



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
<i>Administrator of Operations</i> |
| II. Inclusion Activity..... | Maria Chua, LCSW
<i>Mental Health Coordinator</i>
Teresa Temores, LCSW
<i>Resilient Schools Community Consultant</i> |
| III. Suicide Prevention and Intervention..... | Tony Cortez
<i>Operations Coordinator</i>
Gustavo Sagredo, LCSW
<i>Mental Health Consultant</i>
Nidia San Jose, MSW
<i>CCIS PSW</i> |
| IV. Best Practices Panel: Secondary Schools..... | Santee Education Complex
Manual Arts High School
Marshall High School |
| V. Mental Health Evaluation Team | Sgt. Joseph Ivankay, LASPD
Nicole McMahon, LCSW
<i>Specialist, School Mental Health</i>
Lakisha Johnson, LCSW
<i>Specialist, School Mental Health</i> |
| VI. Closing Comments and Evaluations..... | Maria Chua, LCSW
<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 11th 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 9th 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.

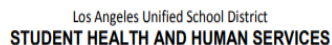
- A. ☐ **RESPOND IMMEDIATELY**
- ☐ Report concerns to administrator/designee immediately or as soon as practically possible.
 - ☐ Do not leave the student unsupervised.
- B. ☐ **SECURE THE SAFETY OF THE STUDENT**
- ☐ Supervise the student at all times.
 - ☐ Conduct an administrative search for access 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 TOOL

Student Name/DOB: _____ Location: _____

The purpose of this checklist is to determine a student's level of suicide risk. The assessing party shall be a designated Suicide Prevention Liaison(s).

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

CATEGORY	ASSESSMENT QUESTIONS
1. Current Problem/ Situation	ASK: <i>Tell me what happened.</i>
2. Current Ideation	ASK: <i>Are you thinking about suicide/killing yourself now?</i> ASK: <i>How long have you been feeling this way?</i>
3. Communication of Intent	ASSESS: Has the student communicated directly or indirectly ideas or intent to harm themselves? (Communications may be verbal, non-verbal, electronic, written. NOTE: that electronic communications may include texting and social media.) Indicate what was said and how this was communicated. ASK: <i>Have you ever shared your thoughts about suicide with anyone else?</i> ASK: <i>To whom? What did they say when you told them?</i>

4. Plan	ASK: Do you have a plan to harm/kill yourself now?
	ASK: What is your plan?
5. Means and Access	ASK: Do you have access to weapons, guns, medication?
	ASSESS: Does the student have the means/access to kill themselves?
	ASSESS: Indicate means and access.
6. Past Ideation	ASK: Have you ever had thoughts of suicide in the past?
	ASK: How long ago? Tell me what happened then.
7. Previous Attempts	ASK: Have you ever tried to kill yourself?
	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	*



Suicide Risk Assessment Levels



Los Angeles Unified School District
STUDENT HEALTH AND HUMAN SERVICES

ATTACHMENT
C
Students' Health
Human Services

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"/> No Known Current Risk No known current evidence of suicidal ideation	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Communicate with parent/guardian, even if it is determined that there is no current risk: <ul style="list-style-type: none"> Provide information regarding the incident or statement made. 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. Reinforce the importance of student safety and use of appropriate language. 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. Document all actions in the RARD on iSTAR; include student identification number in the Persons Involved tab of iSTAR.
<input type="checkbox"/> Low Risk Does not pose imminent danger to self; insufficient evidence for suicide risk.	<ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> 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 - <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. 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 - <i>My Safety Plan</i> 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.

and Action Plan (C)

ATTACHMENT C

☐ 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)

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:
 - Re-entry plan and recommendations to seek mental health services. Request Attachment F - *Parent/Guardian Authorization for Release/Exchange of Information*
 - 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.

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

Outside Mental Health Agency Providing Me Support

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. _____

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



Summary of Relevant

Information (G2)



Los Angeles Unified School District
STUDENT HEALTH AND HUMAN SERVICES

Summary of Relevant Student Information

Date

Student Name

School Name

Parent/Guardian Name

Date of Birth

Student Grade

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

Summary of Relevant Student Information

Other Factors to Consider

Current Mental Health Support

Mental Health Agency:

Therapist/Clinician Name:

Office #:

Cell #:

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

☐ Suicide note(s) letter(s)

☐ Text/chat messages

☐ Drawing(s)

☐ Social media postings

☐ Journal entry or other assignment

☐ Other: _____

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

☐ Parent/Guardian

☐ PMRT/SMART Clinician

☐ LASPD Officer

☐ Other: _____

☐ Local Law Enforcement

For additional questions/concerns, please contact:

School Site Crisis Team Member Completing Assessment

Office Phone #

Title

Cell Phone #

School Site Crisis Team Member (2) Completing Assessment

Office Phone # (2)

ATTACHMENT G2



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)

<input type="checkbox"/> Current Attempt	<input type="checkbox"/> Sudden changes in behavior	<input type="checkbox"/> Frequent complaints of illness/body aches
<input type="checkbox"/> Direct Threat	<input type="checkbox"/> Drug or alcohol abuse	<input type="checkbox"/> Psychological stressors
<input type="checkbox"/> Indirect Threat	<input type="checkbox"/> Self-injury	<input type="checkbox"/> Previous attempt(s)
<input type="checkbox"/> Giving away prized possession	<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Other
<input type="checkbox"/> Signs of depression	<input type="checkbox"/> Truancy or running away	

Student Referred By: (Check one or more)

<input type="checkbox"/> Self	<input type="checkbox"/> Administrator	<input type="checkbox"/> FSA Counselor
<input type="checkbox"/> Parent	<input type="checkbox"/> Teacher	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Student/Friend	<input type="checkbox"/> Psychiatric/Social Worker	<input type="checkbox"/> Nurse
<input type="checkbox"/> K-12 Counselor	<input type="checkbox"/> Other	

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

Incident #	District ID	Student Name	Student School	Notes	Date
*	122798 F021	Kathleen Aguirre	1825901 Mulholland MS	Self Injury;	10/10/2011
*	122798 F021	Kathleen Aguirre	1825901 Mulholland MS	Current Attempt; Sudden Changes in Behavior; Indirect Threat; Self Injury; Other; Concern about dying	12/5/2011
*	122798 F021	Kathleen 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	122798 F021	YY YY	1060601 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.

Save Only **Submit Report**

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

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.

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

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

Incident Tab

☒ 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 ☐ Yes is selected • List of Facilities Issue Types will be shown.

If ☒ No 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 (ESCCO) 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 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** **RAR**

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).

Updated Information

Date	Description	Created
No data to display		

[Add New](#)

Action Details

Description	Status
No data to display	

[Add New](#)

Additional notification at your discretion may be recorded below:

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"/>	Crisis Counseling Office			Delete

[Add New](#)

Created By: EARL PERKINS Created Date: 11/16/2018 1:27:19 PM
Last Updated By: MURALI CHARAN SOMASUNDARAM Last Updated Date: 11/22/2018 6:49:59 PM

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

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

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.

Record additional actions or information

Record action details.

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.



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)

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?

Unknown

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:

Preparing for Re-Entry	<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.
Returning Day	<input type="checkbox"/> Have parent/guardian escort student to the main office on first day back to school.
Hospital Discharge Documents	<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.
Meeting with Parent(s)/Guardian(s)	<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.
Student Safety Plan	<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

Identify Supports	<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.
	<input type="checkbox"/> Manage and monitor – ensure the student is receiving and accessing the proper mental health and educational services needed.
Address Bullying, Harassment, Discrimination	<input type="checkbox"/> As needed, ensure that any bullying, harassment, discrimination is being addressed.
Release/Exchange of Information	<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, 29th Floor
(213) 241-3841
smh.lausd.net | ccis.lausd.net



Self-Injury Awareness for Staff

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

- Remain 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.

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

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

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)





Suicide Prevention Awareness for Staff

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Student Health and Human Services
School Mental Health

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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

6651-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

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 | 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

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

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.

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)
Toen Line (800) 852-8336 (6pm-10pm daily)

Text and Chat Resources

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

Online Resources

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<http://www.thetrevorproject.org/>
<http://toenline.org/>
<http://www.atps.org/understanding-suicide>

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Toen Line Youth Yellow Pages

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Suicide Prevention Awareness for Parents/Guardians



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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
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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)
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- History of depression, mental illness or substance/alcohol abuse
- History of suicide in the family or of a close friend
- History of mental illness in the family

Here's What You Can Do:

LISTEN

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

PROTECT

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

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

CONNECT

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

MODEL

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

TEACH

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

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Locke Wellness Center

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

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

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

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

Myth: It is easy for parents/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

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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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(877) 727-4747 (24 hours)

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Trevor Lifeline (866) 488-7386 (24 hours)

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<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, 29th Floor
213.241.3841
smh.lausd.net | ccis.lausd.net



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

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

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)

Text and Chat Resources

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

Online Resources

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

Smartphone Apps

MY3
Teen Line Youth Yellow Pages





Intervention Role of All Staff

Step
1

Respond
immediately

Step
2

Secure safety
of student

Step
3

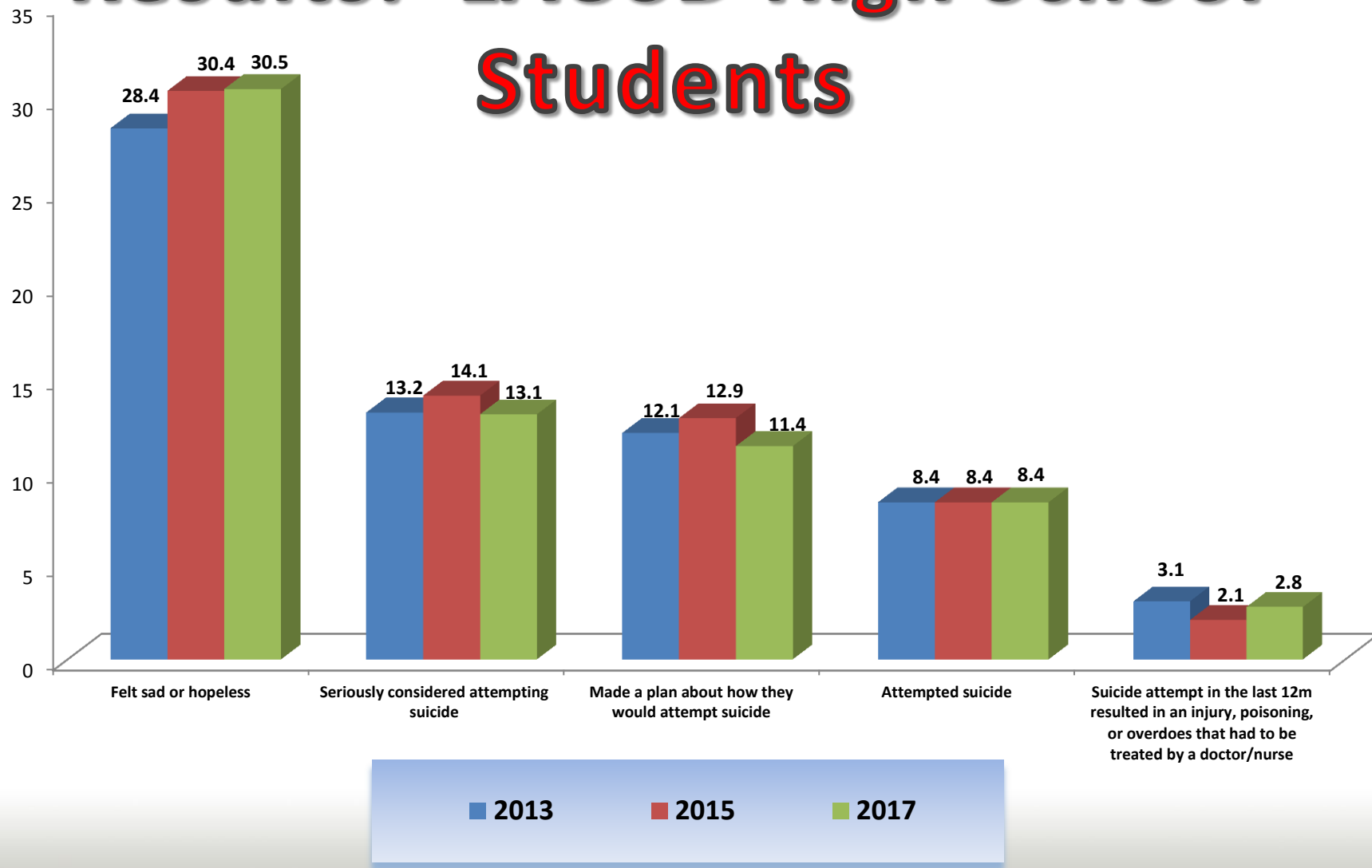
Assess the
student with
another Crisis
Team Member





Youth Risk Behavior Survey

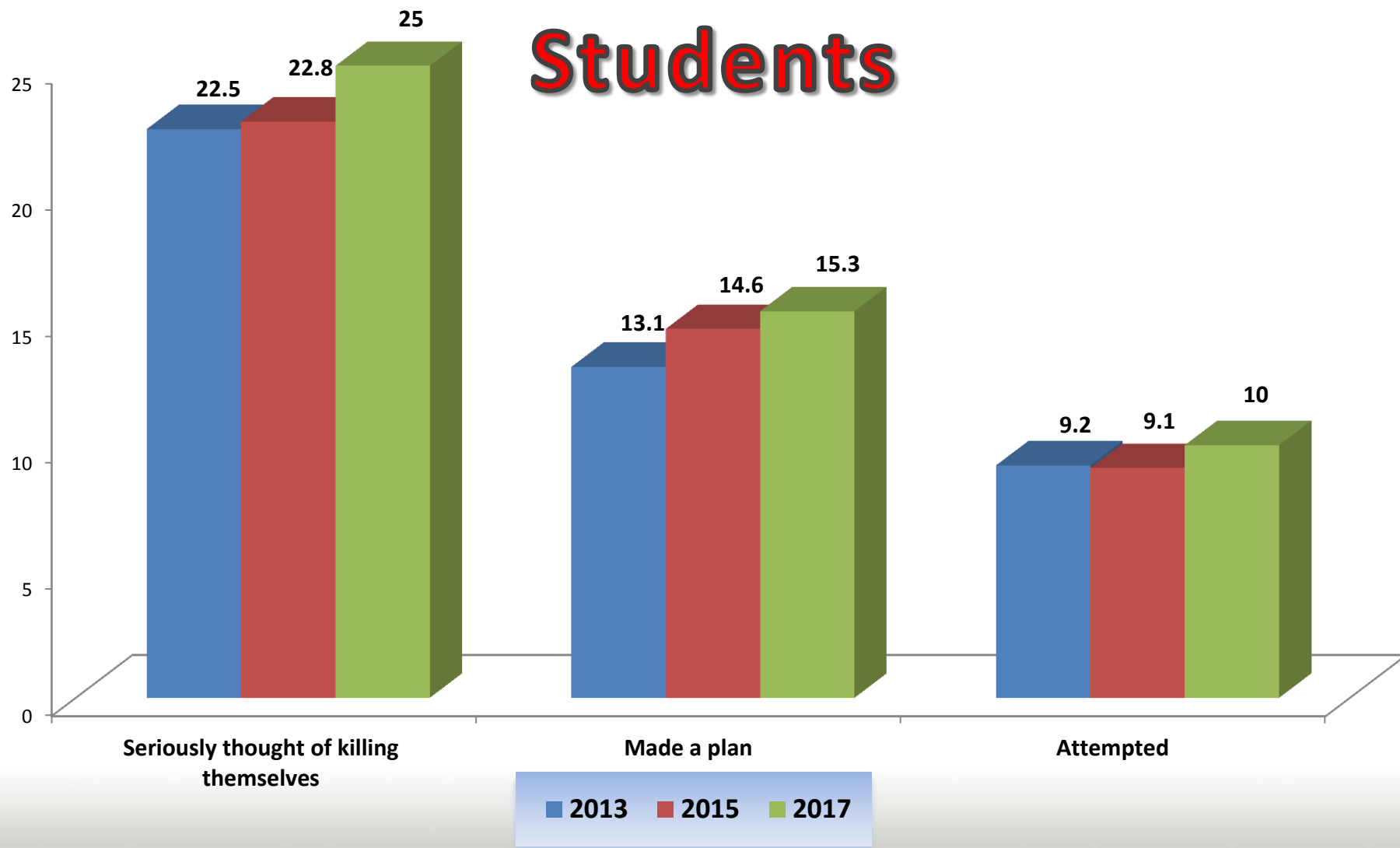
Results: LAUSD High School Students





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]



Social Media and Suicide

Many students may use social networking as an opportunity to express their thoughts about the death and about their own feelings regarding suicide. This information may be accurate or rumored. In either case, here are some considerations:

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

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





Protective Factors



- Family and Peers
- Personal
- Community
- School

What We Know...





SMH Clinic Referral Forms

[About Los Angeles Unified](#)[Find a School <](#)[Offices <](#)[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](#)[What's New](#)[About Us](#)[Services](#)[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](#)



Instructions for Downloading



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elida.mena@lausd.net

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Enter your full LAUSD email address and password to Log In.
e.g. (msmith@lausd.net,
mary.smith@lausd.net)

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★ Suicide Prevention and Awareness Training_FINAL

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★ Suicide Prevention, Intervention and Postvention (Students)

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Previous 1 Next

Items Per Page 25 ▾

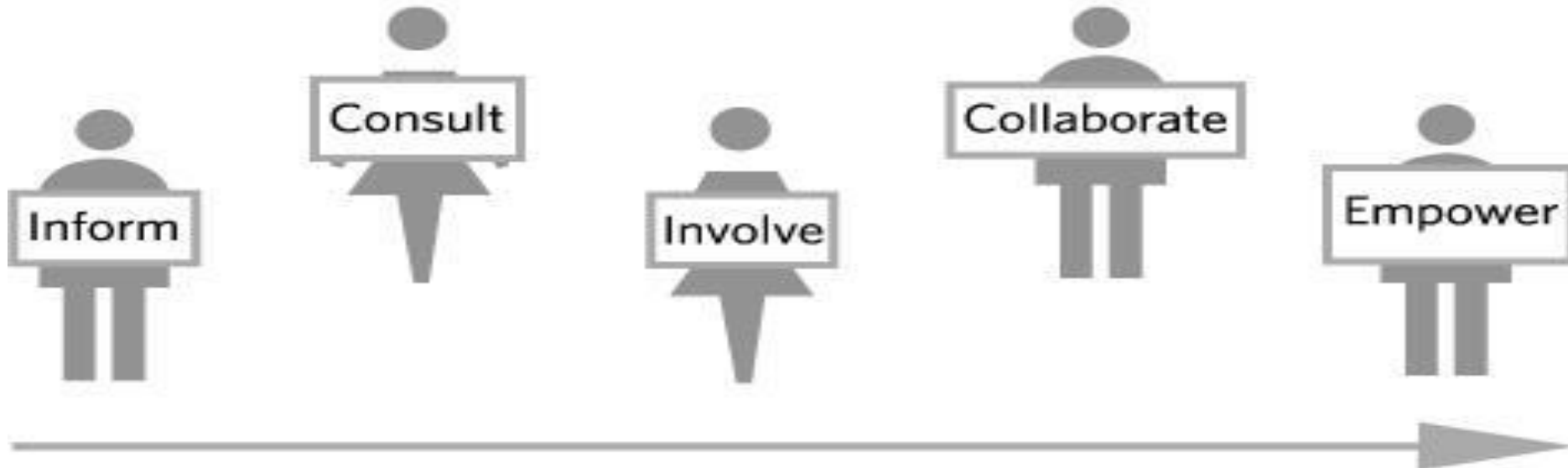
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A Big
THANK
you!





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Crisis Counseling & Intervention Services

PSW, LD Central

Nidia San Jose

213.241.0167

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



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and Case
Management Team*







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