



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

TITLE: Suicide Prevention, Intervention and Postvention (Students)

NUMBER: BUL-2637.2

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ROUTING
All Employees
All Locations

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

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

MAJOR CHANGES: **For support and consultation, contact School Mental Health Crisis Counseling and Intervention Services (SMH CCIS) at (213) 241-3841 Monday-Friday (8:00 a.m.-4:30 p.m.). After hours, contact the Los Angeles School Police Department (LASPD) at (213) 625-6631.**

This bulletin replaces BUL-2637.1 *Suicide Prevention, Intervention and Postvention*, on the same subject issued by School Operations and Student Health and Human Services, dated July 16, 2012.

The following are major changes included in this bulletin:

- Clarification of guidelines and practices regarding when certificated staff accompany a student to the hospital (Page 7)
- Guidance for providing pertinent student information, including a summary of the incident and any related documents, when a student is transported for a psychiatric evaluation (Page 7)
- The level of risk, **No Known Current Risk**, has been added as an option to use when determining level of risk. Please note that assessing at this level still recommends action steps, including contacting the parent and documenting on iSTAR (see Attachment C).
- Tables in the previous bulletin, including levels of risk, definitions, and action plan options, have been moved to Attachments B and C.



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- All attachments were revised and updated. For additional handouts and information in additional languages* please visit <https://suicideprevention.lausd.net>.
- With the exception of Attachments A1 and A2, attachments identified by letter and number, such as D1 and D2, signify that the first part (1) includes guidance and recommendations for how to complete the second part (2) which is the template or form. For ease of use, the templates and forms have been made fillable. Attachments A1 and A2 are abbreviated versions of the protocols outlined for responding to suicidal ideation and self-injury.
- The following new attachments have been added to this bulletin:
 - Attachment D1 – *Recommendations for Developing a Student Safety Plan*
 - Attachment D2 – *Student Safety Plan template*
 - Attachment G1 – *Completion of the Summary of Relevant Student Information*
 - Attachment G2 – *Summary of Relevant Student Information template*
 - Attachment H – *Return to School Information for Parent/Guardian**
 - Attachment J1 – *Recommendations for RARD Completion on iSTAR*
 - Attachment K – *Sign-in Sheet Template for Meeting*
 - Attachment M – *Suicide Prevention Awareness for Parents/Caregivers**
 - Attachment N – *Self-Injury Awareness for Parents/Caregivers**

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

BACKGROUND: In 2015, LAUSD’s Youth Risk Behavior Survey indicated that: over 30% of high school students reported a prolonged sense of sadness or hopelessness every day for two or more continuous weeks; over 22% of middle school and 14% of high school students seriously considered attempting suicide; and 9.1% of middle school and 8.4% of high school students actually attempted suicide.

Suicide is a serious public health problem that takes an enormous toll on families, students, employees and communities. Suicide prevention involves the collective efforts of families/caregivers, the school community, mental health practitioners, local community organizations, and related professionals to reduce the incidence of suicide through education, awareness, and services. School personnel are instrumental in helping students and their families by identifying students at-risk and linking them to school and community mental health resources.

GUIDELINES: I. **DEFINITIONS**

Self-Injury

Self-injury is the deliberate act of harming one’s own body, through means such as cutting or burning. Although self-injury often lacks suicidal intent, youth who self-injure are more likely to attempt suicide. For this reason, it is



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crucial that students who engage in self-injury are assessed for suicide risk. Self-injury is an unhealthy way to cope with emotional pain, intense anger or frustration.

Warning Signs

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

II. **RESPONSIBILITIES OF DISTRICT EMPLOYEES**

All employees are expected to:

- Inform the school site administrator/designee immediately or as soon as possible of concerns, reports or behaviors relating to student suicide and self-injury.
- Adhere to the Suicide Prevention, Intervention and Postvention (SPIP) policy.

A. Administrator or Designee should:

1. Respond to reports of students at risk for suicide or exhibiting self-injurious behaviors immediately or as soon as possible.
2. Monitor and follow-up to ensure that the risk has been mitigated through support and resources.
3. Ensure that the SPIP policy is implemented.
4. Provide follow-up to relevant staff such as Local District Operations, as needed.
5. Update iSTAR, as needed.

B. Local District Administrators and Staff should:

1. Be responsible for providing training and adherence for the SPIP policy.
2. Designate Local District staff to ensure the implementation of the SPIP policy and provide guidance and support, as needed, to the school site.

C. District Office Staff should:

1. Support the SPIP policy by assisting Local Districts and schools with guidance and consultation, as needed.

III. **PREVENTION**

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



includes:

- A. Promoting positive school climate by reinforcing the BUL-6231.0, *Discipline Foundation Policy: School-wide Positive Behavior Intervention Support*.
- B. Increasing staff, student and parent/guardian knowledge and awareness of risk factors and warning signs of youth suicide and self-injury.
- C. Monitoring students' emotional state and well-being, as well as engaging students by providing structure, guidance, and fair discipline.
- D. Modeling and teaching desirable skills and behavior.
- E. Promoting access to school and community resources.

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

The following are general procedures for the administrator/designee to respond to reports of students at risk for suicide or exhibiting self-injurious behaviors. **For an abbreviated version of the protocol outlined below, see Attachment A1 - Protocol for Responding to Students At Risk for Suicide.**

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

A. Respond Immediately

1. Report concerns or incidents to the administrator/designee immediately or as soon as possible. Make direct contact with the administrator/designee. For example, do not wait until the end of the day or leave a note, send an e-mail, or leave a voicemail without ensuring that the message was received.
2. Supervise the student at all times. Ensure that any student sent to the office for assessment is accompanied by a staff member, not a student.

B. Secure the Safety of the Student

1. For immediate, emergency life threatening situations call 911.
2. Supervise the student at all times.
3. If appropriate, conduct an administrative search of the student to ensure there is no access to means, such as razor blades or pills.
4. If a student is agitated, unable to be contained or there is a need for immediate assistance, contact the LASPD at (213) 625-6631 or the local law enforcement agency.
5. District employees should not transport students. This does not pertain to LASPD officers.
6. If the school receives information that the student may pose a danger to self and/or others but is not in attendance, contact LASPD or local law enforcement to conduct a welfare check to determine the safety and well-being of the student.



C. Assess for Suicide Risk

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

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

D. Communicate with Parent/Guardian

The administrator/designee or designated school site crisis team member should contact the parent/guardian or consult the emergency card for an appropriate third party. When communicating with parent/guardian:

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



E. Determine Appropriate Action Plan

The assessing party should collaborate with at least one other designated school site crisis team member to determine appropriate action(s) based on the level of risk. **Refer to Attachment C - Suicide Risk Assessment Levels, Warning Signs & Action Plan Options.** Action items should be based upon the severity and risk of suicide. There are circumstances that might increase a student's suicide risk. Examples may include bullying, suspension, expulsion, relationship problems, significant loss, interpersonal conflict, or sexual orientation/gender bias (see Section VIII- Responding to Students Who May Be Lesbian, Gay Bisexual, Transgender, Queer/Questioning). The action plan determined should be documented and managed by the school site administrator/designee. Actions may include:

1. Develop a safety plan. A safety plan is a prioritized list of coping strategies and resources that a student may use before, during, or after a suicidal crisis. **See Attachment D1– Recommendations for Developing a Student Safety Plan and D2 – Student Safety Plan template.**
 - a. Throughout the safety planning process, the likelihood of the student implementing the steps should be assessed and potential obstacles should be identified. A collaborative problem solving approach should be used to address any potential barriers to the student utilizing the safety plan.
 - b. If the student enrolls in a new school, the safety plan should be reviewed with the new school site crisis team to ensure continuum of care and revised as needed.
2. Follow student re-entry guidelines. **See Attachment E, Student Re-entry Guidelines** for a checklist of action items to consider and **Attachment K, Sign-in Sheet Template for Meeting** to document participation in any re-entry or safety planning meeting.
 - a. A student returning to school following psychiatric evaluation or hospitalization, including psychiatric and drug/alcohol inpatient treatment, must have written permission by a licensed California health care provider to attend school (**see Attachment I - Medical Clearance for Return to School**).
 - b. If the student has been out of school for any length of time, including mental health hospitalization, the school site administrator/designee may consider holding a re-entry meeting with key support staff, parents, and student to facilitate a successful transition.
 - c. As appropriate, consider an assessment for special education for a student whose behavioral and emotional needs affect their ability to benefit from their educational program (see BUL-5577.1 *Counseling and Educationally Related Intensive Counseling Services (ERICs) for Students with Disabilities*).



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3. Mobilize a support system and provide resources. **See Attachment P - Resource Guide.**
 - a. Connect student and family with social, school and community supports.
 - b. For mental/physical health services, refer the student to School Mental Health, the nearest Wellness Center, a community resource provider, or their health care provider.
4. Monitor and manage.
 - a. The administrator/designee should monitor and manage the case as it develops and until it has been determined that the student no longer poses an immediate threat to self.
 - b. Maintain consistent communication with appropriate parties on a need to know basis.
 - c. If the parent/guardian is not following the safety recommendations, a suspected child abuse report may be filed. See BUL-1347.3 - *Child Abuse and Neglect Reporting Requirements*.

F. Important Considerations

The following are clarifications of some of the action plan options noted above:

1. **When Certificated Staff Accompany a Student to the Hospital**

If PMRT or law enforcement determines that the student will be transported to an emergency hospital/medical facility, the school site administrator should designate a certificated staff member to accompany the student if:

- a. The student requests the presence of a staff member.
- b. The school is unable to make contact with the parent/guardian.
- c. Parent/guardian is unavailable to meet the student at the hospital.
- d. Deemed appropriate pursuant to circumstances, such as age, developmental level, or pertinent historical student information.

2. **Providing Information for a Psychiatric Evaluation**

If the student will be transported, the assessing party should complete **Attachment G2 – Summary of Relevant Student Information**, indicating summary of incident and pertinent historical information. This document should be provided to PMRT or law enforcement prior to transporting to an emergency hospital. For information on how to complete Attachment G2, refer to **Attachment G1 – Completion of the Summary of Relevant Student Information**.

G. Document All Actions

1. The administrator/designee shall maintain records and documentation of actions taken at the school for each case by completing an incident report and Risk Assessment Referral Data (RARD) in the Incident System Tracking Accountability Report (iSTAR). For information on completing iSTAR reports with the issue type *Suicidal Behavior*, see



Attachment J1 – Recommendations for RARD Completion on iSTAR.

2. When documenting in iSTAR, include the 10-digit student identification number for the student in the *Persons Involved* tab. Any previous reports involving the student entered will be displayed in this tab, which may influence additional safety and action planning.
3. If the student is assessed by a member of the school site crisis response team who does not have reporting access to iSTAR, the school site crisis team member should complete **Attachment J2 – RARD** and submit it to the school site administrator within 24 hours or by the end of the next school day, for submission on iSTAR. The RARD should not be mailed to School Mental Health.
4. Notes, documents and records related to the incident are considered confidential information and remain privileged to authorized personnel. These notes should be kept in a confidential file separate and apart from the student’s cumulative records.
5. If a student for whom a RARD has been completed transfers to a school within or outside the District, the sending school may contact the receiving school to share information and concerns, as appropriate, to facilitate a successful supportive transition. To ensure a continuum of care within the District, a safety plan with the new school’s crisis team should be developed.

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

Self-injury is the deliberate act of harming one’s own body, through means such as cutting or burning. Although self-injury often lacks suicidal intent, youth who self-injure are more likely to attempt suicide. Therefore, it is important to assess students who cut or exhibit any self-injurious behaviors for suicidal ideation. **For an abbreviated version of the protocol outlined below, see Attachment A2 - Protocol for Responding to Students Who Self-Injure.**

A. Warning Signs of Self-Injury

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

B. Protocol for Responding to a Student who Self-Injures

1. Respond immediately or as soon as possible.
2. Supervise the student.



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3. Conduct an administrative search of student for access to means.
4. Assess for suicide risk using the protocol outlined in Section IV.
5. Communicate with and involve the parent/guardian, even if the student is not suicidal, so the behavior may be addressed as soon as possible. **Provide handout Attachment N - Self-Injury Awareness for Parents/Caregivers.**
6. Encourage appropriate coping and problem-solving skills; do not shame the student about engaging in self-injury.
7. Listen calmly and with empathy; reacting in an angry, shocked or shaming manner may increase self-injurious behaviors.
8. Develop a safety plan with the student. **See Attachment D1– Recommendations for Developing a Student Safety Plan and D2 – Student Safety Plan template.**
9. Provide resources. **See Attachment P – Resource Guide.**
10. Document all actions in the RARD on iSTAR; include student identification number in the Persons Involved tab of iSTAR.

C. Self-Injury and Contagion

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

1. Respond immediately or as soon as possible.
2. Respond individually to students, but try to identify peers and friends who may also be engaging in self-injurious behaviors.
3. As students are identified, they should be supervised in separate locations.
4. Each student should be assessed for suicide risk individually using the protocol outlined in Section IV.
5. If the self-injurious behavior involves a group of students, the assessment of each student individually will often identify a student whose behaviors have encouraged the behaviors of others. This behavior may be indicative of more complex mental health issues for this particular student.

D. Other Considerations for Responding to Self-Injury and Contagion

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

1. Self-injury should be addressed with students individually and never in group settings, such as student assemblies, public announcements, school newspapers, or the classroom.
2. When self-injurious behaviors are impacting the larger school community, schools may respond by inviting parent(s)/guardian(s) to an informational parent meeting at the school. Considerations should be made for supervising students and children during this time. The meeting should be reserved for parent(s)/guardian(s) only (see **Attachment O – Sample Letter to Parent/Guardian RE: Self-**



Injury).

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

VI. **SUSPECTED CHILD ABUSE OR NEGLECT**

If child abuse or neglect by a parent/guardian is suspected or there is reasonable suspicion that contacting the parent/guardian may escalate the student's current level of risk, or the parent/guardian is contacted and unwilling to respond, report the incident to the appropriate child protective services agency following the District's *Child Abuse and Neglect Reporting Requirements*, BUL-1347.3. This report should include information about the student's suicide risk level and any concerning ideations or behaviors. The reporting party must follow directives provided by the child protective services agency personnel.

VII. **RESPONDING TO STUDENTS WITH DISABILITIES**

For students with disabilities whose behavioral and emotional needs are: documented to be more intense in frequency, duration, or intensity; affect their ability to benefit from their special education program; and are manifested at the school, at home, and in the community, follow guidelines as indicated in BUL-5577.1 *Counseling and Educationally Related Intensive Counseling Services (ERICs) for Students with Disabilities* and contact the Division of Special Education ERICS Department at (213) 241-8303 for assistance.

Self-injurious behaviors may be exhibited by students with profound disabilities without being indicative of suicide or suicidal ideation. Please follow District guidelines as indicated in BUL-6269.0, *Multi-Tiered System of Behavior Support for Students with Disabilities* and contact the Division of Special Education at (213) 241-6701 for further assistance.

VIII. **RESPONDING TO STUDENTS WHO MAY BE LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER/QUESTIONING (LGBTQ)**

LGBTQ youth who are targets of bias, bullying or rejection at home or at school have elevated rates of suicidality, compared to non-LGBTQ youth. LGBTQ students with rejecting families have an eight-fold increased risk for suicidal ideation than do LGBTQ students with accepting families.

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

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



for negative or rejecting messages about sexual orientation and gender identity.

- D. Do not “out” students to anyone, including parent(s)/guardian(s). Students have the right to privacy about their sexual orientation or gender identity.
- E. Provide LGBTQ-affirming resources (see Attachment P – Resource Guide).
- F. Ensure safe campuses (see BUL-6224.1 *Transgender Students - Ensuring Equity and Nondiscrimination*).

IX. **OTHER RELATED MATTERS**

A. Responding to Threats and School Violence

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

B. Responding to Bullying and Hazing

For matters related to students expressing suicidal ideation in conjunction with reports of bullying or hazing, additional guidelines indicated in BUL-5212.2 *Bullying and Hazing Policy (Student-to-Student and Student-to-Adult)* should be followed or contact the Local District Operations staff.

C. Responding to Hate Violence

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

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

The following are general procedures for the administrator/designee in the event of a death by suicide. **See Attachment L, Postvention: Protocol for Responding to a Student Death by Suicide for an abbreviated version of the protocol indicated below.**

A. Gather Pertinent Information

1. Confirm cause of death is the result of suicide, if this information is available.
2. The administrator/designee should designate a certificated staff member to be the point of contact with the family of the deceased. Information about the cause of death should not be disclosed to the school community until the family has consented to disclosure.



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B. Notify on a Need to Know Basis

1. Local District Operations Staff.
2. Office of Communications (213) 241-6766.
3. Other offices, as appropriate (see Attachment P - Resource Guide).

C. Mobilize the School Site Crisis Team

Concerns and wishes of family members regarding disclosure of the death and cause of death should be taken into consideration when providing facts to students, staff and parents/guardians.

1. Assess the extent and degree of psychological trauma and impact to the school community (see BUL-5800.0 *Crisis Preparedness, Response and Recovery* for protocol on responding to school-wide crisis).
2. Develop an action plan and assign responsibilities.
3. Establish a plan to notify staff of the death, once consent is obtained by the family of the deceased.
 - a. Notification of staff is recommended as soon as possible (e.g., optional emergency meeting before or after school).
 - b. To dispel rumors, share accurate information and all known facts about the death that the family has approved to be shared.
 - c. Emphasize that no one person or event is to blame for suicide. Suicide is complex and cannot be simplified by blaming individuals, drugs, music, school or bullying.
 - d. Allow staff to express their own reactions and grief; identify anyone who may need additional support and provide resources.
4. Establish a plan to notify students of the death, once consent is obtained from the family of the deceased.
 - a. Discuss plan for notification of students in small group settings, such as the classroom. Do not notify students using a public announcement system.
 - b. Provide staff with a script of information to be shared with the students, recommendations for responding to possible student reactions and questions, and activities to help students process the information (e.g., writing, drawing, or referral to crisis counselor).
 - c. Review student support plan, making sure to clarify procedures and locations for crisis counseling.
5. Establish a plan to notify other parents/guardians of the death, once consent is obtained from the family of the deceased. Consult with LD Operations when preparing the death notification letter for parents/guardians.
6. Define triage procedures for students and staff who may need additional support in coping with the death. Refer to BUL-5800.0 *Crisis Preparedness, Response and Recovery* for actions to consider, including:
 - a. Identify a lead school site crisis response staff member to assist with coordination of crisis counseling and support services.



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- b. Identify locations on campus to provide crisis counseling to students, staff and parents/guardians.
 - c. Request substitute teachers.
 - d. Maintain sign-in sheets and documentation on individuals serviced for follow-up (refer to BUL-5800.0 *Crisis Preparedness, Response and Recovery*, for crisis response forms).
 - e. Provide students, staff or parents/guardians with after-hours resource numbers such as the 24/7 Suicide Prevention Crisis Line (877) 727-4747 (see Attachment P - Resource Guide).
 - f. Request crisis counseling support from Local District Operations.
7. Refer students or staff who require a higher level of care for additional services such as School Mental Health, a community mental health provider, or their health care provider. Indicators of students and staff in need of additional support or referral may include the following:
- a. Persons with close connections to the deceased (e.g., close friends, siblings, relatives, teacher).
 - b. Persons who experienced a loss over the past six months to a year, experienced a traumatic event, witnessed acts of violence, or have a loved one who has died by suicide.
 - c. Persons who appear emotionally over-controlled (e.g., a student who was very close to the deceased but who is exhibiting no emotional reaction to the loss) or those who are angry when majority are expressing sadness.
 - d. Persons unable to control crying.
 - e. Persons with multiple traumatic experiences. These individuals may have strong reactions that require additional assistance.

D. Document

The administrator/designee shall maintain records and documentation of actions taken at the school by completing an incident report and RARD in iSTAR. For information on completing iSTAR reports with the issue type *Suicidal Behavior*, see Attachment J1 – Recommendations for RARD Completion on iSTAR.

E. Monitor and Manage

1. The administrator/designee, with support from the school crisis team, should monitor and manage the situation as it develops to determine follow up actions.
2. Maintain consistent communication with appropriate parties.
3. Update all actions taken at the school in iSTAR.

F. Important Considerations

1. Memorials

Memorials or dedications to a student who has died by suicide should not glamorize or romanticize the student or the death. If students



initiate a memorial, the administrator/designee should offer guidelines for a meaningful, safe approach to acknowledge the loss. Some considerations for memorials include:

- a. Memorials should not be disruptive to the daily school routine.
- b. Monitor memorials for content.
- c. Placement of memorials should be time limited. For example, they may be kept in place until the funeral services, after which the memorial items may be offered to the family upon review of appropriateness of items by administrator/designee.

2. Social Networking

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

- a. Encourage parents/guardians to monitor internet postings regarding the death, including the deceased's personal profile or social media.
- b. Social networking sites may contain rumors, derogatory messages about the deceased or other students. Such messages may need to be addressed. In some situations, postings may warrant notification to parents/guardians or law enforcement (see BUL-5688.1 *Social Media Policy for Employees and Associated Persons*).

3. Suicide Contagion

Suicide contagion is a process by which the exposure to suicide or suicidal behaviors of one or more may influence others to attempt or die by suicide. Some considerations for preventing suicide contagion are:

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

4. School Culture and Events

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



XIII. **CONFIDENTIALITY**

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

AUTHORITY:

This is a policy of the Superintendent of Schools. The following legal authorities are applied in this policy:

California Civil Code sections 56-56.10, 1798;
California Constitution Article 1, §28(c);
California Education Code §32210 et seq.;
California Education Code §35160;
California Education Code §44808 ;
California Education Code §48900 et seq.;
California Education Code §48950 ;
California Education Code sections 49060 et seq.;
California Health & Safety Code section 123100-123149.5, 124260;
California Penal Code §626 et seq.;
California Code of Civil Procedure §527.6;
Family Educational Rights and Privacy Act;
Health Insurance Portability and Accountability Act; and
Los Angeles Municipal Code §63.94.

RELATED RESOURCES:

BUL-5212.2, Bullying and Hazing Policy (Student-to-Student and Student-to-Adult), November 26, 2014.
BUL-1347.3, Child Abuse and Neglect Reporting Requirements, August 19, 2016.
BUL-5577.1, Counseling and Educationally Related Intensive Counseling Services (ERICs) for Students with Disabilities, July 21, 2014.
BUL-5800.0, Crisis Preparedness, Response and Recovery, October 12, 2015
BUL-6231.0, Discipline Foundation School-Wide Positive Behavior Intervention Support (SWPBIS), February 14, 2014.
BUL-5269.2, Incident System Tracking Accountability Report, July 10, 2013
BUL-2047.1, Hate-Motivated Incidents and Crimes – Response and Reporting, June 15, 2015.
BUL-6269.0, Multi-Tiered System of Behavior Support for Students with Disabilities, April 7, 2014.
BUL-5688.1, Social Media Policy for Employees and Associated Persons, January 29, 2015.
BUL-5799.0, Threat Assessment and Management, July 12, 2012.
BUL-6224.1, Transgender Students - Ensuring Equity and Nondiscrimination, September 15, 2014.

ATTACHMENTS:

Attachment A1 – Protocol for Responding to Students at Risk for Suicide
Attachment A2 – Protocol for Responding to Students Who Self-Injure



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Attachment B – Suicide Risk Assessment Tool
Attachment C – Suicide Risk Assessment Levels, Warning Signs & Action Plan Options
Attachment D1 – Recommendations for Developing a Student Safety Plan
Attachment D2 – Student Safety Plan template
Attachment E – Student Re-Entry Guidelines
Attachment F – Parent/Guardian Authorization for Release/Exchange of Information
Attachment G1 – Completion of the Summary of Relevant Student Information
Attachment G2 – Summary of Relevant Student Information template
Attachment H – Return to School Information for Parent/Guardian
Attachment I – Medical Clearance for Return to School
Attachment J1 – Recommendations for RARD Completion on iSTAR
Attachment J2 – Risk Assessment Referral Data (RARD)
Attachment K – Sign-in Sheet Template for Meeting
Attachment L – Postvention: Protocol for Responding to a Student Death by Suicide
Attachment M – Suicide Prevention Awareness for Parents/Caregivers
Attachment N – Self-Injury Awareness for Parents/Caregivers
Attachment O – Sample Letter to Parent/Guardian RE: Self-Injury
Attachment P – Resource Guide

ASSISTANCE:

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

LAUSD RESOURCES

Crisis Counseling and Intervention Service, School Mental Health (213) 241-3841 - for assistance with threat assessments, suicide prevention and mental health issues.
Division of Special Education (213) 241-8051– for assistance with cases involving students with disabilities.
Education Equity Compliance Office (213) 241-7682 – for assistance with alleged student discrimination and harassment complaints.
Human Relations, Diversity and Equity (213) 241-5337 – for assistance with issues of bullying, conflict resolution, and diversity trainings.
Los Angeles School Police Department (213) 625-6631 – for assistance with any law enforcement matters.
Office of Communications (213) 241-6766 – for assistance with media requests.
Office of General Counsel (213) 241-7600 – for assistance/consultation regarding legal issues.
School Operations Division (213) 241-5337 – for assistance with school operations and procedures concerning students and employees.

EMERGENCY RESOURCES (NON-LAUSD)

Los Angeles County Department of Mental Health ACCESS (800) 854-7771 – collaborates with Crisis Counseling & Intervention Services for the administration and coordination of all mental health and law enforcement mobile response services in the event of a critical incident, including Psychiatric Mobile Response Teams (PMRT) and School Threat Assessment Response Teams (START). These teams respond to schools, offices, and homes.

Valley Coordinated Children's Services (818) 708-4500 – a County funded



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resource to provide crisis intervention, assessment, short term stabilization and treatment, and evaluation and referral for psychiatric mobile response team. This agency serves children ages 3 - 17 years old in the San Fernando Valley.

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

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

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

For more resources and information, including online resources, see Attachment P - Resource Guide.

PROTOCOL FOR RESPONDING TO STUDENTS AT RISK FOR SUICIDE

The following is a summary checklist of general procedures for the administrator/designated school site crisis team member to respond to any reports of students exhibiting suicidal behavior/ideation. For a complete description of each procedure, refer directly to Section IV of Bulletin 2637.2.

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 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-2637.2.
- 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 Table 2, Action Plan in BUL-2637.2)
- 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
- When Certificated Staff Accompany a Student to the Hospital
 - Providing Information for a Psychiatric Evaluation
- G. DOCUMENT ALL ACTIONS (Maintain records and complete RARD on iSTAR within 24 hours.)

Suspected Child Abuse or Neglect

If child abuse or neglect by a parent/guardian is suspected or there is reasonable suspicion that contacting the parent/guardian may escalate the student's current level of risk, or the parent/guardian is contacted and unwilling to respond, report the incident to the appropriate child protective services agency following the District's *Child Abuse and Neglect Reporting Requirements*, BUL-1347.3, dated August 19, 2016. This report should include information about the student's suicide risk level and any concerning ideations or behaviors. The reporting party must follow directives provided by the child protective services agency personnel.

PROTOCOL FOR RESPONDING TO STUDENTS WHO SELF-INJURE

The following is a summary checklist of general procedures for the administrator/designated school site crisis team member to respond to any reports of students exhibiting self-injurious behavior. For a complete description of each procedure, refer directly to Section V of Bulletin 2637.2.

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

NOTE: Self-injurious behaviors may be exhibited by students with profound disabilities without being indicative of suicide or suicidal ideation. Please follow District guidelines as indicated in BUL-6269.0, *Multi-Tiered System of Behavior Support for Students with Disabilities* and contact the Division of Special Education at (213) 241-6701 for further assistance.

- A. KNOW THE WARNING SIGNS OF SELF-INJURY
- Report concerns to administrator/designee immediately or as soon as possible.
 - Do not leave the student unsupervised.
- B. PROTOCOL
- Respond immediately or as soon as possible.
 - Supervise the student.
 - Conduct an administrative search for access to means.
 - Assess for suicide risk using the protocol outlined in Section IV of the bulletin.
 - Communicate with parent/guardian.
 - Encourage appropriate coping and problem-solving skills.
 - Develop a safety plan with student.
 - Provide resources.
 - Document all actions. (Maintain records and complete RARD on iSTAR within 24 hours.)
- C. SELF-INJURY AND CONTAGION
- Respond immediately or as soon as possible.
 - Respond individually to students, but try to identify peers that may be engaging in similar behavior.
 - Supervise students in separate locations and assess individually using the protocols outlined in Section IV of BUL-2637.2.
- D. OTHER CONSIDERATIONS FOR RESPONDING TO SELF-INJURY AND CONTAGION
- Self-injury should be addressed individually, never in settings such as student assemblies, public announcements, or groups.
 - When self-injury impacts the school community, consider hosting a parent/guardian meeting for awareness and psycho-education.
 - Consult and work with Office of Communications as needed.

Suspected Child Abuse or Neglect

If child abuse or neglect by a parent/guardian is suspected or there is reasonable suspicion that contacting the parent/guardian may escalate the student's current level of risk, or the parent/guardian is contacted and unwilling to respond, report the incident to the appropriate child protective services agency following the District's *Child Abuse and Neglect Reporting Requirements*, BUL-1347.3, dated August 19, 2016. This report should include information about the student's suicide risk level and any concerning ideations or behaviors. The reporting party must follow directives provided by the child protective services agency personnel.

SUICIDE RISK ASSESSMENT TOOL

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

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

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

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

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

ASSESSMENT RESULTS:

RISK LEVEL/DEFINITION	WARNING SIGNS MAY INCLUDE:
<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.
<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)
<input type="checkbox"/> Moderate Risk 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"> • 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)
<input type="checkbox"/> High Risk Poses imminent danger to self with a viable plan to do harm; exhibits extreme or persistent inappropriate behaviors; may qualify for hospitalization.	<ul style="list-style-type: none"> • Current thoughts of suicide • Plan with specifics - indicating when, where and how • Access to weapons or means in hand • Making final arrangements (e.g., giving away prized possessions, good-bye messages in writing, text, or on social networking sites) • History of previous attempts or hospitalization • Isolated and withdrawn • Current sense of hopelessness • No support system • Currently abusing alcohol/substances • Mental health history • Recent trauma (e.g., loss, victimization)

Please refer to BUL-2637.2, Section IV for guidelines on determining an appropriate follow-up/re-entry plan and for protocol on documenting actions in RARD on iSTAR.

SUICIDE RISK ASSESSMENT LEVELS, INDICATORS & ACTION PLAN OPTIONS

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

RISK LEVEL/DEFINITION	WARNING SIGNS MAY INCLUDE:	ACTION PLAN OPTIONS:
<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. If so, this might change the level of risk originally determined. ○ Reinforce the importance of student safety and use of appropriate language. ○ Provide Attachment L, Suicide Prevention Awareness for Parents/Caregivers handout and school/community resources, as needed. • Document all actions in the RARD on iSTAR; include student identification number in the Persons Involved tab of iSTAR.
<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, Suicide Prevention Awareness for Parents/Caregivers handout. • Assist in connecting with school and community resources, including suicide prevention crisis lines. • Develop a safety plan that identifies caring adults, appropriate communication and coping skills (see Attachment D2, Student Safety Plan template). • Manage and monitor, as needed. • Document all actions in the RARD on iSTAR; include student identification number in the Persons Involved tab of iSTAR.

SUICIDE RISK ASSESSMENT LEVELS, INDICATORS & ACTION PLAN OPTIONS

<input type="checkbox"/> Moderate Risk 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"> • 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) 	<p style="color: red; margin: 0;">MODERATE & HIGH RISK ACTION PLAN RECOMMENDATIONS ARE THE SAME</p> <ul style="list-style-type: none"> • 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 <u>Important Considerations</u> on page 8 of BUL-2637.2 for clarification regarding accompanying a student to a hospital and providing relevant information to the evaluating psychiatrist. • Develop a safety plan that identifies caring adults, appropriate communication and coping skills (see Attachment D2, Student Safety Plan template). • Establish a plan for re-entry, manage and monitor, as needed (see Attachment E – Student Re-Entry Guidelines). • Communicate concerns with parent/guardian (see Section IV E 3), including: <ul style="list-style-type: none"> ○ Re-entry plan and recommendations to seek mental health services. ○ Provide Attachment L - Suicide Prevention Awareness for Parents/Caregivers handout. • Document all actions in the RARD on iSTAR; include student identification number in the Persons Involved tab of iSTAR.
<input type="checkbox"/> High Risk Poses imminent danger to self with a viable plan to do harm; exhibits extreme or persistent inappropriate behaviors; may qualify for hospitalization.	<ul style="list-style-type: none"> • Current thoughts of suicide • Plan with specifics - indicating when, where and how • Access to weapons or means in hand • Making final arrangements (e.g., giving away prized possessions, good-bye messages in writing, text, or on social networking sites) • History of previous attempts or hospitalization • Isolated and withdrawn • Current sense of hopelessness • No support system • Currently abusing alcohol/substances • Mental health history • Recent trauma (e.g., loss, victimization) 	

Please refer to BUL-2637.2, for guidelines on determining an appropriate follow-up/re-entry plan and for protocol on documenting actions in RARD on iSTAR.

For support and consultation, contact:

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

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



Los Angeles Unified School District
STUDENT HEALTH AND HUMAN SERVICES

Recommendations for Developing a Student Safety Plan

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

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

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

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

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

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

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

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

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

Parent Support:

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

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

Student Safety Plan

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

Triggers

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

- 1.
- 2.
- 3.

Warning Signs

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

- 1.
- 2.
- 3.

Coping Skills/Healthy Behaviors

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

- 1.
- 2.
- 3.

Places I Feel Safe

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

- 1.
- 2.
- 3.

School Support

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

- 1.
- 2.
- 3.

Adult Support

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

- 1.
- 2.
- 3.

Parent Support

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

- 1.
- 2.
- 3.

Case Carrier Support

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

- 1.
- 2.
- 3.

Outside Mental Health Agency Providing Me Support

Mental Health Agency: _____

Clinician Name: _____ **Office #:** _____

Clinician Email: _____ **Cell #:** _____

During a crisis, I can also call:

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

Signatures

Student Signature

Date

Parent/Guardian Name (please print)

Phone#

Parent /Guardian Signature

Date

Administrator/Case Carrier (please print)

Title

Administrator/Case Carrier Signature

Date

STUDENT RE-ENTRY GUIDELINES

Student Name/DOB: _____ School: _____ Date: _____

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

Preparing for Re-Entry	<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, monitor with parent/guardian consent. <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> 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 – Student Safety Plan.
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-5577.1 <i>Counseling and Educationally Related Intensive Counseling Services (ERIC)</i> for Students with Disabilities, July 21, 2014).
	<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 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).



Parent/Guardian Authorization for Release/Exchange of Information

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

This document authorizes the release/exchange of information relating to my child between the agency personnel listed below and a representative of LAUSD.

The information received shall be reviewed only by appropriate professionals in accordance with the Family Educational Rights and Privacy Act of 1974.

TO: _____ Agency Staff Name/Title		RE: _____ Student Last Name		_____ Student First Name	
_____ Agency, Institution, or Department		Date of Birth: _____ / _____ / _____ Month Day Year			
_____ Street Address		_____ Home Street Address			
_____ City	_____ State	_____ Zip	_____ City	_____ State	_____ Zip
I hereby give you permission to release/exchange the following information:					
<input type="checkbox"/> Medical/Health		<input type="checkbox"/> Speech & Language		<input type="checkbox"/> Educational	
<input type="checkbox"/> Psychological/Mental Health		<input type="checkbox"/> Other – Specify: _____			
The information will be used to assist in determining the needs of the student.					
THIS INFORMATION IS TO BE SENT TO:					
_____ School Staff Name			_____ Title/School or Office		
_____ School Address & Telephone Number					
This authorization shall be valid until _____ unless revoked earlier.					
I request a copy of this authorization: <input type="checkbox"/> Yes <input type="checkbox"/> No					
_____ Name of Parent/Legal Guardian			_____ Phone Number		
_____ Signature of Parent/Legal Guardian			_____ Date		



Autorización de Padres/Tutor Legal Para Intercambiar Información

Fecha: _____ A los Padres/Tutores de: _____

Este documento autoriza el intercambio de información sobre su niño/a entre el personal de la agencia indicada y un representante del Distrito Escolar Unificado de Los Ángeles.

La información recibida será revisada únicamente por profesionales apropiados en acuerdo con Los Derechos Educativos Familiares y Acto de Privacidad de 1974.

TO: _____ Nombre del Personal de Agencia/Título	RE: _____ Apellido del Estudiante Primer Nombre del Estudiante				
_____ Agencia, Institución, o Departamento	Fecha de Nacimiento: _____ / _____ / _____ Mes Día Año				
_____ Dirección	_____ Dirección de Residencia				
_____ Ciudad	_____ Estado	_____ Código Postal	_____ Ciudad	_____ Estado	_____ Código Postal
Por la presente doy permiso para divulgar/intercambiar la siguiente información:					
<input type="checkbox"/> Médica/Salud		<input type="checkbox"/> Hablar y Lenguaje		<input type="checkbox"/> Educacional	
<input type="checkbox"/> Psicológico/Salud Mental		<input type="checkbox"/> Otra: _____			
La información será usada para determinar las necesidades del alumno.					
ESTA INFORMACIÓN SERÁ ENVIADA A:					
_____ Nombre de Personal Escolar			_____ Título/Escuela u Oficina		
_____ Dirección de Escuela y Número de Teléfono					
Esta autorización será válida hasta _____ solo que sea revocada antes.					
Yo requiero una copia de esta autorización: <input type="checkbox"/> Si <input type="checkbox"/> No					
_____ Nombre de Padre / Tutor Legal			_____ Numero de Teléfono		
_____ Firma de Padre / Tutor Legal			_____ Fecha		



Los Angeles Unified School District
STUDENT HEALTH AND HUMAN SERVICES

Completion of the Summary of Relevant Student Information

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

- Complete the following two pages and provide this information to the person authorized to transport the student for a psychiatric evaluation, including a law enforcement officer or mobile crisis response team (e.g., PMRT, SMART). Background and relevant historical student information provided to the receiving hospital will ensure awareness of all concerns regarding student safety.
- Please be mindful of **CONFIDENTIALITY**, and only include information that is directly relevant to the safety concerns regarding suicidal/homicidal ideation and the need for the psychiatric evaluation.
- Remember to attach any additional relevant information, including suicide notes, target lists, drawings, social media posts, and text messages.
- Keep a copy of all documents provided to the transporting agency in a confidential folder separate from the student's cumulative record. This folder may be kept by the school site administrator/designee or the case carrier/school site crisis team member for the student.
- Once the student has been transported, ensure that plans are made to have a student re-entry meeting and to develop a safety plan for the student.
- For support and consultation throughout this process, contact:
 - Local District Operations Coordinator
 - Local District Mental Health Consultant
 - School Mental Health Crisis Counseling and Intervention ServicesMonday-Friday (8am-4:30pm)
(213) 241-3841



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

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

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

For additional questions/concerns, please contact:

School Site Crisis Team Member Completing Assessment

Office Phone #

Title

Cell Phone #

School Site Crisis Team Member (2) Completing Assessment

Office Phone # (2)

Title

Cell Phone # (2)

**RETURN TO SCHOOL INFORMATION
FOR PARENT/GUARDIAN**

Date: _____

 School Name

RE: _____
 Student Name and DOB

Dear Parent/Guardian:

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

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

 Principal Name

 School Phone Number To Call

 School Site Crisis Team Member Name

 School Phone Number To Call

- Request discharge documents from the hospital or have the hospital complete the *Medical Clearance for Return to School* form (attached).
- Ensure the hospital includes any accommodations/recommendations requested.
 - If medication was prescribed, it is recommended that you inform the school nurse of medication(s) and dosage. However, if the student needs to have medication administered at school by the school nurse, then please be sure to request the appropriate documentation from the treating physician.
- Inform the school contact person, indicated above, when your son/daughter will return to school.
- Escort your son/daughter to school on the first day back after the hospitalization. Please request to meet with _____ located in _____.
- (Name of School Site Crisis Team Member) (Office/Room #)
- Participate in your son/daughter's *Students Re-entry Meeting*, which will include creating his/her *Safety Plan*.

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



Los Angeles Unified School District
STUDENT HEALTH AND HUMAN SERVICES

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

CONFIDENTIAL

Date: _____

Dear Doctor:

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

Student Name _____ Date of Birth _____ School _____ Grade _____

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

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

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

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

Recommended Modifications/Restrictions: _____

Please indicate any prescribed medications and dosages: _____

Doctor's Name _____

Doctor's Signature _____

Hospital Name _____

Contact Number _____

AUTHORIZATION TO EXCHANGE/RELEASE MEDICAL INFORMATION

TO: _____
Practitioner/Staff Name/Title

RE: _____
Student Last Name Student First Name

Hospital/Agency/Clinic _____

Date of Birth: ____/____/____
Month Day Year

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

- Medical/Health
Speech & Language
Educational
Psychological/Mental Health
Other - Specify:

This authorization shall be valid until _____ unless revoked earlier.

Name of Parent/Legal Guardian _____

Phone Number _____

Signature of Parent/Legal Guardian _____

Date _____



Los Angeles Unified School District
STUDENT HEALTH AND HUMAN SERVICES
Recommendations for RARD Completion

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

- Refer to **BUL 2637.2 – Suicide Prevention, Intervention, and Postvention** for policy, procedures, and helpful documents.
- Contact Local District Operations and/or the Local District Mental Health Consultant for training, support and consultation for you and your school staff regarding suicide prevention and documenting interventions.
- For consultation, contact School Mental Health, Crisis Counseling & Intervention Services at **(213) 241-3841** Monday-Friday from 8:00am-4:30pm.

Recommended Information to Include in the iSTAR Incident Report

Persons Involved

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

Incident Summary

1. Remember to maintain CONFIDENTIALITY at all times. The goal is to explain what happened and how the school responded, without reporting confidential information, such as the student's mental health history, family history or other medical information protected by HIPPA laws. See below for Incident Summary Samples.
2. Explain exactly what the student stated (e.g., "I want to kill myself," or "I don't think life is worth living any more," etc.), and/or explain the student's actions (e.g., "Mark wrapped a computer cord around his neck.").
3. Explain who conducted the Suicide Risk Assessment with the student, and note the student's level of risk (e.g., "low, moderate, or high").
4. Explain the short-term action plan taken by the school. This includes communication with parent(s)/guardian(s), and possibly contact with PMRT (Psychiatric Mobile Response Team) and/or law enforcement. If PMRT is involved, explain their actions and/or specific recommendations.
5. Explain the long-term action plan developed by school. This includes creating a Student Safety Plan – at home and school – identifying caring adults and appropriate communication and coping skills (see Attachment D2, Student Safety Plan). It also includes designating a staff member to carefully monitor student and check-in with student frequently until crisis has stabilized. Finally, the long-term action plan includes linking the student to appropriate mental health services.
6. If the student is hospitalized, explain the plan for re-entry (see Attachment E, Student Re-entry Guidelines).
7. Remember to UPDATE the iSTAR as the case evolves (e.g., document the outcome of the re-entry meeting).
8. Under Notify Details, be sure to indicate who you consulted with, adding individuals as appropriate.

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

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

Update (2 days later)

Mr. Smith contacted parent who reported making appointment with XYZ Mental Health Agency for Monday, May 5, 2016. Mr. Smith provided parent with an Exchange/Release of Information Form to be completed so that school and mental health provider can openly communicate about student’s treatment and progress.

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

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

Update (1 day later)

School Psychologist Ms. Garcia contacted father who stated student is set to be released after 72-hour hold. Father agreed to bring student for re-entry meeting Tuesday, May 5, 2016 at 8:30am, and will bring discharge paperwork from hospital.

Update: (4 days later)

Student and father met for re-entry meeting with Principal, School Psychologist, School Nurse, and Counselor. Discussed new medication student was prescribed, and developed Safety Plan for student at home and school. Modified student’s academic program, and obtained signed Exchange/Release of Information Form from father so that school can openly communicate with student’s new therapist about student’s treatment and progress. Counselor Mr. Jackson will check-in with student and manage the case until crisis is stabilized.

RARD

1. Complete the entire RARD Tab.
2. Check for previous incidents involving this student under the *Persons Involved* tab.
3. Make sure to include an explanation of any action boxes that are checked “no.”



CONFIDENTIAL

RISK ASSESSMENT REFERRAL DATA (RARD)

TO BE COMPLETED BY THE ASSESSING SCHOOL SITE CRISIS TEAM MEMBER

Cost Center

(School/Office): _____

DATE OF INCIDENT: _____

TIME OF INCIDENT: _____

AM PM

INCIDENT OCCURRED:

- On Campus Off Campus At another school District Office District School Bus/Vehicle

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

EXACT LOCATION: _____

NAME OF STUDENT: _____

(Last, First Name)

STUDENT ID: _____

(10-digit number ONLY)

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

SUICIDAL BEHAVIOR

5150 Hospitalization

Self-Injury/Cutting

Suicidal Behavior/ Ideation (injury)

Suicidal Behavior/Ideation (non-injury)

INCIDENT SUMMARY

INFORMATION FOR RARD TAB ON ISTAR

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

- | | | |
|---|---|--|
| <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"/> Indirect Threat | <input type="checkbox"/> Self-injury | <input type="checkbox"/> Psychosocial stressors |
| <input type="checkbox"/> Giving away prized possessions | <input type="checkbox"/> Mood swings | <input type="checkbox"/> Previous attempt(s) |
| <input type="checkbox"/> Violent behavior | <input type="checkbox"/> Bullying | <input type="checkbox"/> Hate Violence |
| <input type="checkbox"/> Signs of depression | <input type="checkbox"/> Truancy or running away | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> Access to Weapons | | |

INFORMATION FOR RARD TAB ON ISTAR

Student Referred By: (Check one or more)

- | | | |
|---|--|--|
| <input type="checkbox"/> Self | <input type="checkbox"/> Administrator | <input type="checkbox"/> PSA 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 (Specify) _____ | |

The following action items are MANDATORY.

Refer to BUL-2637.2 Suicide Prevention, Intervention & Postvention for guidelines and attachments.

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

Yes No If NO, please explain: _____

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

Was the parent/guardian notified?

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

No If NO, please explain: _____
If parent/guardian was not notified due to suspected child abuse, please follow the mandates of BUL-1347.3 Child Abuse and Neglect Reporting Requirements, by completing the Suspected Child Abuse (SCAR) form and calling the appropriate authorities.

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

Yes No If NO, please explain: _____

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

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

Assessed by Crisis Team Member:

Employee No.: _____ Email Address: _____

Employee Name: _____ Contact No.: _____

Job Title: _____ Date Student was Assessed: _____

- | | | |
|--------------------------------|--|---|
| <input type="checkbox"/> PSW | <input type="checkbox"/> Psychologist | |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Administrator | <input type="checkbox"/> Counselor |
| <input type="checkbox"/> PSA | <input type="checkbox"/> School Police | <input type="checkbox"/> Other (please specify) _____ |

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



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

Student Re-Entry/Safety Planning Meeting

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

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

POSTVENTION: PROTOCOL FOR RESPONDING TO A STUDENT DEATH BY SUICIDE

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

For a complete description of each procedure, refer directly to the Bulletin 2637.2.

- A. GATHER PERTINENT INFORMATION
 - Confirm death and cause of death, if this information is available.
 - Contact family of the deceased.
- B. NOTIFY
 - Local District Operations Staff
 - LAUSD Office of Communications
 - Other offices
- C. MOBILIZE THE SCHOOL SITE CRISIS TEAM
 - Review information and assess impact.
 - Develop an action plan and assign responsibilities.
 - Establish a plan to notify staff.
 - Establish a plan to notify students.
 - Establish a plan to notify parent(s)/guardian(s).
 - Define triage procedures.
 - Know indicators of those who may need additional support.
 - Consult with Crisis Counseling and Intervention Services, School Mental Health, as needed.
- D. MONITOR AND MANAGE (When reporting child abuse, include information about the student's suicide risk)
- E. IMPORTANT CONSIDERATIONS
 - Memorials
 - Social Networking
 - Suicide Contagion
 - School Culture and Events



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

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



Suicide Prevention Awareness for Parents/Caregivers

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

SUICIDE IS PREVENTABLE.

Warning Signs

Warning signs are observable behaviors that may signal the presence of suicidal thinking. They might be considered “cries for help” or “invitations to intervene.” These warning signs



signal the need to inquire directly about whether the individual has thoughts of suicide. If such thinking is acknowledged, then suicide interventions will be required.

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

Risk Factors

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

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

Here's What You Can Do:

LISTEN

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

PROTECT

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

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

CONNECT

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

MODEL

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

TEACH

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

North

Valley Clinic

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

West

Crenshaw Wellness Center

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

Hyde Park Clinic

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

Washington Wellness Center

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

South

97th Street School Mental Health Clinic

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

San Pedro Clinic

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

Locke Wellness Center

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

Carson Wellness Center

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

East

Bell/Cudahy School Mental Health Clinic

Ellen Ochoa Learning Center
7326 S. Wilcox, Cudahy 90201
Tel: 323-271-3676 | Fax: 323-271-3657

Ramona Clinic

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

Gage Wellness Center

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

Elizabeth LC Wellness Center

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

Central

Belmont Wellness Center

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

Roybal Clinic

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

For clinic referrals visit:
smh.lausd.net

Understanding Suicide: Myths & Facts

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

Myth: *Suicide can't be prevented. If someone is set on taking their own life, there is nothing that can be done to stop them.*

Fact: Suicide is preventable. The vast majority of people contemplating suicide don't really want to die. They are seeking an end to intense mental or physical pain. Most have a mental illness. Interventions can save lives.

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

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

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

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

Myth: It is easy for parents/caregivers to tell when their child is showing signs of suicidal behavior.

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

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

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

EMERGENCY INFORMATION / After Hours Services

If you need IMMEDIATE help, call 911.

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

Resources for Parents/Caregivers & Children/Adolescents

Community Hotlines

Didi Hirsch Suicide Prevention Hotline

(877) 727-4747 (24 hours)

National Suicide Prevention Lifeline

(800) 273-TALK (8255) (24 hours)

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

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

Text and Chat Resources

Crisis Chat (11am-11pm, daily)

<http://www.crisischat.org/chat>

Teen Line - text "TEEN" to 839863

Online Resources

<http://www.didihirsch.org/>

<http://www.thetrevorproject.org/>

<http://teenline.org/>

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

Smartphone Apps

MY3

Teen Line Youth Yellow Pages





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

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

ATTACHMENT N



Self-Injury Awareness for Parents/Caregivers

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

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

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

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

Appropriate actions include:

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

EMERGENCY INFORMATION / After Hours Services

If you need IMMEDIATE help, call 911.

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

Here's What You Can Do:

LISTEN

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

PROTECT

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

CONNECT

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

MODEL

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

TEACH

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

SMH Clinics and Wellness Centers

North Valley Clinic

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

West Crenshaw Wellness Center

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

Hyde Park Clinic

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

Washington Wellness Center

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

South 97th Street School Mental Health Clinic

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

San Pedro Clinic

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

Locke Wellness Center

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

Carson Wellness Center

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

East Bell/Cudahy School Mental Health Clinic

Ellen Ochoa Learning Center
7326 S. Wilcox, Cudahy 90201
Tel: 323-271-3676 | Fax: 323-271-3657

Ramona Clinic

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

Gage Wellness Center

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

Elizabeth LC Wellness Center

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

Central Belmont Wellness Center

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

Roybal Clinic

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

For clinic referrals visit:
smh.lausd.net

General Information

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

Non-Suicidal Self-Injury

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

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



Signs of Self-Injury

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

Resources for Parents/Caregivers & Children/Adolescents

Community Hotlines

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

Online Resources

<http://www.didihirsch.org/>
<http://www.thetrevorproject.org/>
<http://teenline.org/>
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USE SCHOOL LETTERHEAD

Sample Letter to Parent/Guardian RE: Self-Injury

DATE

Dear Parents/Guardians:

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

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

SCHOOL NAME
LOCATION
DATE
TIME

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

Sincerely,

NAME, Principal

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

RESOURCE GUIDE

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

EMERGENCY RESOURCES

LA County Department of Mental Health ACCESS (Psychiatric Mobile Response Team) - 24/7 -collaborates with Crisis Counseling & Intervention Services for the administration and coordination of all mental health and law enforcement mobile response services in the event of a critical incident, including Psychiatric Mobile Response Teams (PMRT) and School Threat Assessment Response Teams (START). These teams respond to schools, offices, and homes. (800) 854-7771

Valley Coordinated Children's Services - a County funded resource to provide crisis intervention, assessment, short term stabilization and treatment, and evaluation and referral for psychiatric mobile response team. This agency serves children ages 3 - 17 years old in the San Fernando Valley. (818) 708-4500

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

CRISIS LINES

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

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

California Youth Crisis Line (24-hours hotline, bilingual) (800) 843-5200

Trevor Project (24-hour hotline) - provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24. Text and chat also available, with limited hours-visit www.thetrevorproject.org for more information. (866) 4-U-TREVOR
(866) 488-7386

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

LAUSD RESOURCES

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

ONLINE RESOURCES

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

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

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

TEEN LINE - <http://teenlineonline.org> - text, email and message board also available, with limited hours-visit website for more information.

The Trevor Project - www.thetrevorproject.org - 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 website for more information.

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

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

Suicide Prevention for Schools in Los Angeles County - <http://preventsuicide.lacoe.edu> – for resources, training modules, handouts, data, and research as it relates to youth suicide prevention, intervention, postvention and self-injury.

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