat
☐ Indirect Threat
☐ Giving away prized possessions
☐ Violent behavior
☐ Signs of depression
☐ Access to Weapons
☐ Sudden changes in behavior
☐ Drug or alcohol abuse
☐ Self-injury
☐ Mood swings
☐ Bullying
☐ Truancy or running away
☐ Frequent complaints of illness/ body aches
☐ Psychosocial stressors
☐ Previous attempt(s)
☐ Hate Violence
☐ Other (Specify) _____

ATTACHMENT J2

INFORMATION FOR RARD TAB ON ISTAR

Student Referred By: (Check one or more)

- ☐ Self
- ☐ Parent
- ☐ Student/Friend
- ☐ K-12 Counselor
- ☐ Administrator
- ☐ Teacher
- ☐ Psychiatric Social Worker
- ☐ Other (Specify) _____
- ☐ PSA Counselor
- ☐ Psychologist
- ☐ Nurse

The following action items are MANDATORY.
Refer to BUL-2637.2 Suicide Prevention, Intervention & Postvention for guidelines and attachments.

Was the student assessed for risk using the District guidelines and procedures in Bul-2637.2, Attachment B?

☐ Yes ☐ No If *NO*, please explain:_____

Assessed Level of Risk: ☐ No known current risk ☐ Low ☐ Moderate ☐ High

Was the parent/guardian notified?

☐ Yes Name of person notified:_____ Relationship to student:_____

☐ No If *NO*, please explain:_____

If parent/guardian was not notified due to suspected child abuse, please follow the mandates of BUL-1347.3 Child Abuse and Neglect Reporting Requirements, by completing the Suspected Child Abuse (SCAR) form and calling the appropriate authorities.

Was the parent/guardian provided the appropriate information handouts for suicide/self-injury awareness?

☐ Yes ☐ No If *NO*, please explain:_____

What action steps listed below were taken? (Check all that apply.)

- ☐ Contacted the LA County Department of Mental Health ACCESS (PMRT) or Valley Coordinated Services
- ☐ Contacted the Los Angeles School Police Department (LASPD)
- ☐ Contacted local law enforcement
- ☐ Student transported to hospital for psychiatric evaluation (5150/5585)
- ☐ Consulted with School Mental Health (including Mental Health Consultant, Crisis Counseling & Intervention Services)
- ☐ Consulted with Local District Operations
- ☐ Referral to School Mental Health Clinic/Wellness Center
- ☐ Referral to community mental health agency
- ☐ Referral to school-based individual/group counseling
- ☐ Recommendation for program modification (e.g., smaller class, IEP)
- ☐ Developed and discussed Safety Plan
- ☐ Facilitated Student Re-entry Meeting
- ☐ Other (please specify)_____

Assessed by Crisis Team Member:

Employee No.: _____ Email Address: _____

Employee Name: _____ Contact No.: _____

Job Title: _____ Date Student was Assessed: _____

- ☐ PSW
- ☐ Nurse
- ☐ PSA
- ☐ Psychologist
- ☐ Administrator
- ☐ School Police
- ☐ Counselor
- ☐ Other (please specify) _____

DO NOT MAIL. SUBMIT COMPLETED RARD TO SCHOOL SITE ADMINISTRATOR
WITHIN 24 HOURS OR BY THE END OF THE NEXT SCHOOL DAY FOR SUBMISSION ON ISTAR.

ATTACHMENT K

Los Angeles Unified School District
STUDENT HEALTH AND HUMAN SERVICES
SCHOOL MENTAL HEALTH

Student Re-Entry/Safety Planning Meeting

Student Name:_____ **School:** _____ **Date:** _____

	NAME	TITLE/OFFICE	PHONE	EMAIL	INITIAL
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

POSTVENTION: PROTOCOL FOR RESPONDING TO A STUDENT DEATH BY SUICIDE

The following is a summary checklist of general procedures for the administrator/designated crisis team member to respond in the event of a completed suicide. Refer to BUL-5800.0 Crisis Preparedness, Response and Recovery, dated October 12, 2015, for protocol on responding to school-wide crisis.

A. GATHER PERTINENT INFORMATION
    a. Confirm death and cause of death, if this information is available.
    b. Contact family of the deceased.

B. NOTIFY
    a. Local District Operations Staff
    b. LAUSD Office of Communications
    c. Other offices

C. MOBILIZE THE SCHOOL SITE CRISIS TEAM
    a. Review information and assess impact.
    b. Develop an action plan and assign responsibilities.
    c. Establish a plan to notify staff.
    d. Establish a plan to notify students.
    e. Establish a plan to notify parent(s)/guardian(s).
    f. Define triage procedures.
    g. Know indicators of those who may need additional support.
    h. Consult with Crisis Counseling and Intervention Services, School Mental Health, as needed.

D. MONITOR AND MANAGE (When reporting child abuse, include information about the student's suicide risk)

E. IMPORTANT CONSIDERATIONS Memorials Social Networking Suicide Contagion School Culture and Events

ATTACHMENT M

Los Angeles Unified School District
Student Health and Human Services
School Mental Health

333 S. Beaudry Avenue, 29th Floor
213.241.3841
smh.lausd.net | ccis.lausd.net

Suicide Prevention Awareness for Parents/Caregivers

Suicide is a serious public health problem that takes an enormous toll on families, friends, classmates, co-workers and communities, as well as on our military personnel and veterans. Suicide prevention is the collective efforts of local community organizations, mental health practitioners and related professionals to reduce the incidence of suicide through education, awareness, and services.

SUICIDE IS PREVENTABLE.

Warning Signs

Warning signs are observable behaviors that may signal the presence of suicidal thinking. They might be considered "cries for help" or "invitations to intervene." These warning signs signal the need to inquire directly about whether the individual has thoughts of suicide. If such thinking is acknowledged, then suicide interventions will be required.

- Feelings of sadness, hopelessness, helplessness
- Significant changes in behavior, appearance, thoughts, and/or feelings
- Social withdrawal and isolation
- Suicide threats (direct and indirect)
- Suicide notes and plans
- History of suicidal ideation/ behavior
- Self-injurious behavior
- Preoccupation with death
- Making final arrangements (e.g., giving away prized possessions, posting plans on social media, sending text messages to friends)

Risk Factors

While the path that leads to suicidal behavior is long and complex and there is no "profile" that predicts suicidal behavior with certainty, there are certain risk factors associated with increased suicide risk. In isolation, these factors are not signs of suicidal thinking. However, when present they signal the need to be vigilant for the warning signs of suicide.

- Access to means (e.g., firearms, knives, medication)
- Stressors (e.g., loss, peer relations, school, gender identity issues)
- History of depression, mental illness or substance/alcohol abuse
- History of suicide in the family or of a close friend
- History of mental illness in the family

Here's What You Can Do:

LISTEN

- Assess for suicidal risk.
- Listen without judgement.
- Ask open-ended questions.

PROTECT

- Take action immediately.
- Supervise, do not leave your child alone.
- Consider developing a safety plan at school and home, if needed.

CONNECT

- Communicate and collaborate with your child's school administration, mental health personnel or counselor for support.
- Contact Department of Mental Health, law enforcement or protective services, as needed.
- Help your child identify adult they trust at home and at school.

MODEL

- Remain calm. Establish a safe environment to talk about suicide.
- Be aware of your thoughts, feelings, and reactions as you listen without judgement.

TEACH

- Learn the warning signs and risk factors and provide information and education about suicide and self-injury.
- Encourage help seeking behaviors and help your child identify adults they can trust at home and at school.
- Seek options for school and community resources including referrals to professional mental health services, as needed.

SMH Clinics and Wellness Centers

North

Valley Clinic
6651-A Balboa Blvd., Van Nuys 91406
Tel: 818-758-2300 | Fax: 818-996-9850

West

Crenshaw Wellness Center
3206 W. 50th St., Los Angeles 90043
Tel: 323-290-7737 | Fax: 323-290-7713

Hyde Park Clinic
6519 S. 8th Ave., Bungalow #46,
Los Angeles 90043
Tel: 323-750-5167 | Fax: 323-759-2697

Washington Wellness Center
1555 West 110th St., Los Angeles 90043
Tel: 323-241-1909 | Fax: 323-241-1918

South

97th Street School Mental Health Clinic
Barrett Elementary School
439 W. 97th St., Los Angeles 90003
Tel: 323-418-1055 | Fax: 323-418-3964

San Pedro Clinic
704 West 8th St., San Pedro 90731
Tel: 310-832-7545 | Fax: 310-833-8580

Locke Wellness Center
316 111th St., Los Angeles 90061
Tel: 323-418-1055 | Fax: 323-418-3964

Carson Wellness Center
270 East 223rd St., Carson 90745
Tel: 310-847-7216 | Fax: 310-847-7214

East

Bell/Cudahy School Mental Health Clinic
Ellen Ochoa Learning Center
7326 S. Wilcox, Cudahy 90201
Tel: 323-271-3676 | Fax: 323-271-3657

Ramona Clinic
231 S. Alma Ave., Los Angeles 90063
Tel: 323-266-7615 | Fax: 323-266-7695

Gage Wellness Center
2880 Zoe Ave., Huntington Park 90255
Tel: 323-826-9499 | Fax: 323-826-1524

Elizabeth LC Wellness Center
4811 Elizabeth St., Cudahy 90201
Tel: 323-271-3676 | Fax: 323-271-3657

Central

Belmont Wellness Center
180 Union Place, Los Angeles 90026
Tel: 213-241-4451 | Fax: 213-241-4465

Roybal Clinic
1200 West Colton St., Los Angeles 90026
Tel: 213-580-6415 | Fax: 213-241-4465

For clinic referrals visit:
smh.lausd.net

Understanding Suicide: Myths & Facts

To understand why people die by suicide and why so many others attempt to take their own lives, it is important to know the facts. Read the facts about suicide below and share them with others.

Myth: *Suicide can't be prevented. If someone is set on taking their own life, there is nothing that can be done to stop them.*
Fact: Suicide is preventable. The vast majority of people contemplating suicide don't really want to die. They are seeking an end to intense mental or physical pain. Most have a mental illness. Interventions can save lives.

Myth: Asking someone if they are thinking about suicide will put the idea in their head and cause them to act on it.
Fact: When you fear someone you know is in crisis or depressed, asking them if they are thinking about suicide can actually help. By giving a person an opportunity to open up and share their troubles you can help alleviate their pain and find solutions.

Myth: Someone making suicidal threats won't really do it, they are just looking for attention.
Fact: Those who talk about suicide or express thoughts about wanting to die, are at risk for suicide and need your attention. Most people who die by suicide give some indication or warning. Take all threats of suicide seriously. Even if you think they are just "crying for help"—a cry for help, is a cry for help—so help.

Myth: It is easy for parents/caregivers to tell when their child is showing signs of suicidal behavior.
Fact: Unfortunately, research shows that this is not the case in a surprisingly large percentage of families. This illustrates the importance for parents/caregivers to be attentive to warning signs, risk factors, to ask direct questions, and be open to conversation.

What Should I Do If I Am Worried About My Child?

If you believe that your child is thinking about suicide, approach the situation by asking. Asking is the first step in saving a life and can let them know that you are here for them and will listen. Here are some examples of how you may ask: "Have you thought about suicide?" "Sometimes when people are sad as you are, they think about suicide. Have you ever thought about it?"

EMERGENCY INFORMATION / After Hours Services
If you need IMMEDIATE help, call 911.
For a psychiatric emergency, contact the Department of Mental Health 24-hour ACCESS Center at (800) 854-7771.

Resources for Parents/Caregivers & Children/Adolescents

Community Hotlines
Didi Hirsch Suicide Prevention Hotline
(877) 727-4747 (24 hours)
National Suicide Prevention Lifeline
(800) 273-TALK (8255) (24 hours)
Trevor Lifeline (866) 488-7386 (24 hours)
Teen Line (800) 852-8336 (6pm-10pm daily)

Text and Chat Resources
Crisis Chat (11am-11pm, daily)
http://www.crisischat.org/chat
Teen Line - text "TEEN" to 839863

Online Resources
http://www.didihirsch.org/
http://www.thetrevorproject.org/
http://teenline.org/
http://www.afsp.org/understanding-suicide

Smartphone Apps
MY3
Teen Line Youth Yellow Pages

Los Angeles Unified School District
Student Health and Human Services
School Mental Health

333 S. Beaudry Avenue, 29th Floor
213.241.3841
smh.lausd.net | ccis.lausd.net

ATTACHMENT N

Self-Injury Awareness for Parents/Caregivers

Self-injury is a complex behavior, separate and distinct from suicide that some individuals engage in for various reasons such as: to take risks, rebel, reject their parents' values, state their individuality, or merely to be accepted. Others, however, may injure themselves out of desperation or anger to seek attention, to show their feelings of hopelessness and worthlessness, or because they have suicidal thoughts. Such individuals may suffer from serious mental health disorders such as depression, psychosis, Posttraumatic Stress Disorder (PTSD) or Bipolar Disorder. Some young children may resort to self-injurious acts from time to time but often grow out of it. Children with intellectual disability or autism as well as children who have been abused or abandoned may also show these behaviors.

If you become aware that your child or someone you know is engaging in self-injurious behavior, take action and get help.

What should I do if my child is engaging in self-injurious behavior?

If you become aware that your child is engaging in self-injurious behaviors, and if the injury appears to pose potential medical risks (e.g., excessive bleeding, need for stitches), call 911 immediately. If the injury does not appear to pose immediate medical risks, remain calm and nonjudgmental.

Appropriate actions include:
- Seek support from a mental health professional (e.g., therapist, psychologist, psychiatrist)
- Provide moral and nurturing support
- Participate in your child's recovery (e.g., family therapy)
- Support your child in an open and understanding way

EMERGENCY INFORMATION / After Hours Services
If you need IMMEDIATE help, call 911.
For a psychiatric emergency, contact the Department of Mental Health 24-hour ACCESS Center at (800) 854-7771.

Here's What You Can Do:

LISTEN
- Address the behavior as soon as possible by asking open ended questions. For example:
  - *Tell me what happened.*
  - *How long have you been feeling this way?*
- Talk to your child with respect, compassion, calm and caring.
- Understand that this is his/her way of coping.

PROTECT
- Take action immediately and get help.
- Foster a protective home environment.
- Set limits and provide supervision and consistency to encourage successful outcomes.
- Provide firm guidance, supervise and set limits around technology usage.
- Be cautious about giving out punishments or negative consequences as a result of the SI behavior, as these may inadvertently encourage the behavior to continue.

CONNECT
- Check in with your child on a regular basis.
- Become familiar with supports available at home, school and community. Contact appropriate person(s) at the school, for example, the school social worker, school psychologist, school counselor, or school nurse.

MODEL
- Model healthy and safe ways of managing stress and engage your child in these activities, such as taking walks, deep breathing, journal writing, or listening to music.
- Be aware of your thoughts, feelings and reactions about this behavior.
- Be aware of your tone. Expressing anger or shock can cause your child to feel guilt or shame.

TEACH
- Learn the warning signs and risk factors and provide information and education about suicide and self-injury.
- Encourage help seeking behaviors by helping your child identify adults they can trust at home, school and community.

SMH Clinics and Wellness Centers

North

Valley Clinic
6651-A Balboa Blvd., Van Nuys 91406
Tel: 818-758-2300 | Fax: 818-996-9850

West

Crenshaw Wellness Center
3206 W. 50th St., Los Angeles 90043
Tel: 323-290-7737 | Fax: 323-290-7713

Hyde Park Clinic
6519 S. 8th Ave., Bungalow #46,
Los Angeles 90043
Tel: 323-750-5167 | Fax: 323-759-2697

Washington Wellness Center
1555 West 110th St., Los Angeles 90043
Tel: 323-241-1909 | Fax: 323-241-1918

South

97th Street School Mental Health Clinic
Barrett Elementary School
439 W. 97th St., Los Angeles 90003
Tel: 323-418-1055 | Fax: 323-418-3964

San Pedro Clinic
704 West 8th St., San Pedro 90731
Tel: 310-832-7545 | Fax: 310-833-8580

Locke Wellness Center
316 111th St., Los Angeles 90061
Tel: 323-418-1055 | Fax: 323-418-3964

Carson Wellness Center
270 East 223rd St., Carson 90745
Tel: 310-847-7216 | Fax: 310-847-7214

East

Bell/Cudahy School Mental Health Clinic
Ellen Ochoa Learning Center
7326 S. Wilcox, Cudahy 90201
Tel: 323-271-3676 | Fax: 323-271-3657

Ramona Clinic
231 S. Alma Ave., Los Angeles 90063
Tel: 323-266-7615 | Fax: 323-266-7695

Gage Wellness Center
2880 Zoe Ave., Huntington Park 90255
Tel: 323-826-9499 | Fax: 323-826-1524

Elizabeth LC Wellness Center
4811 Elizabeth St., Cudahy 90201
Tel: 323-271-3676 | Fax: 323-271-3657

Central

Belmont Wellness Center
180 Union Place, Los Angeles 90026
Tel: 213-241-4451 | Fax: 213-241-4465

Roybal Clinic
1200 West Colton St., Los Angeles 90026
Tel: 213-580-6415 | Fax: 213-241-4465

For clinic referrals visit:
smh.lausd.net

General Information

- Self-injury (SI) provides a way to manage overwhelming feelings and can be a way to bond with peers (rite of togetherness).
- SI is defined as intentional tissue damage that can include cutting, severe scratching, pinching, stabbing, puncturing, ripping or pulling skin or hair, and burning.
- Tattoos and body piercing are not usually considered self-injurious behaviors, unless they are done with the intention to hurt the body.
- Individual mental health services can be effective when focused on reducing the negative thoughts and environmental factors that trigger SI.

Non-Suicidal Self-Injury

There is a difference between self-injury and suicidal acts, thoughts, and intentions. With suicide, ending life to escape all feelings is the goal. This is not the case with non-suicidal self-injury (NSSI). The following include some reasons for NSSI:

- Feel emotionally better
- Desperation or anger
- Manage painful feelings of current or past trauma
- Punish oneself
- Avoid or combat suicidal thoughts
- Feel pain or relief
- Have control of one's body

Signs of Self-Injury

- Frequent or unexplained bruises, scars, cuts, or burns
- Frequent inappropriate use of clothing designed to conceal wounds (often found on the arms, thighs or abdomen)
- Unwillingness to participate in activities that require less body coverage (swimming, physical education class)
- Secretive behaviors, spending unusual amounts of time in the bedroom, bathroom or isolated areas
- Bruises on the neck, headaches, red eyes, ropes/clothing/belts tied in knots (signs of the "choking game")
- General signs of depression, social-emotional isolation and disconnectedness
- Possession of sharp implements (razor blades, shards of glass, thumb tacks)
- Evidence of self-injury in drawings, journals, pictures, texts, and social networking sites

Resources for Parents/Caregivers & Children/Adolescents

Community Hotlines
Didi Hirsch Suicide Prevention Hotline
(877) 727-4747 (24 hours)
National Suicide Prevention Lifeline
(800) 273-TALK (8255) (24 hours)
Trevor Lifeline (866) 488-7386 (24 hours)
Teen Line (800) 852-8336 (6pm-10pm daily)

Text and Chat Resources
Crisis Chat (11am-11pm, daily)
http://www.crisischat.org/chat
Teen Line - text "TEEN" to 839863

Online Resources
http://www.didihirsch.org/
http://www.thetrevorproject.org/
http://teenline.org/
http://www.afsp.org/understanding-suicide

Smartphone Apps
MY3
Teen Line Youth Yellow Pages

USE SCHOOL LETTERHEAD

Sample Letter to Parent/Guardian RE: Self-Injury

DATE

Dear Parents/Guardians:

On _____, many students in a ____ grade classroom were involved in hurting themselves outside of their classrooms. These students were involved in using razor blades to cut themselves. Our mental health staff has advised us that this is known as a "rite of togetherness" in which students choose to bond together by hurting themselves. The _____ School Crisis Team and staff are working collaboratively with the Department of Mental Health, Los Angeles School Police Department and Local District Office staff. We believe we have identified all the students involved and have responded to each individually.

I would like to take this opportunity invite you to attend an important informational meeting for parents regarding youth who self-injure and how we can help our children. We hope you can join us. The parent meeting will be held as follows:

SCHOOL
NAME
LOCATION
DATE
TIME

Also, please see the attached handout "Self-Injury and Youth – General Guidelines for Parents" for suggestions on how to respond to your child. At _____ School, the safety of every student and staff member is very important to us. Should you or your child have any concerns, please feel free to contact _____ (school psychologist, nurse, or administrator) at (XXX) XXX-XXXX. We are all involved in creating a safe environment for our students.

Sincerely,

NAME, Principal

ATTACHMENT P

RESOURCE GUIDE

This list includes selected offices and community resources that can be helpful before, during and after a crisis. **Remember that your first call in a life-threatening emergency should be to 911**. To reach specific personnel, refer to the LAUSD Guide to Offices at www.lausd.net, under "Offices".

EMERGENCY RESOURCES	
LA County Department of Mental Health ACCESS (Psychiatric Mobile Response Team) - 24/7 -collaborates with Crisis Counseling & Intervention Services for the administration and coordination of all mental health and law enforcement mobile response services in the event of a critical incident, including Psychiatric Mobile Response Teams (PMRT) and School Threat Assessment Response Teams (START). These teams respond to schools, offices, and homes.	(800) 854-7771
Valley Coordinated Children's Services - a County funded resource to provide crisis intervention, assessment, short term stabilization and treatment, and evaluation and referral for psychiatric mobile response team. This agency serves children ages 3 - 17 years old in the San Fernando Valley.	(818) 708-4500
Mental Evaluation Unit (MEU), including SMART - for law enforcement and mental health response, when an individual is a flight risk, violent, or high risk for harm to self or others.	(213) 996-1300 (213) 996-1334

CRISIS LINES	
National Suicide Prevention Lifeline (24-hour hotline) – a crisis line for individuals who are contemplating, threatening, or attempting suicide, including their family and friends.	(800) 273-8255 (800) 273-TALK
Suicide Prevention Crisis Line (24-hour hotline) - a 24-hour crisis line for individuals who are contemplating, threatening, or attempting suicide, including their family and friends.	(877) 727-4747
California Youth Crisis Line (24-hours hotline, bilingual)	(800) 843-5200
Trevor Project (24-hour hotline) - provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24. Text and chat also available, with limited hours-visit www.thetrevorproject.org for more information.	(866) 4-U-TREVOR (866) 488-7386

Teen Line (6PM – 10PM) - a teen-to-teen hotline with community outreach services, from 6pm-10pm PST daily. Text, email and message board also available, with limited hours-visit http://teenlineonline.org for more information.	(800) 852-8336 (800) TLC-TEEN
Parents, Families and Friends of Lesbians & Gays (PFLAG) Helpline - for individuals or families experiencing issues related to sexual orientation and/or gender identity.	(888) 735-2488
LA County INFO Line (24-hour hotline) – for community resources and information within Los Angeles County.	211 www.211la.org

LAUSD RESOURCES	
Los Angeles School Police Department (LASPD) **Watch Commander (24/7-entire year)**	(213) 625-6631
School Mental Health (including Crisis Counseling & Intervention Services) – for consultation Monday-Friday from 8:00am-4:30pm	(213) 241-3841
Division of Special Education, Behavior Support Unit	(213) 241-8051
Education Equity Compliance Office	(213) 241-7682
Human Relations, Diversity and Equity – School Operations	(213) 241-5337
Local District (LD) Operations Coordinators	Refer to LD Directory
Office of Communications	(213) 241-6766
Office of General Counsel	(213) 241-7600
School Operations Division	(213) 241-5337
Student Discipline Proceedings and Expulsion Unit	(213) 202-7555