



# Secondary Schools: Crisis Team Training

**Local District Central**

October 10, 2018





LOS ANGELES UNIFIED SCHOOL DISTRICT  
**LOCAL DISTRICT CENTRAL**  
 OPERATIONS UNIT /STUDENT HEALTH AND HUMAN SERVICES

**LD CENTRAL SCHOOL SITE CRISIS TEAM TRAINING**

**SECONDARY SCHOOLS**

WEDNESDAY, OCTOBER 10, 2018

8:00AM – 12:00 PM

**AGENDA**

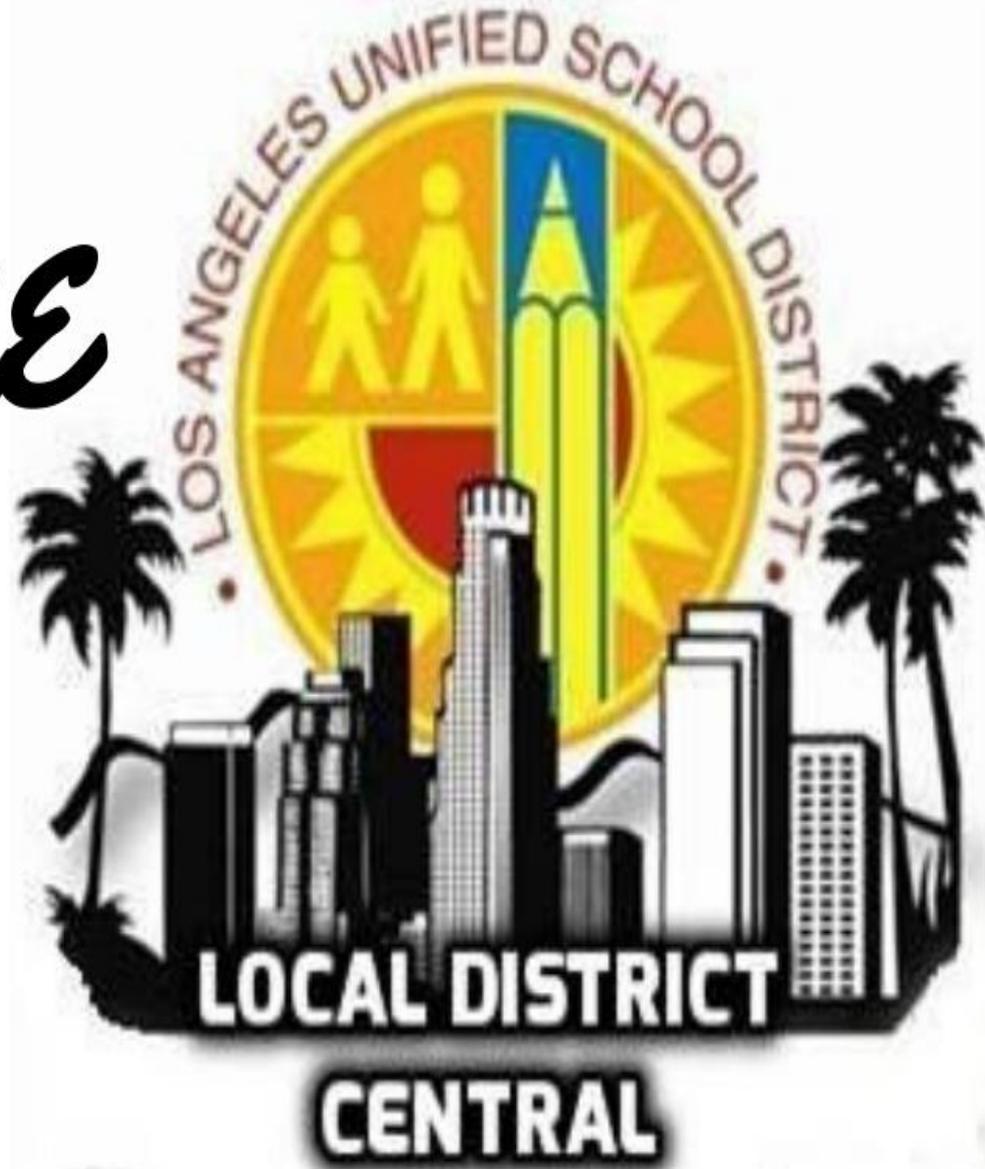
**PARTICIPANT OUTCOMES:**

- \* Build capacity of the school site crisis team through engagement and best practices
- \* Engage in crisis preparedness and response through an interactive best practices panel
- \* Increase knowledge on school site responsibilities pertaining to addressing suicidal behavior
- \* Gain awareness and knowledge of the Mental Health Evaluation and Case Management Referral Teams

- |  |   |
|--|---|
| I. Welcome .....                                 | Eugene L. Hernandez<br><i>Administrator of Operations</i>   |
| II. Inclusion Activity.....                      | Maria Chua, LCSW<br><i>Mental Health Coordinator</i><br>Teresa Temores, LCSW<br><i>Resilient Schools Community Consultant</i>                                     |
| III. Suicide Prevention and Intervention.....    | Tony Cortez<br><i>Operations Coordinator</i><br>Gustavo Sagredo, LCSW<br><i>Mental Health Consultant</i><br>Nidia San Jose, MSW<br><i>CCIS PSW</i>                |
| IV. Best Practices Panel: Secondary Schools..... | Santee Education Complex<br>Manual Arts High School<br>Marshall High School   |
| V. Mental Health Evaluation Team .....           | Sgt. Joseph Ivankay, LASPD<br>Nicole McMahon, LCSW<br><i>Specialist, School Mental Health</i><br>Lakisha Johnson, LCSW<br><i>Specialist, School Mental Health</i> |
| VI. Closing Comments and Evaluations.....        | Maria Chua, LCSW<br><i>Mental Health Coordinator</i>  |

# Welcome

Eugene L. Hernandez  
Administrator of Operations



# Inclusion Activity





# **Suicide Prevention: Response & Documentation Protocols**

**Operations Coordinator, LD Central**  
Tony Cortez

**Mental Health Consultant, LD Central**  
Gustavo D. Sagredo, LCSW PPSC

**CCIS PSW, LD Central**  
Nidia San Jose, MSW PPSC





# Objectives for Today

- **Review** iSTAR reporting system to document an incident, interventions, supports, and district policies
- **Reflect** on ways that we can be effective while working collaboratively with support staff and parent/guardians when facing some of these behaviors on campus
- **Help Link** those students needing additional supports to campus and/or community resources





# Case Vignettes





# What Do I Do?

## Case Vignette

An 11<sup>th</sup> grade student was brought to your office in the morning due to concerns from a classmate. It was reported that he had posted suicidal statements on social media. When you met with student, he endorsed their suicidal ideation. Student also disclosed recent breakup with significant other. Student has four previous suicide ideation iSTARS, one for hospitalizations in the 9<sup>th</sup> grade. What are the following steps?





# Protocol for Responding to Students At-Risk for Suicide (A)



Los Angeles Unified School District  
STUDENT HEALTH AND HUMAN SERVICES

ATTACHMENT A



## 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.





# Suicide Risk Assessment Levels



Los Angeles Unified School District  
STUDENT HEALTH AND WELL-BEING SERVICES

ATTACHMENT

## and Action Plan (C)

ATTACHMENT C

### 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:
<input type="checkbox"/> <b>No Known Current Risk</b>  No known current evidence of suicidal ideation	<ul style="list-style-type: none"> <li>No known history of suicidal ideation/behavior or self-injurious behavior</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Communicate with parent/guardian, even if it is determined that there is no current risk:               <ul style="list-style-type: none"> <li>Provide information regarding the incident or statement made.</li> <li>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.</li> <li>Reinforce the importance of student safety and use of appropriate language.</li> <li>Provide Attachment M - <i>Suicide Prevention Awareness for Parents/Caregivers</i> or Attachment N - <i>Self-Injury Awareness for Parents/Caregivers</i> handouts and school/community resources, as needed.</li> </ul> </li> <li>Document all actions in the RARD on iSTAR; include student identification number in the Persons Involved tab of iSTAR.</li> </ul>
<input type="checkbox"/> <b>Low Risk</b>  Does not pose imminent danger to self; insufficient evidence for suicide risk.	<ul style="list-style-type: none"> <li>Passing thoughts of suicide; evidence of thoughts may be found in notebooks, internet postings, drawings</li> <li>No plan</li> <li>No history of previous attempts</li> <li>No means or access to weapons</li> <li>No recent losses</li> <li>No alcohol/substance abuse</li> <li>Support system is in place</li> <li>May have some depressed mood/affect</li> <li>Sudden changes in personality/behavior (e.g., distracted, hopeless, academically disengaged)</li> </ul>	<ul style="list-style-type: none"> <li>Reassure and provide support to the student.</li> <li>Communicate concerns with parent/guardian (see Section IV D), including recommendations to seek mental health services.</li> <li>Provide Attachment M - <i>Suicide Prevention Awareness for Parents/Caregivers</i> or Attachment N - <i>Self-Injury Awareness for Parents/Caregivers</i> handouts and school/community resources, as needed.</li> <li>Assist in connecting with school and community resources, including suicide prevention crisis lines (Attachment R)</li> <li>Develop a safety plan that identifies caring adults, appropriate communication and coping skills (see Attachments D2 and D4 - <i>My Safety Plan</i> templates).</li> <li>Manage and monitor, as needed.</li> <li>Document all actions in the RARD on iSTAR; include student identification number in the Persons Involved tab of iSTAR.</li> </ul>

<input type="checkbox"/> <b>Moderate Risk</b>  May pose imminent danger to self, but there is insufficient evidence to demonstrate a viable plan of action to do harm.	<ul style="list-style-type: none"> <li>Thoughts of suicide</li> <li>Some details indicating a plan for suicide</li> <li>Unsure of intent</li> <li>History of self-injurious behavior</li> <li>History of previous attempts and/or hospitalization</li> <li>Difficulty naming future plans or feeling hopeful</li> <li>History of substance use or current intoxication</li> <li>Recent trauma (e.g., loss, victimization)</li> </ul>	<b>MODERATE &amp; HIGH RISK ACTION PLAN RECOMMENDATIONS ARE THE SAME</b> <ul style="list-style-type: none"> <li>Supervise student at all times (including restrooms).</li> <li>Reassure and provide support to the student.</li> <li>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.</li> <li>See <u>Important Considerations</u> on page 8 of BUL-2637.3 for clarification regarding accompanying a student to a hospital and providing relevant information to the evaluating psychiatrist.</li> <li>Develop a safety plan that identifies caring adults, appropriate communication and coping skills (see Attachments D2 and D4 - <i>My Safety Plan</i> template).</li> <li>Establish a plan for re-entry, manage and monitor, as needed (see Attachment E - <i>Student Re-Entry Guidelines</i>).</li> <li>Communicate concerns with parent/guardian (see Section IV E 3), including:               <ul style="list-style-type: none"> <li>Re-entry plan and recommendations to seek mental health services. Request Attachment F - <i>Parent/Guardian Authorization for Release/Exchange of Information</i></li> <li>Provide Attachment M - <i>Suicide Prevention Awareness for Parents/Caregivers</i> or Attachment N - <i>Self-Injury Awareness for Parents/Caregivers</i> handouts and school/community resources, as needed.</li> </ul> </li> <li>Document all actions in the RARD on iSTAR; include student identification number in the Persons Involved tab of iSTAR.</li> </ul>
<input type="checkbox"/> <b>High Risk</b>  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.	<ul style="list-style-type: none"> <li>Current thoughts of suicide</li> <li>Plan with specifics - indicating when, where and how</li> <li>Access to weapons or means in hand</li> <li>Making final arrangements (e.g., giving away prized possessions, good-bye messages in writing, text, or on social networking sites)</li> <li>History of previous attempts or hospitalization</li> <li>Isolated and withdrawn</li> <li>Current sense of hopelessness</li> <li>No support system</li> <li>Currently abusing alcohol/substances</li> <li>Mental health history</li> <li>Recent trauma (e.g., loss, victimization)</li> </ul>	

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.**



# Student Safety Plan (D2)



Los Angeles Unified School District  
STUDENT HEALTH AND HUMAN SERVICES

ATTACHMENT D2

# English and Spanish

ATTACHMENT D2

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Outside Mental Health Agency Providing Me Support

**Triggers**

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

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Warning Signs**

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

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**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):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**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):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**School Support**

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

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**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):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Parent Support**

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

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Case Carrier Support**

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

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**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](http://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	_____



# Summary of Relevant Information (G2)

Los Angeles Unified School District  
STUDENT HEALTH AND HUMAN SERVICES

Summary of Relevant Student Information

Date \_\_\_\_\_  
Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School Name \_\_\_\_\_ Student Grade \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Phone # \_\_\_\_\_

Assessed Level of Risk:  Low  Moderate  High

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

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

Psychotropic Medication(s)  
 None  Unknown  
 Yes, Name of Medication(s) \_\_\_\_\_ Dosage \_\_\_\_\_

Los Angeles Unified School District  
STUDENT HEALTH AND HUMAN SERVICES

ATTACHMENT G2

Summary of Relevant Student Information

Other Factors to Consider

Current Mental Health Support  
Mental Health Agency: \_\_\_\_\_  
Therapist/Clinician Name: \_\_\_\_\_  
Office #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

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

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

Parent/Guardian  MRT/SMART Clinician  
 LASPD Officer  Other: \_\_\_\_\_  
 Local Law Enforcement

For additional questions/concerns, please contact:

School Site Crisis Team Member Completing Assessment \_\_\_\_\_ Office Phone # \_\_\_\_\_  
Title \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
School Site Crisis Team Member (2) Completing Assessment \_\_\_\_\_ Office Phone # (2) \_\_\_\_\_





# iSTAR- RARD

## VI. RARD TAB

As part of the system upgrade, Student Health and Human Services included the on-line form of the Risk Assessment Referral Data (RARD) in iSTAR. The RARD Tab will appear if the following STUDENT incident types are selected:

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

For complete information, please refer to Bul-2637.1 • Suicide Prevention and Postvention (Students)

Incident #12334   **Persons Involved**   **Issue Types**   **Incident Summary**   **Injury/Illness Report**   **RARD**

**Reasons for Referral: (Check one or more)**

Current Attempt    Sudden changes in behavior    Frequent complaints of illness/body aches

Direct Threat    Drug or alcohol abuse    Psychological distressors

Indirect Threat    Self-injury    Previous attempt(s)

Giving away prized possession    Mood Swings    Other

Signs of depression    Truancy or running away

**Student Referred By: (Check one or more)**

Self    Administrator    PSA Counselor

Parent    Teacher    Psychologist

Student/Friend    Psychiatric/Social Worker    Nurse

K-12 Counselor    Other

Was a previous RARD submitted for this student?    Yes    No    Unknown

Incident #	District ID	Student Name	Student School	Notes	Date
*	122798F021	Katherine Aguirre	1825901 Mulholland MS	Self Injury;	10/10/2011
*	122798F021	Katherine Aguirre	1825901 Mulholland MS	Current Attempt; Sudden Changes in Behavior; Indirect Threat; Self Injury; Other; Concern about dieting	12/5/2011
*	122798F021	Katherine Aguirre	1825901 Mulholland MS	Current Attempt; Direct Threat; Indirect Threat; Self Injury; Signs of Depression; Other; personal blog: www.outfall.tumblr.com	6/4/2012
8092	122798F021	YY YY	10-60601 36TH ST EEO	Test report only.	0/28/2012

**\*For more information, please check with the school or you may contact School Mental Health at (213)245-3841.**

**The following action items are MANDATORY.**  
Refer to BUL-2637.1 Suicide Prevention, Intervention & Postvention for guidelines and attachments.

This tab includes questions and information required to record actions for each suicidal or self-injurious student.

**Save Only**

Allows you to save information only for initial draft of the report or update a submitted report for minor corrections or changes such as spelling or grammar check.

**Submit Report**

Allows you to submit the report for e-mail notification to appropriate staff.



# iSTAR- Incident #



## LOS ANGELES UNIFIED SCHOOL DISTRICT iSTAR - INCIDENT SYSTEM TRACKING ACCOUNTABILITY REPORT

NOTIFY YOUR EDUCATIONAL SERVICE CENTER OPERATIONS COORDINATOR (ESCOC) BY TELEPHONE IMMEDIATELY.



LoginUser :

THIS IS A CONFIDENTIAL REPORT for use of Los Angeles Unified School District attorneys. No copies of this report shall be furnished to anyone including employees, students, parents without permission from the Office of the General Counsel. This report must be completed within 24 hours of an accident involving an injury to students, employees or community member/visitor. Do not use this form for contractors. If this is an employee injury report, keep a copy of this investigation at your location in a confidential file separate from personnel files. Do not keep copies of student or community member/visitor injury investigations at your location. Attach additional documents, photos, etc., as necessary.

- Incident #12334
- Persons Involved
- Issue Types
- Incident Summary
- Injury/Illness Report
- RARD

Incident Tab

Cost Center: 1007001 - SCHOOL OPERATIONS (ESC:ZA)

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

Cafeteria
  During Lunch Period
  Other: \_\_\_\_\_

Exact Location: abc  
(Building # Room, Address)

Incident Date: 5/30/2013 Incident Time: 5:04 PM

Reporter Employee No. \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone No.: (213)241-5337 Fax No.: (213)241-8950

Email: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: ( ) - -

Contact for Additional Updates

Is this incident centered around or involve an issue with District School/Facilities (i.e. lost keys, flood, fire)?  Yes  No

\* Required Field

Save Only

Save Only

Please note that clicking 'Submit Report' will send a notification message to various groups.

Incident # 12333 was successfully updated at 6/12/2013 11:08:54 AM



The response to this question will affect the information that will be shown on the Issue Types Tab:

If  is selected • •List of Facilities Issue Types will be shown.

If  is selected • •List of issue types involving students, employee, parent/community member will be shown.

# iSTAR- Persons Involved

## II. PERSONS INVOLVED TAB cont.

Persons Involved Tab

The person(s) that initiated the incident should be checked

LOS ANGELES UNIFIED SCHOOL DISTRICT  
iSTAR - INCIDENT SYSTEM TRACKING ACCOUNTABILITY REPORT  
NOTIFY YOUR EDUCATIONAL SERVICE CENTER OPERATIONS COORDINATOR (ESCOC) BY TELEPHONE IMMEDIATELY

LoginUser

THIS IS A CONFIDENTIAL REPORT for use of Los Angeles Unified School District attorneys. No copies of this report shall be furnished to anyone including employees, students, parents without permission from the Office of the General Counsel. This report must be completed within 24 hours of an accident involving an injury to students, employees or community member/visitor. Do not use this form for contractors. If this is an employee injury report, keep a copy of this investigation at your location in a confidential envelope separate from personnel files. Do not keep copies of student or community member/visitor injury investigations at your location. Attach additional documents, photos, etc., as necessary.

Incident #12334 **Persons Involved** Issue Types Incident Summary Injury/Illness Report RARD

Is this incident centered around or involve the actions of a  
 Student  Employee  Parent/Community Member  
Does this incident warrant a suspected child abuse report?  Yes  No

Persons Involved

Type	User Type	First Name	Last Name	Gender	View/Edit	Delete
Witness	employee	asdf	DCV	M		

Add New

The response to this question will affect the information that will be shown on this screen:  
If  is selected • The information regarding suspected child abuse reporting will be shown.  
If  is selected • Only the Persons Involved information will be shown.

If this warrants a child abuse incident, report such suspected incident of abuse or neglect to a designated agency immediately or as soon as practically possible by telephone:

Los Angeles Police Department  
(LAPD): 213-485-4700  
LA County Sheriff's Department  
(LASD): 323-267-4800  
LA County Dept. of Children and Family Services  
(DCFS): 800-340-4000

or send a written report thereof within 36 hours of receiving the information concerning the incident.

[Child Abuse Report](#)

Making a report of suspected child abuse does not relieve the school/District of its responsibility to take administrative action to protect any alleged target/victim, support the needs of the child, and/or initiate disciplinary proceedings or appropriate action against the perpetrator(s)/suspect(s). Complete an Incident Report relating to the incident only and not the details of the suspected child abuse information. This important information will be sent to Educational Service Center Directors, Unit/Division Head, or the Staff Relations/HR Labor Representatives, to take appropriate actions for both the victim and the suspect as necessary.



# iSTAR- Issue Types

## III. ISSUE TYPE TAB cont.

Issue Types Tab

Incident #12334

Persons Involved | **Issue Types** | Incident Summary | Injury/Illness Report | RARD

- Abduction
  - Accident**
  - Altercation (Verbal)
  - Arrest
- Bullying
  - Death**
- Discrimination/Harassment (Only grades 4-12 for student suspension)
  - Disruption/Willful Defiance
- Fighting/Physical Aggression
  - Fraud Allegation
  - Hazing
  - Injury**
  - Lockdown
- Medical**
  - Missing/Runaway
- Illegal/Controlled Substance
- Weapons
  - Intergroup Conflict
  - Robbery
- Sex Crime
  - Shooting
- Suicidal Behavior
  - 5150/Hospitalization
  - Self-injury / Cutting
  - Suicidal Behavior/Ideation (injury)
  - Suicidal Behavior/Ideation (non-injury)

Issue types in red require completion of the Injury/Illness Report Tab

The iSTAR system uses these issue definitions as the key element of its reporting process. Be familiar with the various incident types and definitions to use it effectively.

[Issue Definitions](#)

Link to download list of issue types and definitions.

Sample screen display for:

- List of Incident Types
- Sub Issue Types



# iSTAR- Incident Summary

- Submit report for automatic distribution to appropriate District staff

Incident #12334   **Persons Involved**   **Issue Types**   **Incident Summary**   **Injury/Illness Report**   **RARD**   Incident Summary Tab

**Incident Description:** How did this happen? What was the injured person doing at the time of injury? Describe the events immediately preceding the injury. Identify any LAUSD employees involved in the accident and any tools, machinery, equipment, or vehicles involved (attach photos).

[Text area for incident description]

Allows you to type in the description of the incident, follow-up steps taken, and assistance received.

E-mail

Enables user to e-mail the report to anyone in the Outlook list.

Incident Status:

Incident Status • select the appropriate status of the incident:

- Open - action(s) required
- Closed - incident has been completed and no further action is required. Report will automatically close after 30 days.
- Void • nullify the report.

Updated Information

Date	Description	Created
No data to display.		

Record additional actions or information

Action Details

Description	Status
No data to display.	

Record action details.

Additional notification at your discretion may be recorded below:

Notify Details

Notified	Department Name	Notify Name	Date	#
<input type="checkbox"/>	22 Hour Parent Notification Letter			Delete
<input type="checkbox"/>	Ed. Equity Compliance			Delete
<input type="checkbox"/>	Nearby Schools			Delete
<input type="checkbox"/>	Operations Coordinator			Delete
<input type="checkbox"/>	School Police (213) 625-6631			Delete
<input type="checkbox"/>	School Services Director			Delete
<input type="checkbox"/>	Special Education/IEP Unit			Delete
<input type="checkbox"/>	Office of Environmental Health and Safety			Delete
<input type="checkbox"/>	Employee Performance Accountability			Delete
<input type="checkbox"/>	CRSB Counseling Office			Delete

Record additional information notification

Enable user to upload and save documents such as pictures, notes, etc.

Sends automated email notifications to appropriate divisions and offices.

Created By: EARL PERKINS  
Last Updated By: MURALDHARAN SOMASUNDARAM

Created Date: 11/18/2010 1:27:19 PM  
Last Updated Date: 11/22/2010 6:49:59 PM



# iSTAR- Injury/Illness Report



Los Angeles Unified School District  
iSTAR Application

**THIS IS A CONFIDENTIAL REPORT** for use of Los Angeles Unified School District attorneys. No copies of this report shall be furnished to anyone including employees, students, parents without permission from the Office of the General Counsel.

This report must be completed within 24 hours of an accident involving an injury to students, employees or community member/visitor. Do not use this form for contractors. If this is an employee injury report, keep a copy of this investigation at your location in a confidential file separate from personnel files. Do not keep copies of student or community member/visitor injury investigations at your location. Attach additional documents, photos, etc., as necessary.

Incident #12334

Persons Involved

Issue Types

Incident Summary

Injury/Illness Report

RARD

What Injury resulted? (Type of injuries and body part(s) injured. Example: sprained arm, severe cut)

Did anyone see the injury happen?  
(attach statement of each witness)

Yes  No (if yes, complete witness information section.)

Did anyone cause this injury?

Yes  No (if yes, complete suspect information section.)

Was an arrest made?

Yes  No

Was medical treatment needed?

Yes  No

Was first aid administered?

Yes  No (if yes, who did it?)

Name:

Title/Occupation:

Did injured party go to a hospital or clinic?

Yes  No (if yes, describe medical treated received?)

Did a supervisor accompany injured person?

Yes  No (if yes, who was it?)

Name:

Title/Occupation:

Doctors Recommendation?

Doctor's Name:

Injury/Illness Report Tab ••The OEHS Injury/Accident Investigation Report Form has been consolidated with the Incident Report Form. This tab includes questions and information required for the following incidents: accident, death, injury, and medical.

Note: The default responses are .....\*

\* Required Field

Save Only

Submit Report

.....\* will send a message to school principal or site administrator and various offices for review.



# Student Re-Entry Guidelines (E)



Los Angeles Unified School District  
**STUDENT HEALTH AND HUMAN SERVICES**

ATTACHMENT E



## 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:

<b>Preparing for Re-Entry</b>	<input type="checkbox"/> 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.
<b>Returning Day</b>	<input type="checkbox"/> Have parent/guardian escort student to the main office on first day back to school.
<b>Hospital Discharge Documents</b>	<input type="checkbox"/> Request discharge documents from hospital or Medical Clearance for Return to School (see Attachment I) from parent/guardian on student's first day back.
<b>Meeting with Parent(s)/Guardian(s)</b>	<input type="checkbox"/> Engage parent(s)/guardian(s), school support staff, teachers, and student, as appropriate in a Re-Entry Planning Meeting. <input type="checkbox"/> If the student is prescribed medication, refer to the health office and/or medication management policy at school (see BUL-3878 <i>Assisting Students with Prescribed Medication at School</i> ). <input type="checkbox"/> Offer suggestions to parent/guardian regarding safety planning and removing means/access (e.g., weapons, medication, alcohol) to students at home, as needed. <input type="checkbox"/> Offer suggestions to parent/guardian regarding monitoring personal communication devices, including social networking sites, as needed. <input type="checkbox"/> Review Attachment M - <i>Suicide Prevention Awareness for Parents/Caregivers</i> and/or Attachment N - <i>Self-Injury Awareness for Parents/Caregivers</i> with caregiver.
<b>Student Safety Plan</b>	<input type="checkbox"/> 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.

ATTACHMENT E

<b>Identify Supports</b>	<input type="checkbox"/> Notify student's teacher(s), as appropriate.
	<input type="checkbox"/> Modify academic programming, as appropriate.
	<input type="checkbox"/> 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 <i>Counseling and Educationally Related Intensive Counseling Services (ERICs) for Students with Disabilities</i> ).
	<input type="checkbox"/> Identify on-going mental health resources in school and/or in the community.
	<input type="checkbox"/> 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.
<b>Address Bullying, Harassment, Discrimination</b>	<input type="checkbox"/> Manage and monitor – ensure the student is receiving and accessing the proper mental health and educational services needed.
	<input type="checkbox"/> As needed, ensure that any bullying, harassment, discrimination is being addressed.
<b>Release/Exchange of Information</b>	<input type="checkbox"/> 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).



# Other Important Attachments

- **Attachment F-** Parent/Guardian Authorization for Release of Information
- **Attachment K-** Student Re-Entry/Safety Plan Meeting Sign In
- **Attachment R-** SHHS Resource Guide



# Self-Injury Awareness for Staff



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

333 S. Beaudry Avenue, 29<sup>th</sup> Floor  
(213) 241-3841  
smh.lausd.net | ccis.lausd.net



## Self-Injury Awareness for Staff

### 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

#### Royal Clinic

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

For clinic referrals visit:  
[smh.lausd.net](http://smh.lausd.net)

School Mental Health  
(213) 241-3841

### 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, hopelessness, or worthlessness

### 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.



### What should I do if a student is engaging in self-injurious behavior?

- Respond immediately
- Supervise the student
- Escort the student to a Crisis Team Member
- Contact the appropriate child protective agency when there is reasonable suspicion of abuse (see BUL-1347)

#### EMERGENCY INFORMATION / After Hours Services

If you need IMMEDIATE help, call 911.

Los Angeles School Police Department (213) 625-6631.

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)

#### 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

#### 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)



**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. However, others 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 a student or someone you know is engaging in self-injurious behavior, take action and get help.

### 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 (therapy) can be effective when focused on reducing the negative thoughts and environmental factors that trigger self-injury.

### 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?

- Inform the parent/caregiver.
- Identify staff to monitor the student, as needed.

#### MODEL

- Provide calm and establish a safe environment to talk about self-injury.
- Be aware of your thoughts, feelings, and reactions about this behavior.
- Be aware of your tone. Displaying judgment, expressing anger or shock can cause the student to feel guilt or shame.

#### TEACH

- Provide information and education to parents/caregivers about suicide and self-injury.
- Teach students 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.
- Provide options for school and community resources, including referrals to professional mental health services.

#### PROTECT

- Take action immediately and get help.
- Do not leave the student alone. Student should be supervised/monitored by a staff member, not a peer.
- Consider developing a safety/re-entry plan.
- Be cautious about giving punishments or negative consequences for the self-injurious behavior, as these may unintentionally encourage the behavior to continue.

#### CONNECT

- Connect the student with an administrator, crisis team member, or the Suicide Prevention Liason(s) at your school to access and determine level of risk.
- Contact the Local District School Mental Health Coordinator or Mental Health Consultant for consultation and support.
- Contact the Department of Mental Health, law enforcement, or child protective services, as needed.

Follow the protocols and guidelines in BUL 2637.3 Suicide Prevention, Intervention and Postvention



# Suicide Prevention Awareness for Staff

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 Staff

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

### SUICIDE IS PREVENTABLE.

#### Suicide Warning Signs

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



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

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

#### Here's What You Can Do:

##### LISTEN

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

##### PROTECT

- Take action immediately.
- Supervise, do not leave the student alone.
- Consider developing a safety/re-entry plan, if needed.

##### CONNECT

- Collaborate with administration or crisis team personnel to determine level of risk.
- Contact Local District School Mental Health Coordinator or Mental Health Consultant for consultation and support.
- Contact Department of Mental Health, law enforcement or protective services, as needed.
- Inform the parent/guardian.
- Identify a staff member to monitor student.

##### MODEL

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

##### TEACH

- Provide information and education to parents/guardians about suicide and self-injury.
- Encourage help seeking behaviors and help them identify adults they can trust at home and at school.
- Provide options for school and community resources including referrals to professional mental health services, as needed.



## SMH Clinics and Wellness Centers

### North

#### Valley Clinic

6551-A Balboa Blvd., Van Nuys, 91406  
Tel: 818-758-2300 | Fax: 818-996-9850  
Please indicate if you would like to be considered for services at a Valley Clinic Satellite Location: Kennedy HS (Granada Hills) Telfair ES (Pacoima) Sunland ES (Sunland)

### West

#### Gresham Wellness Center

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

#### Hyde Park Clinic

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

#### Washington Wellness Center

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

### South

#### 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

#### Ramona Clinic

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

#### Gage Wellness Center

2975 Zoe Ave., Huntington Park, 90255  
Tel: 323-826-9499 | Fax: 323-826-1524

#### Elizabeth LC Wellness Center

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

### Central

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

#### Royal Clinic

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

For clinic referrals visit:  
smh.lausd.net

## Understanding Suicide: Myths & Facts

To understand why people die by suicide and why so many others attempt to take their own lives, it is important to know the facts. Please 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 and/or physical pain. Most have a mental illness. Interventions can save lives.

**Myth:** Asking someone if they are thinking about suicide will put the idea in their head and cause them to act on it.

**Fact:** When you fear someone you know is in crisis or depressed, asking them if they are thinking about suicide can actually help. By giving a person an opportunity to open up and share their troubles you can help alleviate their pain and find solutions.

**Myth:** Someone making suicidal threats won't really do it, they are just looking for attention.

## Resources for Suicide Prevention

### Resources For Supporting and Responding to Students

For assistance/support, contact your Local District School Mental Health Coordinator or Mental Health Consultant.

For consultation, Monday-Friday from 8am-4:30pm, contact LAUSD School Mental Health at (213) 241-3841.

### EMERGENCY INFORMATION / After Hours Services

If you need IMMEDIATE help, call 911. Los Angeles School Police Department (213) 625-6631

For a psychiatric emergency, contact the Department of Mental Health 24-hour ACCESS Center at (800) 854-7771.

**Fact:** Those who talk about suicide or express thoughts about wanting to die, are at risk for suicide and need your attention. Most people who die by suicide give some indication or warning. Take all threats of suicide seriously. Even if you think they are just "crying for help"—a cry for help, is a cry for help—so help.

**Fact:** Treatment can work. One of the best ways to prevent suicide is by getting treatment for mental illnesses such as depression, bipolar illness and/or substance abuse and learning ways to solve problems. Finding the best treatment can take some time, and the right treatment can greatly reduce the risk of suicide.

**Myth:** Talk therapy and/or medications don't work.

**Fact:** Treatment can work. One of the best ways to prevent suicide is by getting treatment for mental illnesses such as depression, bipolar illness and/or substance abuse and learning ways to solve problems. Finding the best treatment can take some time, and the right treatment can greatly reduce the risk of suicide.

If you or someone you care about is at risk for suicide help is available.

## Resources to Distribute to Students & Parents/Guardians

### Community Hotlines

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

### Text and Chat Resources

Crisis Chat (11am-11pm, daily)  
<http://www.crisischat.org/chat>  
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### Online Resources

<http://www.didihsrch.org/>  
<http://www.thetrevorproject.org/>  
<http://teenline.org/>  
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### Smartphone Apps

MY3  
Teen Line Youth Yellow Pages

Follow the protocols and guidelines in BUL-2637.1 Suicide Prevention, Intervention and Postvention.



# Suicide Prevention Awareness for Parents/Guardians



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#### Risk Factors

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- History of mental illness in the family

#### Here's What You Can Do:

##### LISTEN

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

##### PROTECT

- Take action immediately.
- Supervise, do not leave your child alone.

- Consider developing a safety plan at school and home, if needed.

##### CONNECT

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

##### MODEL

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

##### TEACH

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

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**For clinic referrals visit:**  
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**Myth:** *Someone making suicidal threats won't really do it, they are just looking for attention.*

**Fact:** Those who talk about suicide or express thoughts about wanting to die, are at risk for suicide and need your attention. Most people who die by suicide give some indication or warning. Take all threats of suicide seriously. Even if you think they are just “crying for help”—a cry for help, is a cry for help—so help.

**Myth:** *It is easy for parents/guardians 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/guardians to be attentive to warning signs, risk factors, to ask direct questions, and be open to conversation.

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

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

### EMERGENCY INFORMATION / After Hours Services

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

## Resources for Parents/Guardians & Children/Adolescents

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**National Suicide Prevention Lifeline**  
(800) 273-TALK (8255) (24 hours)

**Trevor Lifeline** (866) 488-7386 (24 hours)  
**Teen Line** (800) 852-8336 (6pm-10pm daily)

### Text and Chat Resources

**Crisis Chat** (11am-11pm, daily)  
<http://www.crisischat.org/chat>  
**Teen Line - text “TEEN” to 839863**

### Online Resources

<http://www.didihsrch.org/>  
<http://www.thetrevorproject.org/>  
<http://teenline.org/>  
<http://www.afsp.org/understanding-suicide>

### Smartphone Apps

MY3  
**Teen Line Youth Yellow Pages**





# Self-Injury Awareness for Parents/Guardians



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

333 S. Beaudry Avenue, 29<sup>th</sup> Floor  
213.241.3841  
smh.lausd.net | ccis.lausd.net



## Self-Injury Awareness for Parents/Guardians

**Self-injury** is a behavior some individuals engage in to take risks, rebel, reject their parents' values, state their individuality or merely be accepted. Others, however, may injure themselves out of desperation or anger to seek attention, to show their feelings of hopelessness and worthlessness, or because they have suicidal thoughts. Such individuals may suffer from serious mental health disorders such as depression, psychosis, Posttraumatic Stress Disorder (PTSD) or Bipolar Disorder. Some young children may resort to self-injurious acts from time to time but often grow out of it. Children with 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 is engaging in self-injurious behavior, take action and get help.

### General Information

- Self-injury (SI) is a complex behavior, separate and distinct from suicide.
- Self-injury provides a way to manage overwhelming feelings and can be a way to bond with peers (rite of togetherness).
- SI is defined as intentional tissue damage that can include cutting, severe scratching, pinching, stabbing, puncturing, ripping or pulling skin or hair, and burning.
- The majority of students who engage in SI are adolescent females, though research indicates that there are minimal gender differences. Students of all ages and socio economic backgrounds engage in SI behavior, as it is commonly mentioned in media, social networks and other means of communication.
- Individual mental health services can be effective when focused on reducing the negative thoughts and environmental factors that trigger SI.
- Tattoos and body piercing are not usually considered self-injurious behaviors, unless they are done with the intention to hurt the body.

### Signs of Self-Injury

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

### Here's What You Can Do:

#### LISTEN

- Address the behavior as soon as possible by asking open ended questions
- Talk to your son/daughter with compassion, calm and caring
- Understand that this is his/her way of coping

#### PROTECT

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

#### CONNECT

- Check in with your child on a regular basis
- Become familiar with the support services at your child's school

- 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. Lecturing, expressing anger or shock can cause your child to feel guilt or shame.

#### TEACH

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

## SMH Clinics and Wellness Centers

### North

**Valley Clinic**  
6551-A Balboa Blvd., Van Nuys, 91406  
Tel: 818-758-2300 | Fax: 818-996-9850

### West

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

### Hyde Park Clinic

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

### Washington Wellness Center

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

### South

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

### San Pedro Clinic

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

### Locke Wellness Center

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

### Carson Wellness Center

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

### East

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

### Ramona Clinic

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

### Gage Wellness Center

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

### Elizabeth LC Wellness Center

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

### Central

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

### Royal Clinic

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

For clinic referrals visit:  
[smh.lausd.net](http://smh.lausd.net)

## Non-Suicidal Self-Injury

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

- Feel emotionally better
- Take risks
- Rebel
- Reject parent/guardian values
- Display individuality
- Feel accepted by peers or others
- Cope with feeling of desperation or anger
- Seek attention
- Manage painful feelings of current or past trauma
- Punish oneself
- Exert influence over others
- End feelings of unreality or being detached from oneself
- Avoid or combat suicidal thoughts
- Feel pain or relief
- Have control of one's body



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

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

### Appropriate actions include:

- Seek support from a mental health professional (e.g., therapist, psychologist, psychiatrist)
- Provide morale 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.

## Resources for Parents/Guardians & Children/Adolescents

### Community Hotlines

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

### Online Resources

<http://www.didiirsch.org/>  
<http://www.thetrowerproject.org/>  
<http://teenline.org/>  
<http://www.afsp.org/understanding-suicide>

### Smartphone Apps

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### Text and Chat Resources

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





# Intervention Role of All Staff

Step  
1

Respond  
immediately

Step  
2

Secure safety  
of student

Step  
3

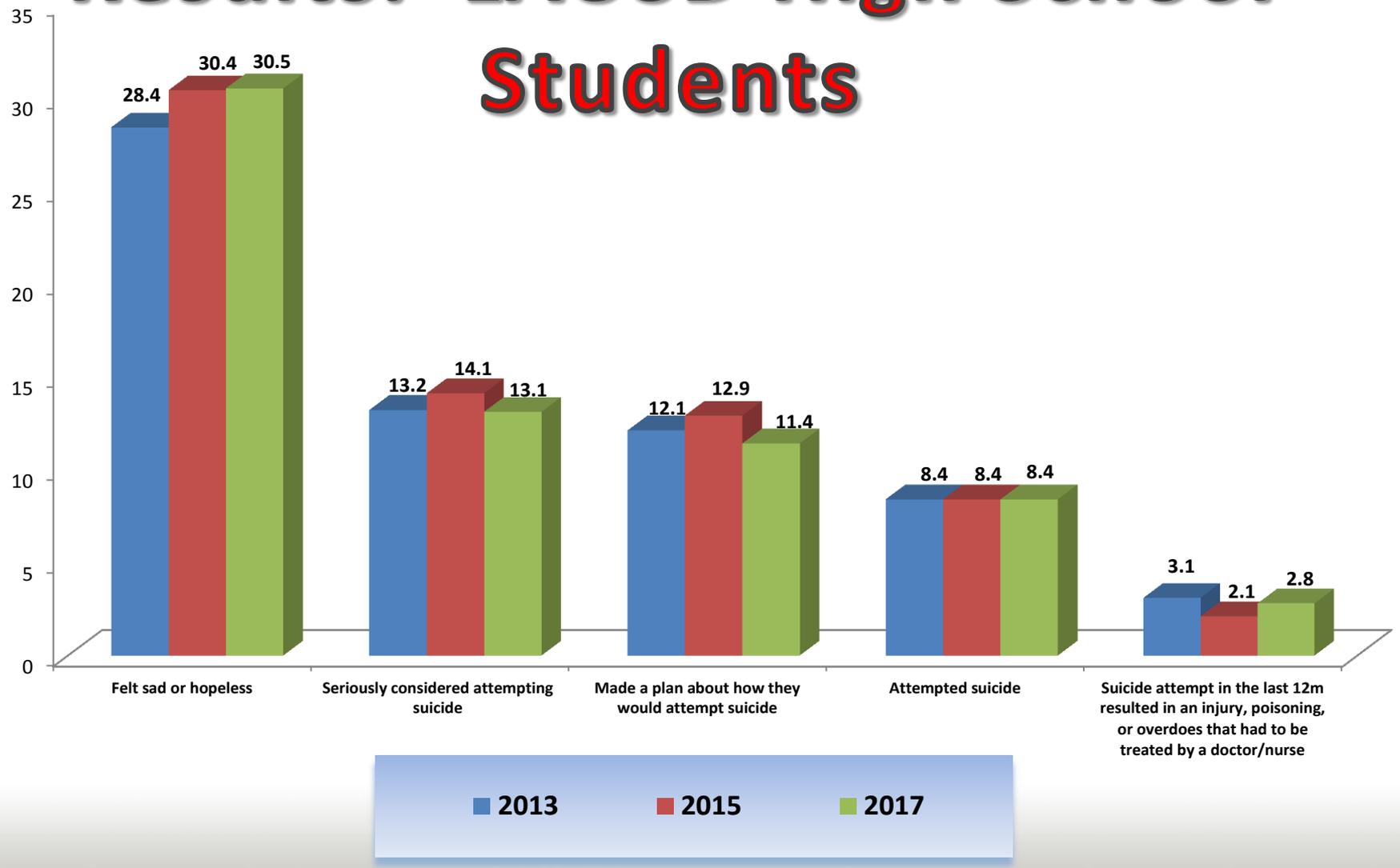
Assess the  
student with  
another Crisis  
Team Member





# Youth Risk Behavior Survey

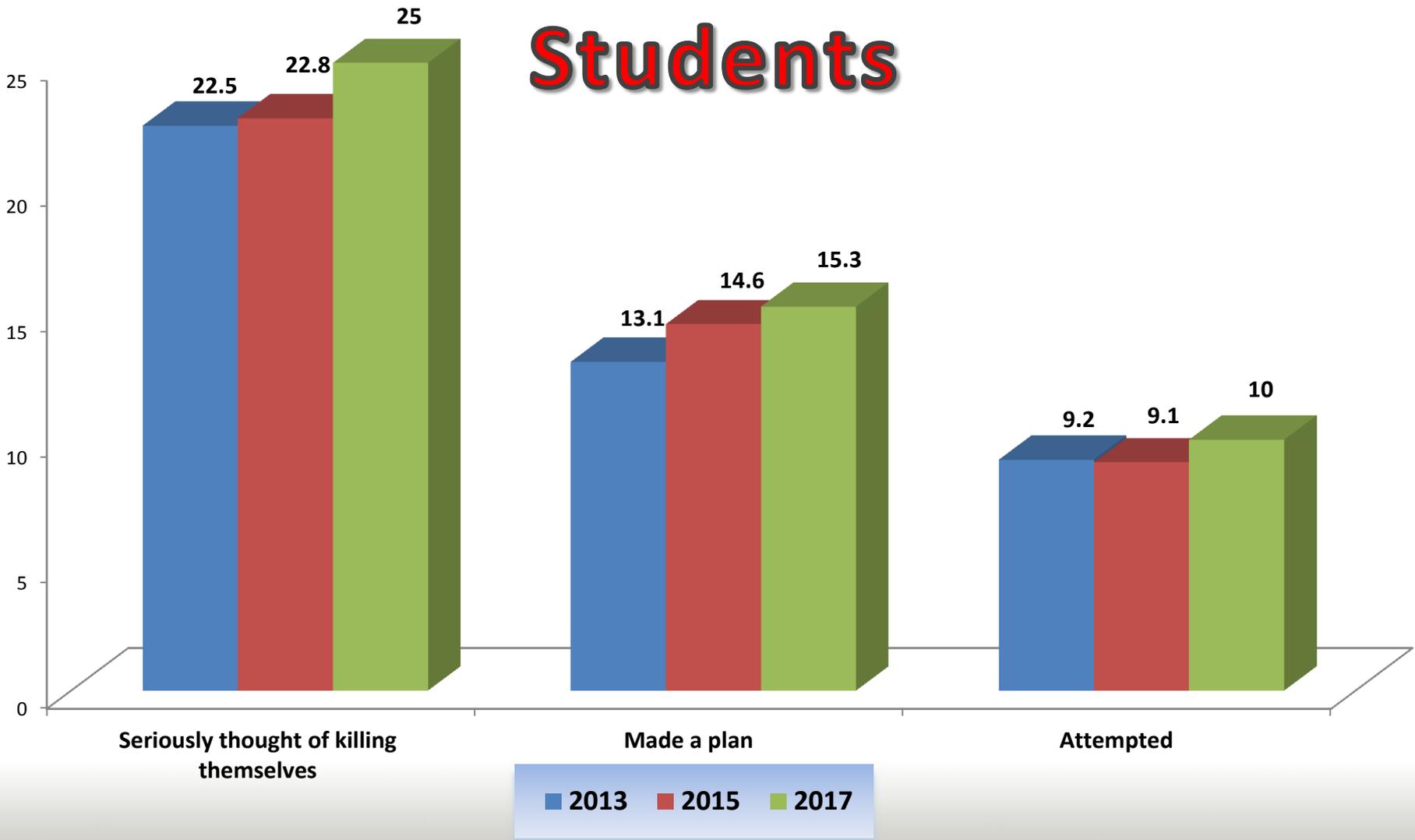
## Results: LAUSD High School Students





# Youth Risk Behavior Survey

## Results: LAUSD Middle School Students





# Vulnerable Student Populations

- Students Experiencing Homelessness
- Student in Out-of-Home Setting (Foster Care/Kin-Care)
- Students Identified as Newcomers (Unaccompanied and/or Undocumented)
- Students Identified as Commercially Sexually Exploited Children (CSEC)
- Students with Adverse Childhood Experiences (ACE's)
- Students with Mental and/or Substance Use Disorders
- Students with Disabilities
- Students Bereaved by Suicide
- Students Involved with Bullying



# Warning Signs

- Suicidal ideations
- Dramatic mood swings
- Impulsive or reckless behavior
- Previous attempts
- Social withdrawal from friends, family and the community
- Writing, talking, thinking or posting about death
- Increased alcohol and drug use





# Risk Factors

- Age
- A recent loss or tragedy
- Substance abuse
- Stressors
- Mental illness (untreated or unidentified)
- History of trauma or abuse
- Access to firearms
- A serious or chronic medical illness



# LGBTQ and Suicide

- 4x's greater for LGBTQ youth and 2x's greater for questioning youth than that of straight youth

Center for Disease Control and Prevention, 2016 [1]

- LGBTQ youth that come from highly rejecting families are 8.4x's as likely to have attempted suicide as LGBTQ peers who reported no or low levels of family rejection

Family Acceptance Project, 2009[3]

- Of LGBTQ students in grades 9-12 ...
  - 43% considered suicide
  - 38% made a suicide plan
  - Roughly 30% attempted suicide

Youth Risk Behavior Surveillance Survey, 2015[2]





# Protective Factors



- Family and Peers
- Personal
- Community
- School

**What We Know...**



**Risk Factors** are not **Predictive Factors** because of **Protective Factors.**



# SMH Clinic Referral Forms



About Los Angeles Unified

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Classic View

Families

Employees

Labor Updates



LOS ANGELES UNIFIED SCHOOL DISTRICT

September is Suicide Prevention Month 2018

## Suicide Prevention Month 2018

Know the Signs. Find the Words. Reach Out.



### Crisis Counseling and Intervention Services

Crisis Counseling and Intervention Services (CCIS), from the Division of Student Health & Human Services, School Mental Health, is dedicated to restoring and maintaining a safe and healthy learning environment for the students and staff of the LA Unified (LAUSD). CCIS staff provides crisis response and recovery services in partnership across multiple LA Unified Departments, the Los Angeles School Police Department, as well as community stakeholders and agencies.

#### EMERGENCY INFORMATION / After Hours Services

If you need IMMEDIATE help, please call 911.

For a psychiatric emergency, contact one of the following agencies:

- Los Angeles School Police Department (213) 625-6631
- National Suicide Prevention Lifeline 24-hour (800) 273-8255
- Department of Mental Health 24-hour ACCESS Center (800) 854-7771
- School Mental Health - LAUSD smh.lausd.net
- Suicide Prevention - LAUSD suicideprevention.lausd.net
- Human Relations, Diversity & Equity - LAUSD humanrelations.lausd.net
- National Child Traumatic Stress Network nctsn.org
- CA Victims Assistance victimcompensation.ca.gov

[Wildfire Response and Recovery](#)

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[Trauma Informed Schools](#)

[Parents & Caregivers](#)

[Staff](#)

### Contact

#### Interim Director:

Rowena Lagrosa

#### Address:

333 S. Beaudry Ave. 29th Floor  
Los Angeles, CA 90017  
P: (213) 241-3841

[Click Here for SMH Clinic Referral Forms for Counseling](#)





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elida.mena@lausd.net

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e.g. (msmith@lausd.net, mary.smith@lausd.net)

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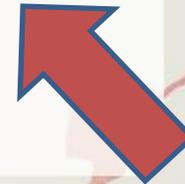
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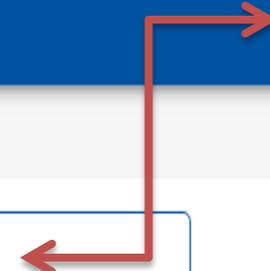
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★ **Suicide Prevention and Awareness Training\_FINAL**  
 Author: Esqueda, Daisy Type: MEM Release Date: 3/6/2018 11:28 AM  
 Document Name: MEM-6910.0 Suicide Prevention and Awareness Training\_FINAL

★ **Suicide Prevention, Intervention and Postvention (Students)**  
 Author: Esqueda, Daisy Type: BUL Release Date: 2/14/2018 4:12 PM  
 Document Name: BUL-2637.3 Suicide Prevention, Intervention and Postvention (Students)

2 items Previous 1 Next Items Per Page 25 ▾

★ **MEM-047382.0 - Sec Diff Spring 2018**  
 Author: Villalva, Yolanda Type: MEM Release Date: 3/16/2018 3:51 PM  
 Document Name: MEM-047382.0 MEM-047382.0 - Sec Diff Spring 2018



A Big  
**THANK**  
YOU!





# Contact Information

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213.241.3906

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Gustavo D. Sagredo, LCSW PPSC

213.241.8689

[gustavo.sagredo@lausd.net](mailto:gustavo.sagredo@lausd.net)

## Crisis Counseling & Intervention Services

PSW, LD Central

Nidia San Jose

213.241.0167

[nidia.sanjose@lausd.net](mailto:nidia.sanjose@lausd.net)

**For additional support, please contact:**

Monday-Friday 8:00am-4:30pm

213.241.3841





# LD Central School Site Crisis Team Training Secondary Schools Best Practices Panel

**Santee Education Complex**



**Manual Arts High School**



**Marshall High School**



*Mental Health  
Evaluation Team  
and Case  
Management Team*







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