TITLE: Suicide Prevention, Intervention, and Postvention (Students)

NUMBER: BUL-2637.3

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Student Health and Human Services

DATE: February 12, 2018

ROUTING
All Employees
All Locations
Co-located Charter Schools

POLICY: The Los Angeles Unified School District (LAUSD) is committed to providing a safe, civil, and secure school environment. It is the District's charge to respond appropriately to a student expressing or exhibiting suicidal ideation/behavior and to follow-up in the aftermath of a death by suicide.

This policy is applicable to all schools, District and school-related activities, and in all areas within the District's jurisdiction.

For support and consultation, contact Student Health and Human Services (SHHS), School Mental Health (SMH) Crisis Counseling and Intervention Services (CCIS) at (213) 241-3841 Monday-Friday (8:00 a.m.-4:30 p.m.). In case of an emergency, call 911. For law enforcement and/or after hours response, contact the Los Angeles School Police Department (LASPD) at (213) 625-6631.

MAJOR CHANGES: This bulletin replaces BUL-2637.2 *Suicide Prevention, Intervention and Postvention*, on the same subject issued by the Office of Educational Services and Student Health and Human Services, dated November 14, 2016.

The following are major changes included in this bulletin:

- Added definitions for Suicide Prevention Liaison(s), Risk Assessment, and Suicide Contagion in the Definitions section (Page 3).
- Removed *Warning Signs* and *Self-Injury* from the Definitions section. The definition for *Warning Signs* can be found on page 6 as *Warning Signs for Suicide.* The definition for *Self-Injury* can be found on page 12 and in Attachment P.
- Added information regarding the responsibilities of co-located independent charter schools (Pages 4-5).
- In compliance with the mandates of Assembly Bill (AB) 2246, expanded All Employee Responsibilities and Prevention sections to include the annual Suicide Prevention and Awareness Training (Pages 3-5), as well as information regarding vulnerable student populations (Attachment L).
- Added definition of Suicide, Warning Signs for Suicide and Risk Factors for Suicide in Section IV (Page 6).
- Clarified who is authorized to transport students for a psychiatric evaluation (Page 7).

- Clarified action plan steps when the level of risk is determined to be moderate/high to indicate contacting LASPD for assessment and support (Page 8).
- Added guidelines for responding to student suicide attempts in school and outside of school (Pages 10-11).
- Included information about supporting vulnerable student populations (Page 12).
- The following attachments have been modified:
  - Attachment D1 has been renamed *Recommendations for Developing a Student Safety Plan for Secondary School Students.*
  - Attachment D2 has been renamed *My Safety Plan (*for Secondary School Student).
  - Attachment B – *Suicide Risk Assessment Tool* has been expanded for more writing space.
  - Attachment G2 – *Summary of Relevant Student Information* has been expanded for more writing space. A prompt has been added in the Psychotropic Medications section regarding source of information and non-compliance with medications.
  - Attachment J2 – *Risk Assessment Referral Data (RARD)* – the section Reasons for Referral has been modified to specify *Direct Threat to Harm Self* and *Indirect Threat to Harm Self*; also added as a reason for referral is *Threat to Harm Others*.
- The following new attachments have been added to this bulletin:
  - Attachment D3 – *Recommendations for Developing a Student Safety Plan for Elementary School Students*
  - Attachment D4 – *My Safety Plan* (for Elementary School Student)
  - Attachment L – *Considerations for Supporting Vulnerable Student Populations*
  - Attachment P – *Intervention: Protocol for Responding to Students Who Self-Injure*
  - Attachment Q – *Postvention: Protocol for Responding to a Student Death by Suicide*

PURPOSE: The purpose of this bulletin is to outline administrative procedures for intervening with suicidal and self-injurious students and offer guidelines to school site crisis teams in the aftermath of a student death by suicide.

BACKGROUND: In 2015, the Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance System (YRBSS) for LAUSD students indicated that: over 30% of high school students reported a prolonged sense of sadness or hopelessness every day for two or more continuous weeks; over 22% of middle school and 17% of high school students seriously considered attempting suicide; and 9.1% of middle school and 8.4% of high school students attempted suicide.

Suicide is a serious public health problem that takes an enormous toll on families, students, employees, and communities. Suicide prevention involves the collective efforts of families/caregivers, the school community, mental health practitioners,

local community organizations, and related professionals to reduce the incidence of suicide through education, awareness, and services. School personnel are instrumental in helping students and their families by identifying students at-risk and linking them to school and community mental health resources.

GUIDELINES: I. **DEFINITIONS**

Suicide Prevention Liaison
Suicide Prevention Liaison(s) are the administrator/designee and/or mental health professionals (e.g., Psychiatric Social Worker, Pupil Services and Attendance Counselor, School Psychologist, or School Counselor) identified in the Integrated Safe School Plan's (ISSP) *School Site Suicide/Threat Assessment Team.* The school site administrator designates these individuals annually. School staff may seek support from the Suicide Prevention Liaison(s) when they are concerned about a student's suicidal ideation/behavior.

Risk Assessment
An evaluation of a student who may be at risk for suicide. Risk assessments may be conducted by the *administrator/designee* and/or S*uicide Prevention Liaison(s).* This assessment is designed to elicit information regarding: the student's intent to die by suicide; previous history of suicide attempts; presence of a suicide plan and availability of lethal means; presence of support systems; level of hopelessness and helplessness; mental status; and other relevant risk factors.

Suicide Contagion
Suicide contagion is the process by which exposure to suicidal behavior or death by suicide increases the suicidal behaviors of others. Guilt about a loved one's death, identification with the person who has died, and modeling of suicidal behaviors may play a role in contagion.

II. **RESPONSIBILITY FOR POLICY IMPLEMENTATION AND TRAINING**

A. All Employee Responsibilities
1. Beginning in 2018, all District employees must complete the online Suicide Prevention and Awareness Training annually. The training certifies that employees know the warning signs and risk factors for suicide, as well as what to do if they are concerned about a student who might be suicidal. See MEM-6910 *Suicide Prevention and Awareness Training*.
2. Inform the school site administrator/designee and/or Suicide Prevention Liaison immediately or as soon as practically possible of concerns, reports, or behaviors relating to students who might be suicidal and/or engaging in self-injury.
3. Adhere to the Suicide Prevention, Intervention, and Postvention (SPIP) policy.

B. School Site Administrator/Designee Responsibilities
1. Designate Suicide Prevention Liaison(s) in the ISSP's *School Site Suicide/Threat Assessment Team.*
2. Respond to reports of students at risk for suicide or exhibiting self-injurious behaviors immediately or as soon as practically possible.
3. Monitor and follow-up to ensure that the risk has been mitigated through support and resources.
4. Ensure that the SPIP policy is implemented.
5. Provide follow-up to relevant staff such as Local District Operations, as needed.
6. Report incident in Incident System Tracking Accountability Report (iSTAR) as appropriate and update, as needed.

C. Local District Administrators and Staff Responsibilities
1. Facilitate suicide risk assessment and intervention training by SHHS personnel for school sites and Suicide Prevention Liaison(s) to ensure adherence of the SPIP policy.
2. Designate Local District staff to ensure the implementation of the SPIP policy and provide guidance/support, as needed, to all school sites.

D. SHHS District Office Staff Responsibilities
1. Support the school site implementation of the SPIP policy by assisting Local Districts and schools with guidance/consultation, as needed.
2. Assist school and office administrators to ensure all employees complete the online Suicide Prevention and Awareness Training.

E. Co-located Independent Charter School Administrator/Designee Responsibilities

The SPIP policy is included in the ISSP. Independent charter schools that are co-located on a District site must abide by the District's ISSP. Accordingly, co-located charter schools must identify Suicide Prevention Liaison(s) at their school sites who will assess students for suicide ideation or behaviors. Co-located charter schools must also inform the co-located LAUSD school when there are any safety concerns. The co-located charter school must also notify the Charter Schools Division Operations Coordinator, as indicated throughout the bulletin, and is required to work with the District Principal to submit an iSTAR report, which includes a Risk Assessment Referral Data (RARD). Schools following this policy must also follow:

- The training requirements identified in MEM-6910 *Suicide Prevention and Awareness Training.*
- BUL-5532.1 Policy on Co-Locations for District School Facilities' Use Pursuant to Education Code Section 47614 (Proposition 39), which informs co-located charters about the ISSP, as well as

requirements to report incidents in iSTAR.

The responsibilities of the administrator/designee of independent co-located charter schools include:

1. Designate Suicide Prevention Liaison(s) in the ISSP's *School Site Suicide/Threat Assessment Team.*
2. Respond to reports of students at risk for suicide or exhibiting self-injurious behaviors immediately or as soon as practically possible.
3. Monitor and follow-up to ensure that the risk has been mitigated through support and resources.
4. Ensure that the SPIP policy is implemented.
5. Provide follow-up to relevant staff such as the co-located LAUSD school and Charter Schools Division Operations Coordinators, as needed.
6. Work with the District Principal to submit an iSTAR report and update, as needed.

III. PREVENTION

Youth suicide is a preventable public health problem. Children and teens spend a significant amount of their young lives in school; the personnel who interact with them daily are in a prime position to recognize the warning signs of suicide and make the appropriate referrals for help (AB 2246, Chapter 642, Section 1(b), 2016). Beginning in 2018, all District employees must complete the online Suicide Prevention and Awareness Training annually. For more information, see MEM-6910 *Suicide Prevention and Awareness Training*.

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:

A. Promoting a climate of positive behavior support and intervention - BUL-6231.0, *Discipline Foundation Policy: School-Wide Positive Behavior Intervention and Support (SWPBIS).*
B. Increasing staff, student, and parent/guardian knowledge of warning signs and risk factors for suicide and what to do when a student is expressing suicidal ideation/behavior.
C. Engaging students by providing structure, guidance, and fair discipline.
D. Monitoring students' emotional state and well-being and making referrals for support, as needed.
E. Modeling and teaching desirable skills and behavior.
F. Promoting access to school and community resources.

IV. INTERVENTION: PROTOCOL FOR RESPONDING TO STUDENTS AT RISK FOR SUICIDE

Suicide is death caused by self-directed injurious behavior with the intent to die. Sometimes there may be a precipitating event, such as a break-up or recent death of a loved one, prior to the death by suicide. However, it is important to remember that suicide is a complex phenomenon that cannot be attributed to one single cause.

Warning Signs for Suicide
Warning signs are observable behaviors that may signal the possible presence of suicidal thinking. They might be considered cries for help or opportunities to intervene. Warning signs indicate the need for an adult to inquire directly about whether the student has thoughts of suicide. Warning signs include:

- 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 for Suicide
Risk factors are characteristics or conditions that may increase the chance that a person may try to take their life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and/or social factors in the individual, family, and environment. Risk factors include:

- 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 disorders
- History of suicide in the family or of a close friend
- History of mental illness in the family

The following are general procedures for the school site administrator/designee and/or Suicide Prevention Liaison(s) to respond to reports of students at risk for suicide. For an abbreviated version of the protocol outlined below, see **Attachment A - Protocol for Responding to Students At Risk for Suicide.**

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

A. Respond Immediately
   1. Report concerns or incidents directly to the administrator/designee and/or Suicide Prevention Liaison(s) immediately or as soon as practically possible. For example, do not wait until the end of the day or leave a note, send an e-mail, or leave a voicemail without ensuring that the message was received.
   2. Ensure that a staff member, not a student, accompany the student sent to the office for an assessment.

B. Secure the Safety of the Student
   1. For immediate, emergency life-threatening situations, call 911.
   2. Supervise the student at all times. Ensure the physical environment the student is in is free of any items/objects that could potentially be harmful, such as scissors, letter openers, staplers, pushpins, pencil sharpeners.
   3. If appropriate, conduct an administrative search of the student, backpack, and locker to ensure there is no access to means, such as razor blades or pills.
   4. If a student is agitated, unable to be contained, or there is a need for immediate assistance, contact the LASPD at (213) 625-6631 or the local law enforcement agency.
   5. District employees should not transport students. Only LASPD, local law enforcement, or designated Department of Mental Health clinicians, including Psychiatric Mobile Response Team (PMRT) staff, are authorized to transport an individual for a psychiatric evaluation (5150/5585) if the current circumstances meet the criteria.
   6. If the school receives information that the student may pose a danger to self and/or others but is not in attendance, contact LASPD or local law enforcement to conduct a welfare check to determine the safety and well-being of the student, as well as others.

C. Assess for Suicide Risk
   1. The administrator/designee or designated Suicide Prevention Liaison(s) should gather essential background information that will help with assessing the student's risk for suicide (e.g., what the student said or did, information that prompted concern or suspicion, copies of any concerning writings, drawings, text messages, social media, or previous iSTAR history).
   2. The administrator/designee or the designated Suicide Prevention Liaison should meet with the student to complete a risk assessment. Based on the information gathered and assessment of the student, the assessing party should collaborate with at least one other designated school site crisis team member to determine the level of risk. See **Attachment B - Suicide Risk Assessment Tool**.
   3. Any consultations made by the assessing party should be in a confidential setting and not in the presence of the student of concern. Another designated staff member should supervise the student at all

times.

4. If the level of risk is determined to be moderate or high, contact LASPD or the PMRT. Both agencies are authorized to assess, determine if the current circumstances meet the criteria, and transport an individual for a psychiatric evaluation (5150/5585), if needed. It is not necessary to call both agencies for a response.
   - LASPD - (213) 625-6631
   - PMRT - (800) 854-7771

The privacy of all students should be protected at ALL times. Disclose confidential information only on a right to know and need to know basis.

D. Communicate with Parent/Guardian

The Suicide Prevention Liaison or assessing party should contact the parent/guardian or consult the emergency card for an authorized third party. When communicating with parent/guardian:

1. Share concerns and provide recommendations for establishing safety in the home with "means restriction" (e.g., securing/removing firearms, medications, cleaning supplies, cutlery, and razor blades).
2. If the student is transported to the hospital, communicate a plan for re-entry pursuant to **Attachment E – Student Re-Entry Guidelines**. Complete and provide parent/guardian **Attachment H – Return to School Information for Parent/Guardian**, which outlines steps to facilitate a positive transition back to school.
3. Provide school and/or local community mental health resources, including the nearest SMH Clinic or District Wellness Center. Students with private health insurance should be referred to their provider.
4. Facilitate contact with community agencies and follow-up to ensure access to services.
5. Provide a copy of **Attachment M - Suicide Prevention Awareness for Parents/Caregivers** and/or **Attachment N – Self-Injury Awareness for Parents/Caregivers**.
6. Obtain parent/guardian permission to communicate with outside mental health care providers regarding their child using **Attachment F – Parent/Guardian Authorization for Release/Exchange of Information**.

E. Determine Appropriate Action Plan

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. Refer to **Attachment C - Suicide Risk Assessment Levels, Warning Signs & Action Plan Options**.

There are circumstances that might increase a student's suicide risk. Examples may include suspension, expulsion, relationship problems, significant loss, interpersonal conflict, or being identified as a student of

a vulnerable population (see **Section VI – Considerations for Supporting Vulnerable Student Populations**). The action plan determined should be documented and managed by the school site administrator/designee. Actions may include:

1. Develop a safety plan. A safety plan is a prioritized list of coping strategies and resources that a student may use before, during, or after a suicidal crisis. See **Attachments D1–D4** for recommendations and templates for developing a student safety plan.
   a. Throughout the safety planning process, a collaborative problem solving approach should be used to assess and address any potential barriers the student may have with following through with the safety plan.
   b. If the student enrolls in a new school, the safety plan should be reviewed with the new school site crisis team to ensure continuity of care and revised as needed.
2. Follow student re-entry guidelines. See **Attachment E - Student Re-entry Guidelines** for a checklist of action items to consider and **Attachment K – Student Re-Entry/Safety Planning Meeting** sign-in sheet to document participation in any meetings regarding the student.
   a. A student returning to school following psychiatric evaluation or hospitalization, including psychiatric and drug/alcohol inpatient treatment, must have written permission by a licensed California health care provider to attend school. See **Attachment I - Medical Clearance for Return to School**.
   b. If the student is absent or out of school due to a mental health evaluation/hospitalization, the school site administrator/designee should hold a re-entry meeting with key support staff, parents/guardians, and student upon their return to facilitate a successful transition.
   c. 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*).
3. Mobilize a support system and provide resources. See **Attachment R - Resource Guide.**
   a. Connect student and family with social, school, and community supports.
   b. Refer the student to the nearest SMH Clinic or District Wellness Center, a community resource provider, or their health care provider for mental/physical health services.
4. Monitor and manage.
   a. The administrator/designee and/or Suicide Prevention Liaison(s) should monitor and manage the case as it develops and until it has been determined that the student no longer poses an immediate

threat to self.
b. Maintain consistent communication with appropriate parties on a right to know and need to know basis.
c. If the parent/guardian is not following the safety recommendations, a suspected child abuse report may be filed. See BUL-1347.3 *Child Abuse and Neglect Reporting Requirements*.

F. Important Considerations

The following are important to consider when intervening with youth who are exhibiting suicidal ideation/behavior:

1. **When Certificated Staff Accompany a Student to the Hospital**
If PMRT or law enforcement determines that the student will be transported to an emergency hospital/medical facility, the school site administrator should designate a certificated staff member to accompany the student if:
a. The student requests the presence of a staff member.
b. The school is unable to make contact with the parent/guardian.
c. Parent/guardian is unavailable to meet the student at the hospital.
d. Deemed appropriate based on considerations such as age, developmental level, or pertinent historical student information.
2. **Providing Information for a Psychiatric Evaluation**
If the student will be transported, the assessing party should complete **Attachment G2 – Summary of Relevant Student Information**, indicating summary of incident and pertinent historical information. This document should be provided to PMRT or law enforcement prior to transporting to an emergency room hospital. For information on how to complete Attachment G2, refer to **Attachment G1 – Directions on How to Complete the Summary of Relevant Student Information**.

G. Responding to Student Suicide Attempts

In case of a student suicide attempt, the health and safety of the student is paramount. The following are important steps to consider in these situations:

1. **In-School Suicide Attempt**
In case of an in-school suicide attempt:
a. Call 911, as appropriate.
b. Render first aid until professional medical treatment and/or transportation can be received.
c. Supervise the student to ensure their safety.
d. Inform the school site administrator/designee and/or Suicide Prevention Liaison immediately or as soon as practically possible.
e. Clear the area by relocating nearby students and staff, as soon as practically possible.

f. Inform the parent/guardian.
g. Engage the Suicide Prevention Liaison(s) to ensure the appropriate action plan, safety plan, and re-entry guidelines are established to ensure the safety and well-being of the student and others who might have been exposed or triggered by the incident.

2. **Out-of-School Suicide Attempt**
In case of an out-of-school suicide attempt:
   a. If the student contacts a staff member and expresses suicidal ideation, the staff member should attempt to maintain contact with the student (either in person, online, or on the phone). Inform the school site administrator/designee and/or Suicide Prevention Liaison immediately for support and guidance.
   b. Call 911, LASPD at (213) 625-6631, or local law enforcement to initiate a welfare check, as appropriate.
   c. Inform the parent/guardian.
   d. Engage the Suicide Prevention Liaison(s) to ensure the appropriate action plan, safety plan, and re-entry guidelines are established to ensure the safety and well-being of the student.

H. Document All Actions
1. The administrator/designee shall maintain records and documentation of actions taken at the school by completing an incident report and RARD in iSTAR. For information on completing iSTAR reports with the issue type *Suicidal Behavior*, see **Attachment J1 – Recommendations for RARD Completion**.
2. When documenting in iSTAR, include the 10-digit student identification number for the student in the *Persons Involved* tab. Any previous reports involving the student will be displayed in this tab, which may influence additional safety and action planning.
3. If the student is assessed by a member of the school site crisis response team who does not have reporting access to iSTAR, the school site crisis team member should complete **Attachment J2 – Risk Assessment Referral Data (RARD)** and submit it to the school site administrator within 24 hours or by the end of the next school day, for submission on iSTAR. The RARD should not be mailed.
4. Notes, documents, and records related to the incident are confidential information and remain privileged to authorized personnel. These notes should be kept in a confidential file separate and apart from the student's cumulative records.
5. If a student for whom a RARD has been completed transfers to a school within or outside the District, the transferring school may contact the receiving school to share information and concerns, as appropriate, to facilitate a successful supportive transition. To ensure a continuity of care within the District, a safety plan with the new school's crisis team should be developed, as appropriate.

V. INTERVENTION: PROTOCOL FOR RESPONDING TO STUDENTS WHO SELF-INJURE

Self-injury is the deliberate act of harming one's own body, through means such as cutting or burning. Self-injury is an unhealthy way to cope with emotional pain, intense anger, or frustration. Although this behavior often lacks suicidal intent, it can increase the risk of suicide because of the emotional problems that trigger self-injury. Therefore, students who engage in self-injurious behaviors should be assessed for suicide risk.

For definitions, protocol for responding to students who self-injure, as well as information about contagion and other considerations, see **Attachment P – Intervention: Protocol for Responding to Students Who Self-Injure**.

VI. CONSIDERATIONS FOR SUPPORTING VULNERABLE STUDENT POPULATIONS

Factors such as discrimination, traumatic life circumstances, stigma, familial and community rejection, mental illness, and other factors that compromise life functioning may result in elevated suicide risk, particularly for vulnerable student populations. Suicide risk may increase when an individual experiences several risk factors at the same time. See **Attachment L – Considerations for Supporting Vulnerable Student Populations** for a detailed description of aspects to consider when working with the identified vulnerable populations listed below:

A. Students Who May Be Lesbian, Gay, Bisexual, Transgender, Queer/ Questioning (LGBTQ)
B. Students with Adverse Childhood Experiences (ACEs)
C. Students with Mental Health and/or Substance Use Disorders
D. Students Bereaved by Suicide
E. Students with Disabilities
F. Students Involved with Bullying
G. Students Experiencing Homelessness
H. Students in Out-of-Home Care Settings
I. Students Identified as Newcomers or Immigrant (Unaccompanied, Accompanied, Undocumented, Mixed Status Youth)
J. Students Who Experience Labor or Sex Trafficking

VII. SUSPECTED CHILD ABUSE OR NEGLECT

Report the incident to the appropriate child protective services agency, following the District's *Child Abuse and Neglect Reporting Requirements*, BUL-1347, if child abuse or neglect by a parent/guardian is suspected or there is reasonable suspicion that:

- contacting the parent/guardian regarding the suicidal ideation/behavior may escalate the student's current level of risk;
- the parent/guardian is contacted and unwilling to respond; and/or

- the parent/guardian refuses treatment for the student of concern.

The 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.

VIII. OTHER RELATED MATTERS

A. Responding to Threats and School Violence
For matters related to students exhibiting suicidal ideation and threatening or violent behaviors towards others, follow guidelines as indicated in BUL-5799.0 *Threat Assessment and Management (Student-to-Student, Student-to-Adult)* or contact the Local District Operations staff. If immediate assistance is needed, contact LASPD or local law enforcement.

B. Responding to Hate Violence
For matters related to students expressing suicidal ideation in conjunction with reports of hate-motivated violence, additional guidelines indicated in BUL-2047.1 *Hate-Motivated Incidents and Crimes – Response and Reporting* should be followed or contact the Local District Operations staff.

IX. POSTVENTION: PROTOCOL FOR RESPONDING TO A STUDENT DEATH BY SUICIDE

After a student death by suicide in the school community, it is important to implement a coordinated crisis response to assist students, staff, and families who are impacted by the death and to restore an environment focused on education. For information about how to respond to a student death by suicide, see **Attachment Q – Postvention: Protocol for Responding to a Student Death by Suicide**.

XIII. CONFIDENTIALITY

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

AUTHORITY: This is a policy of the Superintendent of Schools. The following legal authorities are applied in this policy:
California Civil Code sections 56-56.10, 1798;
California Constitution Article 1, §28(c);
California Education Code §32210 et seq.;
California Education Code §35160;
California Education Code §44808;
California Education Code §48900 et seq.;

California Education Code §48950;
California Education Code sections 49060 et seq.;
California Health & Safety Code sectiom123100-123149.5, 124260;
California Penal Code §626 et seq.;
California Code of Civil Procedure §527.6;
Family Educational Rights and Privacy Act;
Health Insurance Portability and Accountability Act; and
Los Angeles Municipal Code §63.94.

RELATED RESOURCES:

BUL-3878.2, Assisting Students with Prescribed Medication at School, July 30, 2012.
BUL-5212.2, Bullying and Hazing Policy (Student-to-Student and Student-to-Adult), November 26, 2014.
BUL-1347.3, Child Abuse and Neglect Reporting Requirements, August 19, 2016.
BUL-5577.1, Counseling and Educationally Related Intensive Counseling Services (ERICS) for Students with Disabilities, July 21, 2014.
BUL-5800.0, Crisis Preparedness, Response and Recovery, October 12, 2015.
BUL-6231.0, Discipline Foundation Policy: School-Wide Positive Behavior Intervention and Support (SWPBIS), February 14, 2014.
BUL-6718.0, Educational Rights and Guidelines for Youth in Foster Care, Experiencing Homelessness and/or Involved in the Juvenile Justice System, August 8, 2016.
BUL-2047.1, Hate-Motivated Incidents and Crimes – Response and Reporting, June 15, 2015.
BUL-5269.2, Incident System Tracking Accountability Report, July 10, 2013.
BUL-6269.1, Multi-Tiered System (MTSS) of Behavior Support for Students with Disabilities, March 6, 2017.
BUL-5532.1, Policy on Co-Locations for District School Facilities' Use Pursuant to Education Code Section 47614 (Proposition 39), December 4, 2017.
BUL-5688.2, Social Media Policy for Employees and Associated Persons, October 5, 2017.
BUL-5799.0, Threat Assessment and Management (Student-to-Student, Student-to-Adult), July 12, 2012.
BUL-6224.1, Transgender Students - Ensuring Equity and Nondiscrimination, September 15, 2014.
MEM-6910, Suicide Prevention and Awareness Training, updated annually.

ATTACHMENTS:

Attachment A – Protocol for Responding to Students at Risk for Suicide
Attachment B – Suicide Risk Assessment Tool
Attachment C – Suicide Risk Assessment Levels, Warning Signs & Action Plan Options
Attachment D1 – Recommendations for Developing a Student Safety Plan for Secondary School Students
Attachment D2 – My Safety Plan (for Secondary School Student)
Attachment D3 – Recommendations for Developing a Student Safety Plan for Elementary School Students
Attachment D4 – My Safety Plan (for Elementary School Student)

Attachment E – Student Re-Entry Guidelines
Attachment F – Parent/Guardian Authorization for Release/Exchange of Information (English/Spanish)
Attachment G1 – Directions on How to Complete the Summary of Relevant Student Information
Attachment G2 – Summary of Relevant Student Information
Attachment H – Return to School Information for Parent/Guardian
Attachment I – Medical Clearance for Return to School
Attachment J1 – Recommendations for RARD Completion
Attachment J2 – Risk Assessment Referral Data (RARD)
Attachment K – Student Re-Entry/Safety Planning Meeting (sign-in sheet)
Attachment L – Considerations for Supporting Vulnerable Student Populations
Attachment M – Suicide Prevention Awareness for Parents/Caregivers
Attachment N – Self-Injury Awareness for Parents/Caregivers
Attachment O – Sample Letter to Parent/Guardian RE: Self-Injury
Attachment P – Intervention: Protocol for Responding to Students Who Self-Injure
Attachment Q – Postvention: Protocol for Responding to a Student Death by Suicide
Attachment R – Resource Guide

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

LAUSD RESOURCES

Los Angeles School Police Department, Watch Commander (24/7) (213) 625-6631 – for assistance with any law enforcement matters.

Division of Student Health and Human Services, School Mental Health (including Crisis Counseling and Intervention Services)

(213) 241-3841 - for consultation with suicide/threat risk assessments, crisis response and mental health issues, Monday-Friday from 8:00 am-4:30 pm.

Division of District Operations (213) 241-5337 – for assistance with school operations and procedures concerning students and employees.

Division of Special Education (213) 241-6701– 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) 241-3840 – 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) 241-6601 – for assistance/consultation regarding legal issues.

EMERGENCY RESOURCES (NON-LAUSD)

Los Angeles County Department of Mental Health ACCESS (800) 854-7771 – collaborates with School Mental Health (SMH) 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.

Valley Coordinated Children's Services (818) 708-4500 – 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.

Mental Evaluation Unit (MEU), including Staff Management Advisory and Response Team (SMART) (213) 996-1300 or 1334 – for law enforcement and mental health response, when an individual is a flight risk, violent, or high risk for harm to self or others.

National Suicide Prevention Lifeline (800) 273-8255 – a 24-hour crisis line for individuals who are contemplating, threatening, or attempting suicide, including their family and friends.

Didi Hirsch Suicide Prevention Center (877) 727-4747 – a 24-hour crisis line for individuals who are contemplating, threatening, or attempting suicide, including their family and friends.

Trevor Project – Trevor Lifeline (866) 4-U-TREVOR (866) 488-7386 - a 24-hour hotline; provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24.

For additional resources and information, including emergency services, crisis lines, and online resources, see **Attachment R - Resource Guide**.

ATTACHMENT A

Los Angeles Unified School District

STUDENT HEALTH AND HUMAN SERVICES

PROTOCOL FOR RESPONDING TO STUDENTS AT RISK FOR SUICIDE

The following is a summary checklist of general procedures for the administrator/designee and/or Suicide Prevention Liaison to respond to any reports of students exhibiting suicidal behavior/ideation. For a complete description of each procedure, refer directly to Section IV of Bulletin 2637.3.

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

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

B. ☐ SECURE THE SAFETY OF THE STUDENT
- ☐ Supervise the student at all times.
- ☐ Conduct an administrative search for access to means to hurt themselves.
- ☐ If appropriate, contact LASPD, 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)
- ☐ Administrator/designee or designated school site crisis team member gathers essential background information.
- ☐ Administrator/designee or designated school site crisis team member meets with the student at risk for suicide.
- ☐ The assessing party should collaborate with at least one other designated school site crisis team member to determine level of risk. See Table 1, Levels of Suicide Risk in BUL-2637.3.

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

E. ☐ DETERMINE APPROPRIATE ACTION PLAN (see Attachment C – Suicide Risk Assessment Levels, Warnings Signs & Action Plan Options)
- ☐ Determine action plan based on level of risk.
- ☐ Develop a safety plan.
- ☐ Follow student re-entry guidelines.
- ☐ Mobilize a support system and provide resources.
- ☐ Monitor and manage.

F. ☐ IMPORTANT CONSIDERATIONS
- ☐ Certificated Staff Accompany a Student to the Hospital
- ☐ Provide Information for a Psychiatric Evaluation

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

Suspected Child Abuse or Neglect

Report the incident to the appropriate child protective services agency, following the District's *Child Abuse and Neglect Reporting Requirements*, BUL-1347, 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;
- the parent/guardian is contacted and unwilling to respond; and/or
- the parent/guardian refuses treatment for the student of concern.

The 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.

Los Angeles Unified School District

STUDENT HEALTH AND HUMAN SERVICES

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 Suicide Prevention Liaison(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 sources (e.g., 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 that 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 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** Exhibits extreme or persistent high risk behaviors, such as current access to means, self-injury, or suicide attempts (e.g., abusing drugs/alcohol, running into traffic, jumping from high places); poses imminent danger to self with a viable plan to do harm; 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)

Please refer to BUL-2637.3, Section IV for guidelines on determining an appropriate safety/re-entry plan and for protocol on documenting actions in RARD on iSTAR.

Please use additional paper if space is needed to document complete response.

SUICIDE RISK ASSESSMENT LEVELS, WARNING SIGNS & 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. Concerns expressed by parent/caregiver may change the level of risk. o Reinforce the importance of student safety and use of appropriate language. o Provide Attachment M - *Suicide Prevention Awareness for Parents/Caregivers* or Attachment N - *Self-Injury Awareness for Parents/Caregivers* handouts 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* or Attachment N - *Self-Injury Awareness for Parents/Caregivers* handouts and school/community resources, as needed. • Assist in connecting with school and community resources, including suicide prevention crisis lines (Attachment R) • Develop a safety plan that identifies caring adults, appropriate communication and coping skills (see Attachments D2 and D4 - *My Safety Plan* templates). • Manage and monitor, as needed. • Document all actions in the RARD on iSTAR; include student identification number in the Persons Involved tab of iSTAR.

<table>
<tr>
<td>☐ Moderate Risk

May pose imminent danger to self, but there is insufficient evidence to demonstrate a viable plan of action to do harm.</td>
<td>• 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)</td>
<td rowspan="2">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-2637.3 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 Attachments D2 and D4 - My 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:
o Re-entry plan and recommendations to seek mental health services. Request Attachment F – Parent/Guardian Authorization for Release/Exchange of Information
o Provide Attachment M - Suicide Prevention Awareness for Parents/Caregivers or Attachment N - Self-Injury Awareness for Parents/Caregivers handouts 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.</td>
</tr>
<tr>
<td>☐ High Risk

Exhibits extreme or persistent high risk behaviors, such as current access to means, self-injury, or suicide attempts (e.g., abusing drugs/alcohol, running into traffic, jumping from high places); poses imminent danger to self with a viable plan to do harm; may qualify for hospitalization.</td>
<td>• 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)</td>
</tr>
</table>

Please refer to BUL-2637.3, for guidelines on determining an appropriate safety/re-entry plan and for protocol on documenting actions in RARD on iSTAR.

For support and consultation, contact:

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

In case of an emergency, call 911. For law enforcement and/or after hours response, contact the Los Angeles School Police Department (LASPD) at (213) 625-6631.

Recommendations for Developing a Student Safety Plan for Secondary School Students

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.

Refer to the definitions and examples below as a guide to help a student complete their safety plan (Attachment D2):

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 include *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 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. 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 being 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 reach out and check in with a student regularly. 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, and After-School Staff Ms. Smith.*

Adult Support: It is important that a student feels 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 when available. Some adults may include *family members (e.g., grandparent, aunt, uncle, and adult sister), family friends, and religious leaders (e.g., clergy, youth pastor).*

Parent/Guardian 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:
    - Secure all objects and materials that could be dangerous to student. 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.
    - Alter 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).
    - Monitor and supervise the 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 a trusted adult; student will accompany parent to run errands), and parents/guardians should have access to students' social media accounts.
- Ask for ideas from the student regarding ways their parent/guardian can support them, such as *spending time with family and friend;, watching movies with mom; dad will pick me up from school; or going to counseling with mom once a month.*

Case Carrier Support: The case carrier is a school-site crisis team member who has been identified by the administrator/designee to follow-up with the student and monitor action/safety plans developed for the student. The support offered may include strategies to manage, monitor, and check-in with the student. The case carrier may collaborate with the outside mental health agency providing services and ensure that there is a Release/Exchange of Information form signed and on file. Additional case carrier support may include: *monitor daily logs; check-in meeting with student 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 agency/therapist that may be providing services.*

Los Angeles Unified School District

STUDENT HEALTH AND HUMAN SERVICES

ATTACHMENT D2

Student Health & Human Services

MY 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 being 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**
    (800) SUICIDE or **(800) 784-2433**
  - *Didi Hirsch Suicide Prevention Center* **(877) 727-4747**
- *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

Recommendations for Developing a Student Safety Plan for Elementary School Students

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 D4) when the suicide risk assessment level is deemed low, moderate or high. Update the Safety Plan as needed.

Please note: **Attachment D4- My Safety Plan** (for Elementary School Student), was developed, but not limited to, students ranging from kindergarten to fourth grade. School staff may utilize this template with students in other grade levels taking into consideration the student's cognitive functioning, learning disability, and/or learning styles.

Refer to the definitions and examples below as a guide to help a student complete their Safety Plan (Attachment D4):

My 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 triggers include *fights at home, being home alone, problems in the classroom/playground, seeing an ex best friend, gossip on social media, or getting a low score/grade.*

When this happens, I feel: This section allows students the ability to identify what emotion is manifested when there is a trigger. Some examples of emotions may be: *sad, mad, hurt, scared, worried.*

My 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, emotions, body sensations, and/or behaviors. Some warning signs that adults/staff may notice in students include talking, writings, postings 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 utilize page two to draw/write some of the warning signs they experience when they are upset that affects their thoughts, emotions, body, and behaviors. Students, especially younger students, may need some guidance and direction when developing their warning signs. Some examples include *having negative thoughts, heavy breathing, picking fights, 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.*

My 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 a student can do in order to regulate his/her emotions (include some things he/she can do in the 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, playing basketball, drawing, writing in journal, taking a break from class to drink water, listening to music, playing with a pet.*

School Support: Any school staff member or administrator can check in with a student regularly. Notify student's teacher(s) and request monitoring and supervision of the student (keeping in mind not to share confidential information). Have the student list three names of trusted adults they can seek out for support.
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.*

Home/Community 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. Have the student list three names of trusted adults they can seek out for support. Some adults may include *family (e.g. grandparent, aunt, uncle, adult sister/brother); clergy (e.g. youth pastor); or next-door neighbor-Mr. Smith.*

My Other Thoughts: This section provides students with the option to draw or write anything else they would like to highlight or add to their safety plan. This option encourages students to process their thoughts and experiences, especially if students indicate journaling as a coping skill.

My Crisis Plan and Resources: Review this section with the student, as well as with their parent/guardian, to ensure they are aware of the steps to take in the event of a crisis.

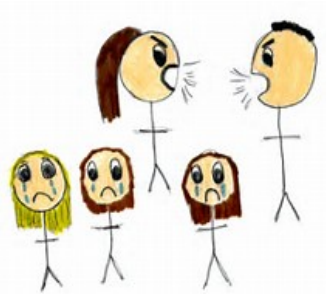
Los Angeles Unified School District
STUDENT HEALTH AND HUMAN SERVICES

Student Health & Human Services

MY SAFETY PLAN

Name: _____ **DOB:** _____ **Date:** _____

My Triggers: (Things that make me upset, feel bad, or think about dying.)



Fights at Home

Problems with Classmates/Friends

Problems in School

Describe:

_____

_____

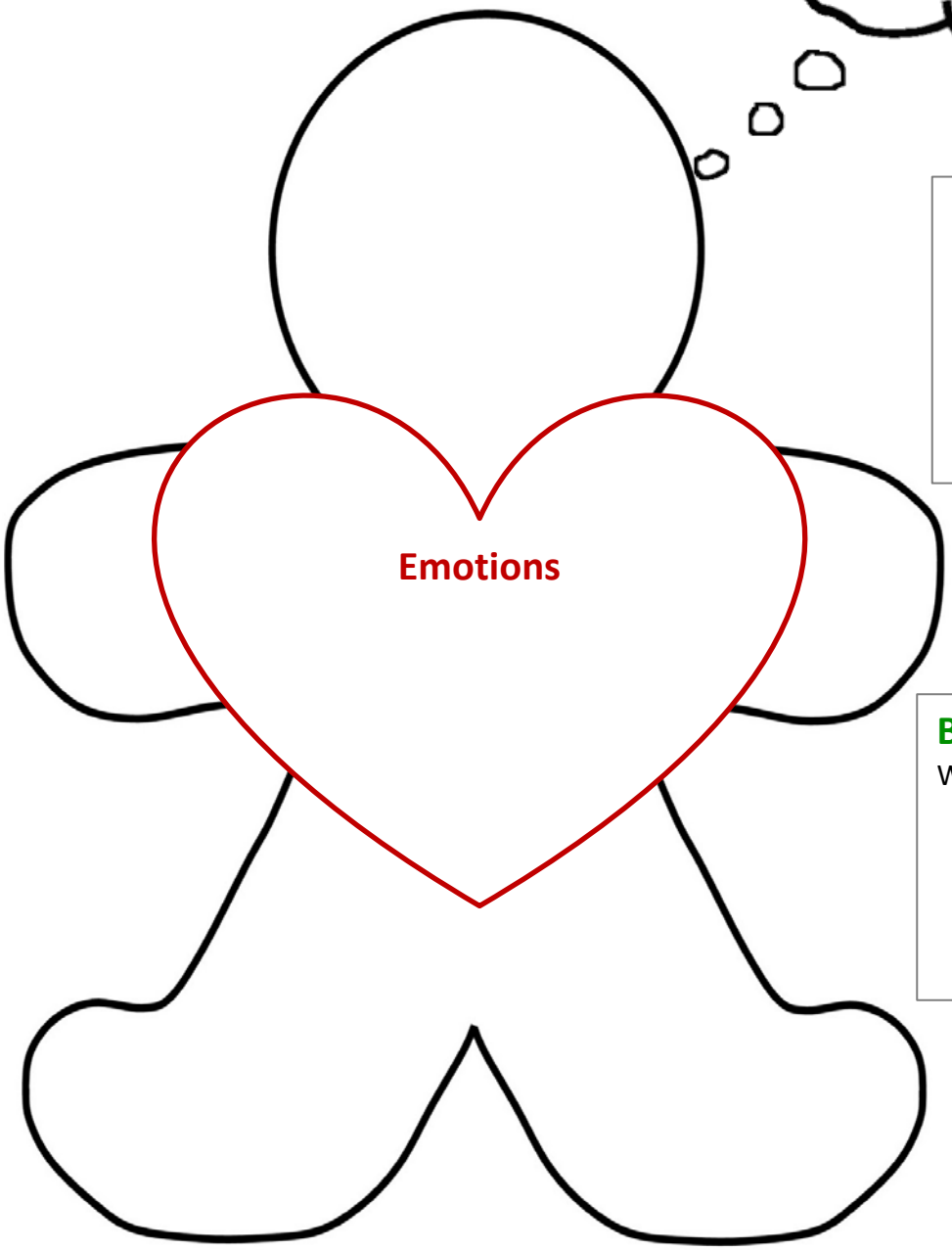
When this happens, I feel…

 **Sad**	 **Mad**	 **Hurt**	 **Scared**
 **Lonely**	 **Frustrated**	 **Worried**	**Create Your Own Feeling**

My Warning Signs

What signs tell me I'm starting to get upset/overwhelmed?

Directions: Write/draw your warning signs in the image below.



Body Sensations

When I am mad I feel my…

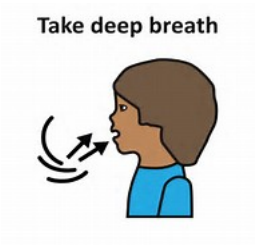
- **heart racing**
- **stomach ache**
- **sweaty palms**
- **add your own example in the image on the left**

Behaviors

When I am mad I…

- **hurt myself**
- **pick fights**
- **spend time alone or isolate myself**
- **add your own example in the image on the left**

My Coping Skills/Healthy Behaviors: (What are some helpful things that will take my mind off the problem?)



Relaxation Techniques

Play with My Pet

Play with My Friends

Draw/Art

Identify your coping skills:

1. _____
2. _____
3. _____

School Support: When I feel this way at school, I can go to...

Teacher

Principal, Counselor, Support staff

Other School Staff

Name three trusted adults at school:

1. _____
2. _____
3. _____

Home/Community Support: When I feel this way at home, I can go to…

Parent/Guardian, Grandparent, Adult Sibling, Aunt/Uncle

Church Clergy, Coach, Therapist

Name three trusted adults at home or in my community:

1. _____
2. _____
3. _____

My other thoughts…

My Crisis Plan and Resources

I or my trusted adult can 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**
    (800) SUICIDE or **(800) 784-2433**
  - *Didi Hirsch Suicide Prevention Center* **(877) 727-4747**
- *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

ATTACHMENT E

Student Health & Human Services

STUDENT RE-ENTRY GUIDELINES

Student Name/DOB:_____School:_____Date:_____

In planning for the re-entry of a student who has been absent or out of school due to a mental health evaluation/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, refer to the health office and/or medication management policy at school (see BUL-3878 *Assisting Students with Prescribed Medication at School*). ☐ 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* and/or Attachment N - *Self-Injury 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 and D4, student safety plan templates.

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 *Counseling and Educationally Related Intensive Counseling Services (ERICS) for Students with Disabilities*).
	☐ 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 and parent/guardian 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

Parent/Guardian Authorization for Release/Exchange of Information

Student Health & Human Services

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)

_____ (Agency Phone Number)

_____ (Home Phone Number)

I hereby give you permission to release/exchange the following information to assist in determining student needs:

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

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

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

_____ _____
Numero de Teléfono de Agencia — Numero de Teléfono de Casa

Por la presente doy permiso para divulgar/intercambiar la siguiente información para determinar las necesidades del alumno:

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

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

Directions on How to Complete the Summary of Relevant Student Information

The Summary of Relevant Student Information (Attachment G2) is intended to summarize important information regarding a student who might be a danger to himself/herself, a danger to others, or gravely disabled. Background and relevant historical student information provided to the receiving hospital will ensure awareness of all concerns regarding student safety.

- Complete Attachment G2 and provide a copy 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).
- Please be mindful of **CONFIDENTIALITY**. Only include information that is directly relevant to the safety concerns regarding suicidal/homicidal ideation and the need for the psychiatric evaluation.
- Attach any additional relevant information, including suicide notes, target lists, drawings, social media posts, and text messages.
- Maintain 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/Suicide Prevention Liaison 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:
    - Local District Operations Coordinator
    - Local District Mental Health Consultant
    - School Mental Health Crisis Counseling and Intervention Services
      Monday-Friday (8:00 am-4:30 pm)
      (213) 241-3841
    - In case of an emergency, call 911. For law enforcement and/or after hours response, contact the Los Angeles School Police Department (LASPD) at (213) 625-6631.

ATTACHMENT G2

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 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)

Summary of Relevant Student Information

Psychotropic Medication(s)

☐ Yes ☐ None ☐ Unknown

If yes, Name of Medication(s) _____ Dosage _____

_____ Dosage _____

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

Source of information regarding psychotropic medication(s):

☐ Student ☐ Parent/Guardian ☐ Other (explain)
_____

Additional Information regarding Medication: (e.g., specific statement(s) made by student or parent/guardian regarding medication or reasons for not taking medication)

Other Factors to Consider

ATTACHMENT G2

Summary of Relevant Student Information

Current Mental Health Support*

Mental Health Agency: _____

Therapist/Clinician Name: _____

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

***If there is not a current Parent/Guardian Authorization for Release/Exchange of Information on file, see Attachment F.**

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

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

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

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

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)

Los Angeles Unified School District

STUDENT HEALTH AND HUMAN SERVICES

Return to School Information for Parent/Guardian

Student Health & Human Services

Date: _____

_____
School Name

RE: _____
Student Name and DOB

Dear Parent/Guardian:

Please follow these steps 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.

School Contact Person:

_____ _____
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 *Student 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

ATTACHMENT I

Student Health & Human Services

CONFIDENTIAL

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

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: _____ (Practitioner/Staff Name/Title)

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

_____ (Hospital/Agency/Clinic)

Date of Birth: _____ (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

Los Angeles Unified School District
STUDENT HEALTH AND HUMAN SERVICES

Recommendations for RARD Completion

After a critical incident involving a student with suicidal ideation, it is extremely important to generate an iSTAR 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 iSTAR Incident Report when a student expresses suicidal ideation, including sample summaries and updates.

- Refer to **BUL 2637.3 – Suicide Prevention, Intervention, and Postvention** for policy, procedures, and helpful documents.
- 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.
- For consultation, contact School Mental Health, Crisis Counseling & Intervention Services at **(213) 241-3841** Monday-Friday from 8:00am-4:30pm.

Recommended Information to Include in the iSTAR Incident Report

Persons Involved

1. Identify the student as a Victim, if they are exhibiting any of the categories in Suicidal Behavior.
2. Use the Student's 10 Digit ID Number to enter the information of the student. Once you enter this ID number, the student's information - Name, Gender, Grade, School and DOB - will auto-populate.
3. Entering the 10-digit Student ID will also populate any other incidents related to this student in this tab, just below the student's information. If no incidents appear, there are no incidents reported in iSTAR using that student's ID, however, this does not guarantee that there were never any previous incidents.

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. Describe exactly what the student stated (e.g., *Mark stated, "I want to kill myself."* or *Mark stated, "I don't think life is worth living any more."*), and did (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 and D4 - *Student Safety Plan* templates). 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 iSTAR as the case evolves (e.g., document the outcome of the re-entry meeting).
8. Under Notify Details, be sure to indicate who you consulted with, adding individuals as appropriate.

Incident Summary Sample #1 ("Suicidal Behavior/Ideation - Non-Injury" Issue Type)

During 4th period, Math teacher Ms. Jones heard student say "I can't take this anymore. I'm going to kill myself after school." PSA Counselor Mr. Smith and APSCS Ms. Rodriguez conducted suicide risk assessment and concluded student was at low risk. Student's parent was contacted. Mr. Smith met with mother to provide the Suicide Prevention Awareness for Parents/Caregivers handout, develop a Safety Plan for student at home and school, and to provide mother with referrals to both school-based and community-based counseling services. Mr. Smith will check in with student and manage the case until crisis is stabilized.

<u>Updated Information</u> *(2 days later)* - To be added to the Incident Summary of the original iSTAR report.
Mr. Smith contacted parent who reported making appointment with XYZ Mental Health Agency for Monday, May 5, 2016. Mr. Smith provided parent with an Exchange/Release of Information Form to be completed so that school and mental health provider can openly communicate about student's treatment and progress.

Incident Summary Sample #2 ("5150/Hospitalization" Issue Type)

Student spoke with Magnet Coordinator Ms. Harris before school and said, "My family is falling apart – I just don't want to live anymore." Principal Dr. Hill and School Psychologist Ms. Garcia completed suicide risk assessment and concluded student was at moderate risk. PMRT was contacted for consult. Team responded to school at approximately 10:00 a.m., evaluated student, and decided to transport the student to Del Amo Hospital for evaluation. Student's parent was contacted, and father came to school and accompanied student in ambulance transport. School Psychologist will follow-up with father tomorrow to gather more information about student's release, and to schedule re-entry meeting with family.

<u>Updated Information</u> *(1 day later)* - To be added to the Incident Summary of the original iSTAR report.
School Psychologist Ms. Garcia contacted father who stated student is set to be released after 72-hour hold. Father agreed to bring student for re-entry meeting Tuesday, May 5, 2016 at 8:30 a.m., and will bring discharge paperwork from hospital.

<u>Updated Information</u> *(4 days later)* - To be added to the Incident Summary of the original iSTAR report.
Student and father met for re-entry meeting with Principal, School Psychologist, School Nurse, and Counselor. Discussed new medication student was prescribed, and developed Safety Plan for student at home and school. Modified student's academic program, and obtained signed Exchange/Release of Information Form from father so that school can openly communicate with student's new therapist about student's treatment and progress. Counselor Mr. Jackson will check-in with student and manage the case until crisis is stabilized.

RARD

1. Complete the entire RARD Tab.
2. Check for previous incidents involving this student under the *Persons Involved* tab.
3. Include an explanation of any action boxes that are checked "no."

Los Angeles Unified School District

ATTACHMENT J2

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

☐ 5150/5585 Hospitalization
☐ Self-Injury/Cutting
☐ Suicidal Behavior/ Ideation (injury)
☐ 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 to harm self
☐ Indirect threat to harm self
☐ Giving away prized possessions
☐ Violent behavior
☐ Threat to harm others
☐ Access to weapons
☐ Signs of depression
☐ 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)

_____

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-2637.3 Suicide Prevention, Intervention & Postvention for guidelines and attachments.

Was the student assessed for risk using the District guidelines and procedures in Bul-2637.3, 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 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 Number: _____ Email Address: _____

Employee Name: _____ Contact Number: _____

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.

Los Angeles Unified School District
STUDENT HEALTH AND HUMAN SERVICES

ATTACHMENT K

Student Health & Human Services

Student Re-Entry/Safety Planning Meeting

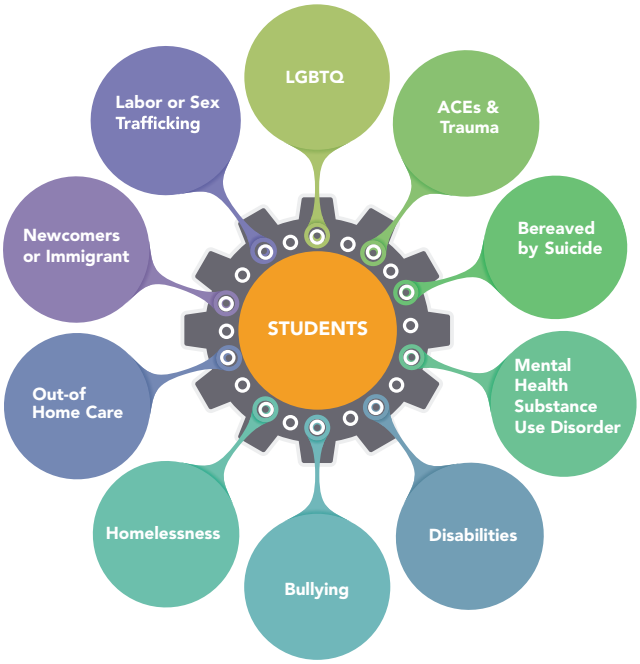
Student Name:_____ **School:** _____ **Date:** _____

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

Considerations for Supporting Vulnerable Student Populations

Youth suicide is a preventable public health problem. Children and teens spend a significant amount of their young lives in school; the personnel who interact with them daily are in a prime position to recognize the warning signs of suicide and make the appropriate referrals for help. Creating safe, affirming, and inclusive schools is a Tier I strategy for supporting all students.

Suicide risk may increase when an individual experiences several risk factors at the same time. Factors such as discrimination, traumatic life circumstances, stigma, familial and community rejection, mental illness and other factors that compromise life functioning may result in elevated suicide risk, particularly for vulnerable student populations, such as:



LGBTQ

STUDENTS WHO MAY BE LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER/QUESTIONING (LGBTQ)

The elevated rate of suicidality among Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) youth is strongly associated with family and community rejection. LGBTQ students with rejecting families have an eight-fold increased risk for suicidal ideation compared to LGBTQ students with affirming families.

When working with LGBTQ youth, consider the following:

- Do not make assumptions about a student's sexual orientation or gender identity. The risk for suicidal ideation is greatest among students who are in hostile environments and/or struggling to hide or suppress their identity.
- Be affirming. Students who are struggling with their identity are on alert for negative or rejecting messages. Your acceptance can make a big difference.
- Never "out" students to anyone, including parent(s)/guardian(s). Students have the right to privacy about their sexual orientation or gender identity.
- Provide LGBTQ-affirming resources (see Attachment P – Resource Guide).
- Ensure safe campuses.

Resources and Contact

- Human Relations Diversity and Equity, SHHS 213.241.3840
- BUL-6224 Transgender Students - Ensuring Equity and Nondiscrimination
- LGBTQ-affirming resources on BUL-2637.3 Attachment P Resource Guide

ACEs

STUDENTS WITH ADVERSE CHILDHOOD EXPERIENCES (ACEs) AND EXPOSURE TO TRAUMA

Students who have experienced multiple adverse experiences are at significantly greater risk for suicide. The Adverse Childhood Experiences (ACEs) study includes categories such as child abuse (physical, sexual, emotional), child neglect (physical, emotional), and household dysfunction (domestic violence, familial substance abuse, incarceration of a family member, separation/divorce, familial mental illness). Research from the ACEs study indicates that those who have experienced four or more ACEs may be up to 12 times more likely to attempt suicide, and those with seven or more are up to 51 times more likely to attempt suicide. Up to 80% of childhood/adolescent suicide attempts may be attributable to ACEs.

Further, children with higher numbers of ACEs are at significant risk for neurobiological effects, such as brain abnormalities and stress hormone irregularities; psychosocial effects, such as poor attachment, poor socialization, and poor self-efficacy; and health risk behaviors, such as smoking, substance abuse, and promiscuity. Some of the long-term consequences of exposure to multiple ACEs include major depression, post-traumatic stress disorder, heart disease, suicide, and early death.

Students with a high number of ACEs may exhibit some of the following behaviors in school and the classroom:

- Difficulty regulating emotions.
- Hyperactivity, unprovoked aggression.
- Pervasive mistrust of authority figures/social withdrawal or difficulty developing close or lasting relationships.
- Difficulty asking for/accepting help.
- Difficulty understanding information and following directions.

STUDENTS BEREAVED BY SUICIDE

Studies show that those who have experienced suicide loss, through the death of a friend or loved one, are at increased risk for suicide themselves. The relative risk of suicide among 15-19 year olds is two to four times greater among those who knew a peer who died by suicide (Survivors of Suicide Loss Task Force, 2015). The process leading to this increased risk of suicide is called contagion. A suicide cluster is comprised of an excessive number of suicides occurring in close time and/or geographical proximity (Lake & Gould, 2014). Schools are encouraged to mitigate contagious behaviors that increase the risk of suicide clusters in school communities by ensuring appropriate implementation of postvention strategies outlined in BUL-2637.3.

When working with students with ACEs, exposure to trauma, or those bereaved by suicide, consider the following:

- Promote the five resilience factors in schools and classrooms: sense of safety, ability to be calm; self-efficacy and community efficacy; connectedness; and hope.
  - Support students to feel safe physically, socially, emotionally, and academically. Establish predictability and consistency in the school and classroom.
  - Teach students that self-soothing is an important part of self-regulation. Have conversations with students about what they can do to feel better.
  - Encourage students to direct their attention to positive experiences in real time and provide them with opportunities to participate in meaningful activities with peers.
  - Connect with students using a trauma-informed lens, by asking, "What happened?", not "What's wrong with you?"
  - Cultivate optimism while offering students hope for the future.
- Make appropriate referrals to school or community based services for treatment, as needed.

ACEs

Resources and Contacts

- School Mental Health 213.241.3841
- School Mental Health http://smh.lausd.net
- Division of Special Education: Positive Behavior Support https://achieve.lausd.net/site/Default.aspx?PageID=4137

MENTAL HEALTH/SUBSTANCE USE DISORDERS

STUDENTS WITH MENTAL HEALTH AND/OR SUBSTANCE USE DISORDERS

Suicide is not simply the result of stress or difficult life circumstances. A key suicide risk factor is an undiagnosed, untreated, or ineffectively treated mental health disorder. It is estimated that over 90 percent of people who die by suicide have a mental disorder at the time of their death. In teens, the mental disorders most closely linked to suicide risk are major depressive disorder, bi-polar disorder, generalized anxiety disorder, conduct disorder, substance use disorder, and eating disorders. The majority of people suffering from these disorders are not engaged in treatment. Most adults are not trained to recognize signs of serious mental health disorders in teens; therefore, symptoms are often misinterpreted or attributed to normal adolescent mood swings, laziness, poor attitude, or immaturity. However, school staff play a pivotal role in recognizing warning signs and risk factors for students exhibiting suicidal ideation/behavior and referring them to treatment that may reduce risk. It is important to remember that the diagnosis of a mental disorder should always be made by a qualified mental health professional.

When working with students with mental and/or substance use disorders, consider the following:

- Consider the type/severity of the student's mental health and/or substance use disorder.
- Promote Social Emotional Learning and resiliency including emotional management and positive coping skills in the classroom.
- Make appropriate referrals to school or community based services for treatment, as needed.
- Develop and foster positive relationships and support networks within home, school, and community settings.

Resources and Contacts

- School Mental Health 213.241.3841
- School Mental Health http://smh.lausd.net

STUDENTS WITH DISABILITIES

STUDENTS WITH DISABILITIES

The definition of "child with a disability" explains how and why children are found to be eligible – or ineligible – for special education and related services under Individuals with Disabilities Education Act (IDEA). A "child with a disability," as defined by IDEA, is entitled to a free appropriate public education that emphasizes special education and related services designed to meet the child's unique needs. IDEA includes 14 primary terms under the main definition of "a child with a disability:"

- Autism
- Deaf-Blindness
- Deafness
- Developmental Delay
- Emotional Disturbance
- Hearing Impairment
- Intellectual Disability
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impairment
- Specific Learning Disability
- Speech or Language Impairment
- Traumatic Brain Injury
- Visual Impairment Including Blindness

When working with students with disabilities, consider the following:

- Consider the type/severity of the student's disability.
- Ensure that all accommodations and modifications in the Individualized Education Program (IEP) are being implemented with fidelity.
- Promote Social Emotional Learning and resiliency including emotional management and positive coping skills in general and special education program settings.
- Support students with disabilities who exhibit behavioral challenges using evidence-based practices found in a Multi-Tiered System of Support (MTSS).
- Identify process and procedure for determining the need to include behavior support and counseling services as part of a student IEP.
- Develop and foster positive relationships and support networks within home, school, and community settings.

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, follow guidelines as indicated in BUL-5577.

Students with profound disabilities may exhibit self-injurious behaviors without being indicative of suicide or suicidal ideation. Please follow District guidelines as indicated in BUL-6269.

Resources and Contacts

- Division of Special Education 213.241.6701
- Division of Special Education ERICS Department 213.241.8303
- BUL-5577 Counseling and Educationally Related Intensive Counseling Services (ERICS) for Students with Disabilities
- BUL-6269 Multi-Tiered System (MTSS) of Behavior Support for Students with Disabilities
- Division of Special Education https://achieve.lausd.net/sped

STUDENTS INVOLVED WITH BULLYING

STUDENTS INVOLVED WITH BULLYING

The relationship between bullying and suicide is highly complex. Youth who are involved with bullying (as a student targeted, engaged in, or witnessing bullying behavior) are more likely to report high levels of suicide-related behavior, particularly when coupled with other risk factors. However, most children who are involved in bullying do not become suicidal.

When working with students who are involved in bullying, consider the following:

- NEVER perpetuate the false notion that suicide is a natural response to bullying.
- Focus on response, support, protection, and treatment instead of blame and punishment.
- Make appropriate referrals for other important risk factors that may need to be addressed (e.g., substance use, mental disorder, or family dysfunction).
- Help the student feel connected to school and teach coping/life skills.
- Follow bullying response protocols delineated in BUL-5212 and contact the Local District Operations staff.
- When students are bullied based on their actual or perceived association with an identity group (such as being Muslim), address both the bias and the bullying.

Resources and Contacts

- Human Relations Diversity and Equity, SHHS 213.241.3840
- BUL-5212 Bullying and Hazing Policy (Student-to-Student and Student-to-Adult)
- BUL-2047 Hate-Motivated Incidents and Crimes – Response and Reporting
- LGBTQ - affirming resources in BUL-2637.3 Attachment P Resource Guide

STUDENTS EXPERIENCING HOMELESSNESS

STUDENTS EXPERIENCING HOMELESSNESS

Rates of suicide attempts are higher for youth experiencing homelessness than they are for the general adolescent population. These young people also have higher rates of mood disorders, conduct disorders, and post-traumatic stress disorder. One study found that more than half of runaway and homeless youth have expressed some form of suicidal ideation. The term homeless is defined as individuals who lack a fixed, regular, and adequate nighttime residence, including but not limited to living in: a shelter, transitional housing program, a vehicle, substandard housing, or living "doubled-up" due to loss of housing stemming from financial hardship. Also included are youth who are not in the physical custody of a parent/guardian, including youth who have run away from home, have been told to leave, or are pregnant/parenting not living with their parents or guardians. For additional definitions, see BUL-6718.

When working with students experiencing homelessness, consider the following:

- Determine if there are additional supports in place, (e.g., mental health).
- Do not make assumptions about why the student is experiencing homelessness. Often this population has experienced a history of trauma and loss.
- Ask student if they have a current place to sleep and if they would complete a Student Residency Questionnaire (reference BUL-6718).

Resources and Contacts

- Homeless Education Program Office 213.202.7581
- BUL-6718 Educational Rights and Guidelines for Youth in Foster Care, Experiencing Homelessness and/or Involved in the Juvenile Justice System

STUDENTS IN OUT-OF-HOME CARE SETTINGS

STUDENTS IN OUT-OF-HOME CARE SETTINGS

Students in out-of-home care settings are those involved in the Child Welfare System (e.g., foster youth) or the Juvenile Justice System. Youth involved in child welfare or juvenile justice systems have a high prevalence of risk factors for suicide. Although comprehensive suicide data on foster care youth does not exist, one researcher found that youth in foster care were more than twice as likely to have considered suicide and almost four times more likely to have attempted suicide than their peers not in foster care. The rate of deaths by suicide for youth involved in the juvenile justice system is four times greater than the rate for youth in the general population.

When working with students in out-of-home settings, consider the following:

- Determine if there are additional supports in place, (e.g., mental health, probation, Child Welfare System).
- Do not make assumptions about why the student is involved in the Juvenile Justice System and/or Child Welfare System. Often this population has experienced a history of trauma and loss.
- Be aware that many of these youth have a significant history of ACEs and victimization.

Resources and Contacts

- Pupil Services 213.241.3844 to identify the specialized program staff, (Foster Youth Achievement Program)
- Student Support Programs 213.241.0761 to identify the specialized program staff, (Juvenile Hall/Camp Returnee Program, Group Home Scholars)
- BUL-6718 Educational Rights and Guidelines for Youth in Foster Care, Experiencing Homelessness and/or Involved in the Juvenile Justice System

STUDENTS IDENTIFIED AS NEWCOMERS OR IMMIGRANT
(Unaccompanied, Accompanied, Undocumented, Mixed Status Families)

Some of the stressors our newcomer or immigrant youth may experience include unaddressed/ unidentified trauma; abuse; persecution or exploitation: mental health needs stemming from traumatic experiences in their countries of origin, their journey to the United States (U.S.) and adjusting to a new family structure; realities of reunification; fear of deportation; catapulted development; school interruption; academic challenges; and acculturation considerations.

The Office of Refugee Resettlement defines an unaccompanied youth as a person under the age of 18 who has no lawful immigration status in the U.S. upon entry and who:

1. Has no parent or legal guardian in the U.S., or
2. Has no parent or legal guardian in the U.S. available to provide care and physical custody.

Most apprehended unaccompanied youth are placed with family members living in the U.S., who are appointed as their sponsor during immigration court proceedings.

An **accompanied youth** is a person under the age of 18 who has no lawful immigration status in the U.S.; and who at the time of entry into the U.S. was apprehended with a biological parent.

An **undocumented youth** is a person under the age of 18 who does not have legal documentation to live in the U.S. or who has overstayed his/her visa.

A **mixed-status family** is a family whose members have different citizenship or immigration statuses. This may include family members that are either undocumented, citizens, or those who have lawful immigration status in the U.S.

When working with immigrant youth, consider the following:

- Students may have limited familial/social supports.
- Be aware that these youth may have a history of abuse and/or victimization.
- Students may be fearful of disclosing any information.
- Do not ask or make assumptions about the student's immigration status.
- Determine if there are additional supports in place, (e.g. legal referrals, mental health, Child Welfare System).
- Contact the School Enrollment, Placement & Assessment (SEPA) Center for support, 213.482.3954.
- Students may have legal concerns and/or must attend immigration court proceedings.

Resources and Contacts

- School Enrollment, Placement & Assessment (SEPA) Center 213.482.3954
- Student Health and Human Services https://achieve.lausd.net/Page/11883

STUDENTS WHO EXPERIENCE LABOR OR SEX TRAFFICKING

STUDENTS WHO EXPERIENCE LABOR OR SEX TRAFFICKING

Under the Trafficking Victims Protection Act of 2000, federal law regards any minor who is induced into forced labor as a victim of labor trafficking. Minors who are forced into sex trafficking are regarded as Commercially Sexually Exploited Children (CSEC)—regardless of whether the trafficker used force, fraud, or coercion. Trafficked youth are commonly involved with the Child Welfare System, Juvenile Justice System, may have a history of poor school attendance, and running away.

When working with labor or sex trafficked youth, consider the following:

- Students may have limited family or social supports.
- Students may be fearful of disclosing information for fear of retaliation.
- Determine if there are additional supports in place, (e.g., mental health, probation, Child Welfare System).
- If you suspect any CSEC involvement or forced labor, you are a mandated reported and must report this immediately to the appropriate child protective services agency.
- Do not make assumptions about why the student is in these circumstances. Often this population has experienced a history of trauma, abuse, and loss.

Resources and Contacts

- BUL-1347 Child Abuse and Neglect Reporting Requirements
- Student Health and Human Services https://achieve.lausd.net/Page/11883

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 effort of all adults that support and work with students, including parents/caregivers, families, local community organizations, mental health practitioners, and related professionals. The aim is 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 so, then suicide prevention strategies 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 suicide risk.
- Listen without judgment.
- Ask open-ended questions, such as:
  - *Tell me what happened?*
  - *How long have you been feeling this way?*
  - *Have you thought about suicide?*

PROTECT

- Take action immediately.
- Do not leave your child alone. You or a trusted adult should supervise/monitor your child.
- Consider developing a safety plan at home and at school.

CONNECT

- Go to your child's school for support from school administration, mental health personnel, or a counselor.
- Contact Department of Mental Health, law enforcement, or child protective services, as needed.
- Help your child identify adults 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 judgment.

TEACH

- Learn the warning signs and risk factors and provide information and education about suicide and self-injury.
- Teach your child how to ask for help and identify adults they can trust at home and at school.
- Teach healthy ways to cope with stress, including deep breathing, writing/drawing, exercise, or talking.
- Seek options for school and community resources, including referrals to professional mental health services.

SMH Clinics and Wellness Centers

North

Valley Clinic
6651 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

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: 323-754-2856 | Fax: 323-754-1843

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: 323-869-1352 | 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 Gage Ave., Huntington Park 90255
Tel: 323-826-1520 | Fax: 323-826-1524

Elizabeth LC Wellness Center
4811 Elizabeth St., Cudahy 90201
Tel: 323-271-3650 | 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

School Mental Health
(213) 241-3841

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 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 out for help"—it is in fact 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 and 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?* or *Sometimes when people feel sad the way you do, 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-hour)
National Suicide Prevention Lifeline
(800) 273-TALK (8255) (24-hour)
Trevor Lifeline (866) 488-7386 (24-hour)
Teen Line (800) 852-8336 (6pm-10pm daily)

Text and Chat Resources
Crisis Text Line – Free, 24/7, confidential
Text LA to 741741
Crisis Chat (11am-11pm, daily)
http://www.crisischat.org/chat
Teen Line - text "TEEN" to 839863 (6pm-10pm)

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

ATTACHMENT N

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smh.lausd.net | ccis.lausd.net

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 or Posttraumatic Stress Disorder (PTSD). Some young children may resort to self-injurious acts from time to time but often grow out of it. Children with an 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, remain calm and nonjudgmental. 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, there are other actions you may take:

- **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?*
  - *Have you thought about suicide?*
- 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 by talking openly, listening, and modeling appropriate behaviors to your child.
- 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 self injurious behavior, as these may unintentionally encourage the behavior to continue.

CONNECT

- Check in with your child on a regular basis.
- Become familiar with support 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.
- Teach your child how to ask for help and identify adults they can trust at home and at school.
- Teach healthy ways to cope with stress, including deep breathing, writing/drawing, exercising, or talking.

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Central

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Roybal Clinic
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Tel: 213-580-6415 | Fax: 213-241-4465

For clinic referrals visit:
smh.lausd.net

School Mental Health
(213) 241-3841

General Information

- Self-injury provides a way to manage overwhelming feelings and can be a way to bond with peers (rite of togetherness).
- Self-injury is defined as intentional tissue damage that can include cutting, severe scratching, pinching, stabbing, puncturing, burning, and ripping or pulling skin or hair.
- Tattoos and body piercings 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 self-injury.

Non-Suicidal Self-Injury

There is a difference between self-injury and suicidal acts, thoughts, and intentions. With suicide, there is an intent to die; whereas, with non-suicidal self-injury the reasons may include to:

- Feel emotionally better
- Express desperation or anger
- Manage painful feelings of current or past trauma
- Punish oneself
- Feel pain or relief
- Have control of one's body

A professional clinical assessment may be necessary to determine risk.

Signs and Symptoms 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 objects (razor blades, shards of glass, thumb tacks)
- Evidence of self-injury in drawings, journals, pictures, texts, and social networking sites
- Statements of helplessness, hopeleness, or worthlessness

Resources for Parents/Caregivers & Children/Adolescents

Community Hotlines

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National Suicide Prevention Lifeline
(800) 273-TALK (8255) (24-hour)
Trevor Lifeline (866) 488-7386 (24-hour)
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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

ATTACHMENT O

Sample Letter to Parent/Guardian
RE: Self-Injury

USE SCHOOL LETTERHEAD

DATE

Dear Parents/Guardians:

On _____, some 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 that we have identified all of the students involved and have responded to each individually.

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

SCHOOL NAME
LOCATION
DATE
TIME

Also, please see the attached handout *Self-Injury Awareness for Parents/Caregivers* for suggestions on how to respond to your child. At _____ School, the safety and well-being of every student and staff member is very important to us. Should you or your child have any concerns, please feel free to contact _____ (Psychiatric Social Worker, PSA Counselor, School Psychologist, Nurse, or Administrator) at (XXX) XXX-XXXX. We are all involved in creating a safe environment for our students.

Sincerely,

NAME, Principal

For a copy of the sample letter in Microsoft Word and in Spanish, visit http://suicideprevention.lausd.net.

INTERVENTION:
PROTOCOL FOR RESPONDING TO STUDENTS WHO SELF-INJURE

Self-injury is the deliberate act of harming one's own body, through means such as cutting or burning. Self-injury is an unhealthy way to cope with emotional pain, intense anger, or frustration. Although this behavior often lacks suicidal intent, it can increase the risk of suicide because of the emotional problems that trigger self-injury. Therefore, students who engage in self-injurious behaviors should be assessed for suicide risk.

Signs and Symptoms of Self-Injury

- Frequent or unexplained bruises, scars, cuts, or burns
- Consistent, inappropriate use of clothing to conceal wounds (e.g., long sleeves or turtlenecks, especially in hot weather; bracelets to cover the wrists; not wanting to change clothing for Physical Education)
- Possession of sharp objects (e.g., razor blades, shards of glass, thumb tacks)
- Evidence of self-injury in journals, drawings, social networking sites, etc.

Risk Factors of Self-Injury

Although self-injury can affect individuals at any age, there are certain risk factors that may increase the chance of someone engaging in self-injurious behavior, including the following:

- **Age**
  Most people who self-injure are teenagers and young adults. Self-injury often starts in the early teen years, when emotions are more volatile and teens face increasing peer pressure, loneliness, and conflicts with parents/guardians or other authority figures.
- **Having friends who self-injure**
  People who have friends who intentionally harm themselves are more likely to begin self-injuring, sometimes as a way to bond with their peers.
- **Psychosocial factors**
  Some people who injure themselves were neglected or abused or experienced other traumatic events. They may have grown up and remain in an unstable family environment, or they may be young people questioning their personal identity or sexuality. Some people who self-injure are socially isolated.
- **Mental health issues**
  People who self-injure are more likely to be highly self-critical and be poor problem-solvers. In addition, self-injury is commonly associated with certain mental disorders, such as depression, anxiety disorders, post-traumatic stress disorder, and eating disorders.
- **Alcohol or drug abuse**
  People who harm themselves often do so while under the influence of alcohol or drugs.

Protocol for Responding to Students Who Self-Injure

The following are general procedures for the school site administrator/designee and/or Suicide Prevention Liaison(s) to respond to reports of students exhibiting self-injurious behaviors.

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

- ☐ 1. Respond immediately or as soon as practically possible.
- ☐ 2. Supervise the student.
- ☐ 3. Seek medical attention, as needed.
- ☐ 4. Conduct an administrative search of student for access to means, such as razor blades, shards of glass, or other sharp instruments.
- ☐ 5. Assess for suicide risk using the protocol outlined in Section IV.
- ☐ 6. Communicate with and involve the parent/guardian so the self-injurious behavior can be addressed as soon as possible. Provide handout **Attachment N - Self-Injury Awareness for Parents/Caregivers**.
- ☐ 7. Encourage appropriate coping and problem-solving skills; do not shame the student about engaging in self-injury.
- ☐ 8. Listen calmly and with empathy; reacting in an angry, shocked, or shaming manner may increase self-injurious behaviors.
- ☐ 9. Develop a safety plan with the student. See **Attachment D1–D4**.
- ☐ 10. Provide resources. See **Attachment R – Resource Guide**.
- ☐ 11. Document all actions in the RARD on iSTAR; include student identification number in the *Persons Involved* tab of iSTAR.

NOTE: Self-injurious behaviors may be exhibited by students with profound disabilities without being indicative of suicide or suicidal ideation. Please follow District guidelines as indicated in BUL-6269, *Multi-Tiered System (MTSS) of Behavior Support for Students with Disabilities* and contact the Division of Special Education at (213) 241-6701 for further assistance.

Self-Injury and Contagion

Self-injurious behaviors may be imitated by other students and can spread across grade levels, peer groups, and schools. The following are guidelines for addressing self-injurious behaviors among a group of students:

☐ 1. Respond immediately or as soon as practically possible.

☐ 2. Respond individually to students, but try to identify peers and friends who may also be engaging in self-injurious behaviors.

☐ 3. As students are identified, they should be supervised in separate locations.

☐ 4. Each student should be assessed for suicide risk individually using the protocol outlined in Section IV. If the self-injurious behavior involves a group of students, the assessment of each student individually will often identify a student whose behaviors have influenced the behaviors of others in the group. The self-injurious behavior may be indicative of complex mental health issues of this student.

☐ 5. Consider making a mental health referral for students exhibiting self-injurious behaviors.

Other Considerations for Responding to Self-Injury and Contagion

The following are guidelines for how to respond as a school community when addressing self-injurious behaviors among a group of students:

☐ 1. Self-injury should be addressed with students individually and never in group settings, such as student assemblies, public announcements, school newspapers, or the classroom.

☐ 2. When self-injurious behaviors affect the larger school community, schools may respond by inviting parents/guardians to an informational parent meeting at the school. The meeting should be reserved for parents/guardians only. The administrator/designee may decide to invite all parents/guardians from the school community, as the meeting would provide psycho-education, awareness, and tools for addressing self-injurious behaviors in youth. Limiting the invitations may inadvertently leave other parents/guardians feeling uninformed or concerned about their child. Arrangements should be made to supervise students and children during the parent/guardian meeting. See **Attachment O – Sample Letter to Parent/Guardian RE: Self-Injury**.

☐ 3. Consult and work with the Office of Communications (213) 241-6766 for dissemination of information regarding a parent/guardian meeting or other media matters, as needed.

Suspected Child Abuse or Neglect

Report the incident to the appropriate child protective services agency, following the District's *Child Abuse and Neglect Reporting Requirements*, BUL-1347, 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;
- the parent/guardian is contacted and unwilling to respond; and/or
- the parent/guardian refuses treatment for the student of concern.

The 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 Q

POSTVENTION: PROTOCOL FOR RESPONDING TO A STUDENT DEATH BY SUICIDE

The following are general procedures for the administrator/designee in the event of a student death by suicide.

Gather Pertinent Information

☐ 1. The administrator/designee should attempt to ascertain the cause of death. This can be done by communication with the parent/guardian; Los Angeles School Police Department or other local law enforcement; or the Department of Medical Examiner-Coroner.

☐ 2. The administrator/designee should designate one certificated staff member to be the point of contact with the family of the deceased. Information about the cause of death should not be disclosed to the school community without the family's consent for disclosure. The consent may be verbal and given in-person or by telephone.

Notify on a Need to Know Basis

☐ Local District Operations staff

☐ Office of Communications (213) 241-6766

☐ Other offices, as appropriate (see **Attachment R - Resource Guide**)

Mobilize the School Site Crisis Team

Consider the concerns and wishes of family members regarding disclosure of the death and cause of death when providing facts to students, staff, and parents/guardians.

☐ 1. Assess the extent and degree of psychological trauma and impact to the school community (see BUL-5800 *Crisis Preparedness, Response and Recovery*).

☐ 2. Develop an action plan and assign responsibilities.

☐ 3. Establish a plan to notify staff of the death, when/if consent is obtained by the family of the deceased.

a. ☐ Notification of staff is recommended as soon as practically possible, such as during an optional emergency meeting before or after school.

b. ☐ Dispel rumors. Disclose accurate information and all known facts about the death that the family has approved to be shared.

c. ☐ Emphasize that no one person or event is to blame for suicide. Suicide is complex and cannot be over simplified; for example, blaming individuals, drugs, music, school, or bullying.

d. ☐ Allow staff to express their own reactions and grief. Identify anyone who may need additional support and provide resources.

☐ 4. Establish a plan to notify students of the death, when/if consent is obtained from the family of the deceased.
   a. ☐ Develop a plan for notification of students in small group settings, such as the classroom. Do not notify students using a public announcement system.
   b. ☐ Provide staff with a script of information to be shared with the students, recommendations for responding to possible student reactions and questions, and activities to help students process the information (e.g., writing, drawing, or referral to a crisis counselor).
   c. ☐ Review student support plan, making sure to clarify procedures and locations for crisis counseling.

☐ 5. Establish a plan to notify other parents/guardians of the death, when/if consent is obtained from the family of the deceased. Consult with Local District Operations when preparing a death notification letter for parents/guardians.

☐ 6. Define triage procedures for students, staff, and/or parents/guardians who may need additional support in coping with the death. Refer to BUL-5800 *Crisis Preparedness, Response and Recovery* for actions to consider, including:
   a. ☐ Identify a lead school site crisis response staff member to assist with coordination of crisis counseling and support services.
   b. ☐ Identify locations on campus to provide crisis counseling to students, staff, and parents/guardians.
   c. ☐ Request substitute teachers. Visit lausd.eschoolsolutions.com to request substitute teachers online.
   d. ☐ Maintain sign-in sheets and documentation to support follow-up efforts (refer to BUL-5800 *Crisis Preparedness, Response and Recovery*, for crisis response forms).
   e. ☐ Provide students, staff, and parents/guardians with after-hours resource numbers such as the 24/7 National Suicide Prevention Lifeline (800) 273-8255 (see **Attachment R - Resource Guide**).
   f. ☐ Request crisis counseling support from Local District Operations.

☐ 7. Refer students, staff, and parents/guardians who require a higher level of care for additional services such as SMH, a community mental health provider, or their health care provider. Indicators of students, staff, and parents/guardians in need of additional support may include the following:
   a. ☐ Persons with close connections to the deceased (e.g., close friends, siblings, relatives, and teachers).
   b. ☐ Persons who experienced a loss over the past year, experienced a traumatic event, witnessed acts of violence, or had a loved one who died by suicide.
   c. ☐ Persons who appear emotionally withdrawn (e.g., a student who was very close to the deceased but who is exhibiting no emotional reaction to the loss) or those who are angry when the majority are expressing sadness.
   d. ☐ Persons unable to control crying.

e. ☐ Persons with multiple traumatic experiences. These individuals may have strong reactions that require additional assistance.

Document

The administrator/designee shall maintain records and documentation of actions taken at the school by completing an incident report in iSTAR and RARD as needed for students who express suicidal ideation/behavior during postvention response. Refer to section **Important Considerations, 3. Suicide Contagion** on page 4 for more information.

Monitor and Manage

☐ The administrator/designee, with support from the school site crisis team, should monitor and manage the situation as it develops to determine follow up actions**.**

☐ Maintain consistent communication with appropriate parties**.**

☐ Update all actions taken at the school in iSTAR.

Important Considerations

☐ 1. **Memorials**

Memorials or dedications to a student who has died by suicide should not glamorize or romanticize the student or the death. If students initiate a memorial, the administrator/designee should offer guidelines for a meaningful, safe approach to acknowledge the loss. Some considerations for memorials include:

a. ☐ Memorials should not disrupt the daily school routine. For example, placement of a memorial in the hallway may interfere with students getting to class on time. Memorials should be placed in a location that is accessible to students (e.g., not outside the school gates), but also in a place that provides students a choice of whether they want to see or contribute to it.
b. ☐ Monitor memorials for content.
c. ☐ Placement of memorials should be time limited. For example, they may be kept in place until the funeral services, after which time the memorial items may be offered to the family upon review of appropriateness of items by administrator/designee.

☐ 2. **Social Networking**

Students will often turn to social networking to communicate about the death and to express their thoughts and feelings about the deceased, death, and suicide. Some considerations regarding 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 inaccurate information 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 (see BUL-5688 *Social*

Media Policy for Employees and Associated Persons).

☐ 3. **Suicide Contagion**

Some considerations for preventing suicide contagion are:

a. ☐ Identify students who may be at an increased risk for suicide, including those who have a reported history of attempts, are dealing with known stressful life events, witnessed the death, or are friends with or related to the deceased.
b. ☐ Refer students for mental health services (see **Attachment R – Resource Guide**).
c. ☐ Monitor media coverage. Consult and work with the Office of Communications (213) 241-6766 for dissemination of information, as needed.

☐ 4. **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 student death 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.

a. ☐ Prior to graduation ceremonies for the deceased student's class, check with family about any requests. Acknowledgement of a student who has died by suicide should be consistent with acknowledgement of a student who has died by any other means.
b. ☐ Be aware of special events, holidays, and anniversaries, as these may activate possible stress/grief responses in students or staff.
c. ☐ The risk of contagion may be heightened on the anniversary of the death as well as on other meaningful days.

For more detailed information and recommendations for postvention services, please visit http://suicideprevention.lausd.net or click on the link below for the document *After a Suicide: A Toolkit for Schools*.

https://achieve.lausd.net/cms/lib/CA01000043/Centricity/domain/662/pdfs/suicide%20prevention/Postvention%20Toolkit%20for%20Schools%20After%20a%20Suicide.pdf

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 SERVICES	
LA County Department of Mental Health ACCESS (Psychiatric Mobile Response Team) - 24/7 -collaborates with School Mental Health 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 or (800) 273-TALK (800) 784-2433 or (800) SUICIDE
Didi Hirsch Suicide Prevention Center (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 – Trevor Lifeline (24-hour hotline) - provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24.	(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.	(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

TEXT AND CHAT RESOURCES Standard data fees and text messaging rates may apply based on your plan.	
Crisis Text Line (24-hours) - provides crisis intervention via text message using your mobile device.	Text **LA** to **741741**
Lifeline Crisis Chat (11am-11pm, 7 days/week) - provides crisis intervention via chat online.	http://www.crisischat.org/chat
Teen Line (6pm–10pm) - provides teen to teen crisis intervention via text message using your mobile device.	Text **TEEN** to **839863**
TrevorChat – Trevor Project (3pm-10pm, 7 days/week) – online instant messaging with a TrevorChat counselor. Visit www.thetrevorproject.org and click on the Chat icon on the right at the top of the page.	www.thetrevorproject.org
TrevorText – Trevor Project (3pm-10pm, Monday-Friday) – provides crisis intervention via text message using your mobile device.	Text **TREVOR** to **1-202-304-1200**

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 8:00 am-4:30 pm	(213) 241-3841
Division of Special Education, Behavior Support Unit	(213) 241- 6701

Education Equity Compliance Office	(213) 241-7682
Human Relations, Diversity and Equity, SHHS	(213) 241- 3840
Local District (LD) Operations Coordinators	Refer to LD Directory
Office of Communications	(213) 241-6766
Office of General Counsel	(213) 241- 6601
Division of District Operations	(213) 241-5337
Student Discipline Proceedings and Expulsion Unit	(213) 202-7555
Student Health and Human Services (SHHS)	(213) 241-3840

ONLINE RESOURCES

School Mental Health, LAUSD - http://smh.lausd.net - for information and referral forms for mental health services at clinics and Wellness Centers throughout the District.

Suicide Prevention, Crisis Counseling and Intervention Services - http://suicideprevention.lausd.net or http://ccis.lausd.net - for information and resources related to suicide prevention, intervention and postvention services.

The National Center for School Crisis and Bereavement (NCSCB) – www.schoolcrisiscenter.org – dedicated to helping schools support their students through crisis and loss.

National Suicide Prevention Lifeline – www.suicidepreventionlifeline.org – for resources including therapy and support group finder, self-care, education on risk factors and warning signs, and safety planning. Also includes information for Spanish speakers, hearing impaired individuals, and service members.

Family Acceptance Project – http://familyproject.sfsu.edu - for research-based, culturally grounded approaches to helping ethnically, socially and religiously diverse families decrease rejection and increase support for their LGBT children.

"My3" App - http://www.my3app.org/safety-planning/ - a safety planning tool that allows users to create a safety plan programmed with 3 supportive contact people, the National Suicide Prevention Lifeline, and 911.

LAUSD Staff/Responder Emergency Plan - http://achieve.lausd.net/emergencyapps - mobile application.