



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

TITLE: Suicide Prevention, Intervention and Postvention
(Students)

NUMBER: BUL-2637.1

ISSUER: Michelle King, Senior Deputy Superintendent
School Operations

Rene Gonzalez, Executive Director
Student Health and Human Services

DATE: July 16, 2012

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 completed suicide.

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

For guidelines regarding adults with suicidal ideation or behaviors, refer to BUL-5798.0 *Workplace Violence, Bullying and Threats (Adult-to-Adult)*, July 16, 2012.

MAJOR CHANGES: This Bulletin replaces BUL-2637.0 *Youth Suicide Prevention Program*, on the same subject issued by Student Health and Human Services, dated July 1, 2006. This bulletin also incorporates MEM-3342.0 *Forms of the Youth Suicide Prevention Program*, issued by Student Health and Human Services, dated October 3, 2006. It provides updated information and clarification of guidelines and practices for addressing suicide prevention, intervention, postvention and self-injury in youth.

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 2009, LAUSD's Youth Risk Behavior Survey indicated that over 30% of students reported a prolonged sense of sadness or hopelessness over the past year and nearly 13% of students seriously considered attempting suicide. Furthermore, 8.8% of LAUSD students reported they actually attempted suicide over the past year compared to 6.3% of students nationwide.

Suicide is not the result of one issue, but is a manifestation of multiple, complex problems of child/adolescent development and adjustment. School personnel are instrumental in helping to save lives by identifying students at-risk and linking them to essential school and community mental health resources.

ROUTING
All Employees
All Locations



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GUIDELINES:

I. DEFINITIONS

Self-Injury

Self-injury is the act of deliberately harming one's own body, such as cutting or burning oneself. Although self-injury often lacks suicidal intent, youth who self-injure are more likely to attempt suicide. Self-injury is an unhealthy way to cope with emotional pain, intense anger and/or frustration.

Warning Signs

Warning signs are behaviors that may signal the presence of suicidal thinking. They might be considered "cries for help" or "invitations to intervene." Warning signs indicate the need to inquire directly about whether the individual has thoughts of suicide or self-injury. Warning signs include the following: suicide threat; suicide notes and plans; prior suicidal behavior; making final arrangements; preoccupation with death; changes in behavior, appearance, thoughts and/or feelings.

II. RESPONSIBILITIES OF DISTRICT EMPLOYEES

All District employees are expected to:

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

A. Administrator or Designee must:

1. Respond to reports of students at risk for suicide immediately or as soon as possible.
2. Monitor and follow-up to ensure that the risk has been mitigated through support and resources.
3. Establish a safe, respectful and welcoming school environment.
4. Ensure that the SPIP policy is implemented.

B. Educational Service Center (ESC) Administrators and Staff must:

1. Be responsible for enforcing the SPIP policy.
2. Designate ESC staff to ensure the implementation of the SPIP policy and provide guidance and support, as needed, to the school site.

C. Central Office Staff must:

1. Support the SPIP policy by assisting ESCs and schools with guidance and consultation, as needed.
2. Align this policy with related District initiatives.



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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. Prevention includes:

- A. Promoting and reinforcing the development of desirable behavior such as help seeking behaviors and healthy problem-solving skills.
- B. Increasing staff, student and parent/guardian knowledge and awareness of risk factors and warning signs of youth suicide and self-injury.
- C. Monitoring and being involved in young people's lives by giving structure, guidance and consistent, fair discipline.
- D. Modeling and teaching desirable skills and behavior.
- E. Promoting access to school and community resources.

For information and resources related to suicide prevention, visit <http://suicideprevention.lausd.net>.

IV. INTERVENTION: PROTOCOL FOR RESPONDING TO STUDENTS AT RISK FOR SUICIDE AND/OR SELF-INJURY

The following are general procedures for the administrator/designee to respond to any reports of students at risk for suicide and/or exhibiting self-injurious behaviors in schools, at District and school-related activities and in all areas within the District's jurisdiction. (See Attachment A, Protocol for Responding to Students At Risk for Suicide/Self-Injury for an abbreviated version of the protocol indicated below.)

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 leave a note in their mailbox, send an e-mail, leave a voicemail or wait until the end of the day to report concerns about a student at risk for suicide.
 - 2. Ensure that any student sent to the office for assessment is accompanied by a staff member, not a student. Do not leave the student unsupervised.
- B. Secure the Safety of the Student
 - 1. Supervise the student at all times.
 - 2. For immediate, emergency life threatening situations call 911.
 - 3. If a student is agitated, unable to be contained or for immediate



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assistance, contact the Los Angeles School Police Department (LASPD) (213) 625-6631 or the local law enforcement agency.

4. District employees should not transport students exhibiting the behaviors noted above. This does not pertain to LASPD officers.
5. Contact law enforcement to conduct a welfare check, as appropriate.
6. For technical assistance and consultation, contact School Mental Health Crisis Counseling and Intervention Services (SMH CCIS) at (213) 241-3841.

C. Assess for Suicide Risk

1. The administrator/designee collaborates with the designated school site crisis team member and at least one other school site crisis team member to determine level of risk (see Table 1, Levels of Suicide Risk).
2. The student should be supervised at all times by another designated staff member.
3. The administrator/designee or designated 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 or drawings).
4. Phone calls for consultation should be made in a confidential setting and not in the presence of the student of concern.
5. The administrator/designee or the designated school site crisis team member should meet with the student to complete a risk assessment using Attachment B, Suicide Risk Assessment Checklist. The questions should be used as a guide while assessing the student and should not be read directly to them.
6. For assistance and consultation, contact ESC Operations Staff, call SMH CCIS at (213) 241-3841 or see Attachment C, Resource List for additional phone numbers.

The privacy of all students should be protected at ALL times, disclose information only on a need to know basis.

Table 1. Levels of Suicide Risk

LEVELS	DEFINITION	INDICATORS
Low Risk	Does not pose imminent danger to self; insufficient evidence for suicide potential.	Passing thoughts of suicide; no plan; no previous attempts; no access to weapons or means; no recent losses; support system is in place; no alcohol/substance abuse; some depressed mood/affect; evidence of thoughts found in notebooks, internet postings, drawings; sudden changes in personality/behavior (e.g., distracted, hopeless, academically disengaged).



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Moderate Risk	May pose imminent danger to self, but there is insufficient evidence to demonstrate a viable plan of action to do harm.	Thoughts of suicide; plan with some specifics; unsure of intent; previous attempts and/or hospitalization; difficulty naming future plans; past history of substance use, with possible current intoxication; self-injurious behavior; recent trauma (e.g., loss, victimization).
High Risk	Poses imminent danger to self with a viable plan to do harm; exhibits extreme and/or persistent inappropriate behaviors; sufficient evidence for violence potential; qualifies for immediate arrest or hospitalization.	Current thoughts of suicide; plan with specifics, indicating when, where and how; access to weapons or means in hand; finalizing arrangements (e.g., giving away prized possessions, good-bye messages in writing, text, on social networking sites); isolated and withdrawn; current sense of hopelessness; previous attempts; no support system; currently abusing alcohol/substances; mental health history; precipitating events, such as loss of loved one, traumatic event, or bullying.

D. Suspected Child Abuse or Neglect

If child abuse by a parent/guardian is suspected or there is reasonable suspicion that contacting the parent may escalate the student's current level of risk, and/or the parents/guardians are contacted and unwilling to respond, report the incident to the appropriate child protective services agency following the District's *Child Abuse and Reporting Requirements*, BUL-1347.2. This report should include information about the student's suicide risk level and any concerning ideations or behaviors. The reporting party must follow directives, as indicated by the child protective services agency personnel.

E. Determine Appropriate Action Plan

1. The administrator/designee should collaborate with the designated school site crisis team member and at least one other school site crisis team member to determine appropriate action based on level of risk (see Table 2, Action Plan).
2. If the Psychiatric Mobile Response Team (PMRT) or law enforcement determines that the student will be transported to an emergency mental health hospital, the school site administrator should designate a certificated staff member to accompany the student.
3. 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. Communication with parent/guardian may include:



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- a. Communicating concerns and making recommendations for safety in the home (e.g., securing firearms, medications, cleaning supplies, cutlery, razor blades).
- b. Providing school and/or local community mental health resources. Students with private health insurance should be referred to their provider.
- c. Facilitating contact with community agencies and following-up to ensure access to services.
- d. Providing a copy of Attachment D, General Guidelines for Parents (Elementary) or Attachment E, General Guidelines for Parents (Secondary). For handouts in additional languages, visit <http://suicideprevention.lausd.net>.
- e. Obtaining parent/guardian permission to release and exchange information with community agency staff using Attachment F, Parent Authorization for Release/Exchange of Information.

Table 2. Action Plan

LEVEL OF RISK	ACTION PLAN
Low Risk	Reassure and supervise student; communicate concerns with parent/guardian (see Section IV E 3); assist in connecting with school and community resources, including crisis lines; mobilize a support system; develop a safety plan that identifies caring adults, appropriate communication and coping skills; establish a follow-up plan and monitor, as needed.
Moderate and High Risk	Supervise student at all times (including restrooms); contact the Los Angeles County Department of Mental Health ACCESS (800) 854-7771 for a mental health evaluation to evaluate for possible hospitalization; notify and hand off student to parent/guardian who commits to seek immediate mental health assessment (see Section IV D, Suspected Child Abuse or Neglect), law enforcement or psychiatric mobile responder; establish a follow-up and/or re-entry plan and monitor, as needed.

F. Determine Appropriate Follow-up Plan

The follow-up plan will be based upon severity and potential risk. 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 VII-Responding to Students Who Are Targets of LGBTQ Bias).

The follow-up plan determined by the team should be documented and managed by the school site administrator/designee. Actions may include:



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1. Develop a safety plan.
 - a. Identify caring adults in the school, home and community environment.
 - b. Discuss and identify helpful coping skills.
 - c. Provide after hours resource numbers, Suicide Prevention Crisis Line (877) 727-474. For additional resources, see Attachment C, Resource List.
 2. Mobilize a support system and provide resources.
 - a. Connect student and family with social, school and community supports.
 - b. For mental/physical health services, refer the student to School Mental Health, a community resource provider, or their health care provider.
 3. Monitor and manage.
 - a. The administrator/designee should monitor and manage the case as it develops and until it has been determined that the individual no longer poses an immediate threat to self.
 - b. Maintain consistent communication with appropriate parties on a need to know basis.
 - c. Plan for re-entry, as needed (see Section IV G, Student Re-entry Guidelines).
- G. Student Re-entry Guidelines
1. A student returning to school following hospitalization, including psychiatric and drug or alcohol inpatient treatment, must have written permission by the health care provider to attend school (see Attachment H, Medical Clearance for Return to School).
 2. 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. See Attachment G, Student Re-entry Guidelines for a checklist of action items to consider.
 3. As appropriate, consider an assessment for special education for a student whose behavioral and emotional needs effect their ability to benefit from their educational program (see REF-5578.0 *Guidelines for Individualized Education Program Teams Regarding the Social-Emotional Needs of Students with Disabilities*, October 17, 2011).
 4. If the student is transferred to another school or location, the site administrator/designee should communicate with the receiving school to assist with the transition and ensure continued support services for the student. See Attachment G, Student Re-entry Guidelines for a checklist of action items to consider.



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H. 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).
2. If the student is assessed by a member of the crisis response team who does not have reporting access to iSTAR, the crisis team member should complete Attachment I, 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 no longer be mailed to School Mental Health.
3. 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.
4. 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.

V. RESPONDING TO STUDENTS WHO SELF-INJURE

Self-injury is the act of deliberately harming one's own body, such as cutting or burning oneself. 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 other types of self-injurious behaviors for suicidal ideation.

A. Indicators of Self-Injury

- Frequent or unexplained bruises, scars, cuts or burns.
- Consistent, inappropriate use of clothing to conceal wounds (e.g., long sleeves or turtle necks, especially in hot weather; bracelets to cover the wrists; not wanting to change for PE)
- 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.
3. Assess for suicide risk using the protocol outlined in Section IV.
4. 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 the handout Self-Injury and Youth - General Guidelines for Parents (see Attachment J). For handouts in additional



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languages, visit <http://suicideprevention.lausd.net>.

5. Encourage appropriate coping and problem-solving skills; do not discourage self-injury.
6. Listen with calm and caring; reacting in an angry or shocked manner or using punishment may inadvertently increase self-injurious behaviors.
7. Provide resources.
8. Identify a support system at home and at school.
9. Document all actions in the RARD on 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 Response 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 settings, such as student assemblies, public announcements, school newspapers, the classroom, or even in groups.
2. When self-injurious behaviors are impacting the larger school community, schools may respond by inviting parent(s)/guardian(s) to an information 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 K for a sample parent letter).
3. Consult and work with the Office of Communications (213) 241-6766 for dissemination of information, as needed.
4. For consultation and assistance with parent information meetings, contact ESC Operations staff or call SMH CCIS (213) 241-3841.



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VI. **RESPONDING TO STUDENTS WITH DISABILITIES**

For matters related to 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 REF-5578.0 *Guidelines for Individualized Education Program Teams Regarding the Social-Emotional Needs of Students with Disabilities*, October 17, 2011 and contact the Division of Special Education (213) 241-8051 for further assistance.

For matters related to students with disabilities who are self-injurious, but the behavior is not related to suicide or suicidal ideation, follow guidelines as indicated in BUL-5376.0, *Behavior Intervention Regulations for Students with Disabilities with Serious Behavior Problems*, January 17, 2011 and contact the Division of Special Education (213) 241-8051 for further assistance.

VII. **RESPONDING TO STUDENTS WHO ARE TARGETS OF LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER/QUESTIONING (LGBTQ) BIAS**

For matters related to students who are targets of LGBTQ bias and are exhibiting suicidal ideation and/or behaviors, 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 parents/guardians. Students have the right to privacy about their sexual orientation or gender identity.
- E. LGBTQ students with rejecting families have an eight-fold increased risk for suicidal ideation than do LGBTQ students with accepting families.
- F. Provide LGBTQ-affirming resources (see Attachment C, Resource List).
- G. Ensure safe campuses (see REF-1557.1 *Transgender and Gender Variant Students-Ensuring Equity and Nondiscrimination*, September 9, 2011).

VIII. **RESPONDING TO THREATS AND SCHOOL VIOLENCE**

For matters related to students exhibiting threatening and/or violent behaviors towards other, follow guidelines as indicated in BUL-5799.0 *Threat Assessment and Management (Student-to-Student, Student-to-Adult)*, July 16, 2012 or contact the ESC Operations staff.



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IX. **RESPONDING TO BULLYING AND HAZING**

For matters of student-to-student, adult-to-student, and student-to-adult bullying or hazing follow guidelines as indicated in BUL-5212.1 *Bullying and Hazing Policy*, August 27, 2010 or contact the ESC Operations staff.

X. **RESPONDING TO HATE VIOLENCE**

For incidents or threats related to hate-motivated violence follow guidelines as indicated in BUL-2047.0 *Responding to and Reporting Hate-Motivated Incidents and Crimes*, dated October 10, 2005 or contact the ESC Operations staff.

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

The following are general procedures for the administrator/designee in the event of a completed suicide. (See Attachment L, 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 been consulted and has consented to disclosure.

B. Notify on a Need to Know Basis

1. ESC Operations Staff.
2. Office of Communications (213) 241-6766.
3. Other offices, as appropriate (see Attachment C, Resource List).

C. Mobilize the School Site Crisis Team

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

1. Assess the extent and degree of psychological trauma and impact to the school community (see BUL-962.1 *Organizing for Crisis Intervention*, December 7, 2005, 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



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- by the family of the deceased.
- a. Notification of staff is recommended as soon as possible (e.g., emergency meeting before school or after school).
 - b. To dispel rumors, share accurate information and all known facts about the death.
 - 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 and/or school.
 - 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 scripted notification of death for students, including possible reactions, questions and activities students may engage in (e.g., writing, drawing, 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. Prepare and disseminate a death notification letter for parents.
 6. Define triage procedures for students and staff who may need additional support in coping with the death. Some actions to consider:
 - a. Identify a lead crisis response staff member to assist with coordination of crisis counseling and support services.
 - b. Identify locations on campus to provide crisis counseling to students, staff and parents, as needed.
 - c. Request substitute teachers, as needed.
 - d. Maintain sign-in sheets and documentation on individuals serviced for follow-up, as needed (refer to BUL-962.1 *Organizing for Crisis Intervention*, December 7, 2005, for crisis response forms).
 - e. Provide students, staff or parents with after hours resource numbers such as the 24/7 Suicide Prevention Crisis Line (877) 727-4747 (see Attachment C, Resource List).
 - f. Request crisis counseling support from ESC Operations, as needed.
 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 and/or referral may include the following:
 - a. Persons with close connections to the deceased (e.g., siblings,



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- relatives, teacher).
- b. Persons who experienced a loss over the past six months to a year, a traumatic event, have witnessed acts of violence, or have a history of suicide (self or family member).
- 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 may have strong reactions that require additional assistance.
- 8. Consult with SMH CCIS (213) 241-3841 for support and/or guidance.

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 more information regarding documentation, see Section IV H, Document All Actions.

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, as needed.

F. Important Considerations

1. Memorials

Memorials or dedications to a student who has died by suicide should not glamorize or romanticize either 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 services, after which the memorial items may be offered to the family.

2. Social Networking

Students may often turn to social networking sites 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, positive and negative, about the death and/or about their own feelings regarding suicide. Some considerations in regard to social networking include:



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- a. Encourage parents to monitor internet postings regarding the death, including the deceased's wall or personal profile pages.
 - b. Social networking sites may contain rumors, derogatory messages about the deceased, or messages that bully students. Such messages may need to be addressed. In some situations, postings may warrant notification to parents and/or law enforcement (see BUL-5688.0 *Social Media Policy for Employees and Associated Persons*, February 1, 2012).
3. **Suicide Contagion**
Suicide contagion is the process by which one suicide may contribute to another. 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. Provide mental health resources (see Attachment C, Resource List)
 - c. Monitor media coverage. Consult and work with the Office of Communications (213) 241-6766 for dissemination of information, as needed.
4. **School Culture & 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, as 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.

XII. 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. The District will not tolerate retaliation against anyone for filing a complaint or participating in the complaint investigation 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 ;



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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.;
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:

Acceptable Use Policy (AUP) For District Computer and Network Systems, BUL-999.5, dated May 1, 2012.

Behavior Intervention Regulations for Students with Disabilities with Serious Behavior Problems, BUL-5376.0, dated January 17, 2011.

Bullying and Hazing Policy (Student-to-Student, Adult-to-Student, and Student-to-Adult), BUL-5212.0, dated August 27, 2010.

Discipline Foundation Policy: School-Wide Positive Behavior Support, BUL-3638.0, dated March 27, 2007.

Enrollment of Students Returning from Juvenile Justice Facilities and Other Placements, BUL-5553.0, dated September 6, 2011.

Guidelines for Individualized Education Program Teams Regarding the Social-Emotional Needs of Students with Disabilities, REF-5578.0, dated October 17, 2011.

Guidelines on Use of Privately Owned Vehicles for Authorized School District Business, BUL-5310.0, dated October 20, 2010.

Incident System Tracking Accountability Report, BUL-5269.0, dated November 12, 2010.

Information Protection Policy, BUL-1077.1, dated December 5, 2006.

Organizing for Crisis Intervention, BUL-962.1, December 7, 2005.

Parent Student Handbook, Los Angeles Unified School District, 2012-2013.

Pupil Records: Access, Confidentiality, and Notice of Education Rights, BUL-2469, dated April 24, 2006.

Records Retention and Destruction (Other than Pupil Records), BUL-5503.0, dated July 1, 2011.



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Responding to and Reporting Hate-Motivated Incidents and Crimes, BUL-2047.0, dated October 10, 2005.

Safe School Plans Update for 2012-2013, REF-5511.0, Revised Annually.

Section 504 and Students/Other Individuals with Disabilities, BUL-4692.0, dated May 15, 2009.

Social Media Policy for Employees and Associated Persons, BUL-5688.0, dated February 1, 2012.

Threat Assessment and Management, BUL-5799.0, dated July 16, 2012.

Title XI Policy/Complaint Procedures, BUL-2521.1, dated June 7, 2006.

Transgender and Gender Variant Students-Ensuring Equity and Nondiscrimination, REF-1557.1, dated September 9, 2011.

Uniform Complaint Procedures (UCP), BUL-5159.1, dated July 1, 2011.

ATTACHMENTS: Attachment A – *Protocol for Responding to Students at Risk for Suicide/Self-Injury*

Attachment B – *Suicide Risk Assessment Checklist*

Attachment C – *Resource List*

Attachment D – *General Guidelines for Parents (Elementary)*

Attachment E – *General Guidelines for Parents (Secondary)*

Attachment F – *Parent Authorization for Release/Exchange of Information*

Attachment G – *Student Re-Entry Guidelines*

Attachment H – *Medical Clearance for Return to School*

Attachment I – *Risk Assessment Referral Data (RARD)*

Attachment J – *Self-Injury and Youth-General Guidelines for Parents*

Attachment K – *Sample Letter to Parent/Guardian RE: Self-Injury*

Attachment L – *Postvention: Protocol for Responding to a Student Death by Suicide*



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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.

NON-LAUSD RESOURCES

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.

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



LOS ANGELES UNIFIED SCHOOL DISTRICT

POLICY BULLETIN

friends.

Trevor Project (866) 488-7386 – a 24/7 hotline providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning youth.

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

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PROTOCOL FOR RESPONDING TO STUDENTS AT RISK FOR SUICIDE / SELF-INJURY

The following is a summary checklist of general procedures for the administrator/designated crisis team member to respond to any reports of students exhibiting suicidal behavior/ideation and/or self-injury. The urgency of the situation will dictate the order in which the subsequent steps are followed.

For a complete description of each procedure, refer directly to the Bulletin 2637.1.

- 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.
 - ☐ This may include calling law enforcement, the Los Angeles County Department of Mental Health or consulting with Crisis Counseling and Intervention Services, School Mental Health.
- C. ☐ ASSESS FOR SUICIDE RISK (see Attachment B, Suicide Risk Assessment Checklist)
 - ☐ Administrator/designee or designated crisis team member meets with the student at risk for suicide.
 - ☐ The administrator/designee collaborates with the designated school site crisis team member and at least one other school site crisis team member to determine level of risk.
- D. ☐ SUSPECTED CHILD ABUSE (When reporting child abuse, include information about the student's suicide risk)
- E. ☐ DETERMINE APPROPRIATE ACTION PLAN (see Table 2, Action Plan in BUL-2637.1)
 - ☐ Determine action plan based on level of risk.
 - ☐ If student is transported to hospital, designated staff should accompany student.
 - ☐ Communicate with parent/guardian.
- F. ☐ DETERMINE APPROPRIATE FOLLOW-UP PLAN
 - ☐ Develop a safety plan.
 - ☐ Mobilize a support system and provide resources.
 - ☐ Monitor and manage.
- G. ☐ STUDENT RE-ENTRY GUIDELINES
 - ☐ Re-entry plan when student out of school, such as for hospitalization.
 - ☐ If student transfers to new school, coordinate re-entry with that school.
- H. ☐ DOCUMENT ALL ACTIONS ((Maintain records and complete RARD on iSTAR.))

RESPONDING TO STUDENTS WITH DISABILITIES

For matters related to 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 REF-5578.0 *Guidelines for Individualized Education Program Teams Regarding the Social-Emotional Needs of Students with Disabilities*, October 17, 2011 and contact the Division of Special Education (213) 241-8051 for further assistance.

For matters related to students with disabilities who are self-injurious, but the behavior is not related to suicide or suicidal ideation, follow guidelines as indicated in BUL-5376.0, *Behavior Intervention Regulations for Students with Disabilities with Serious Behavior Problems*, January 17, 2011 and contact the Division of Special Education (213) 241-8051 for further assistance.

RESPONDING TO STUDENTS WHO ARE TARGETS OF LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER/QUESTIONING (LGBTQ) BIAS

For matters related to *students* who are targets of LGBTQ bias and are exhibiting suicidal ideation and/or behaviors, the following should be considered:

- H. Assess the student for suicide risk using the protocol in Section IV.
- I. 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.
- J. Be affirming. Students who are struggling with their identity are on alert for negative or rejecting messages about sexual orientation and gender identity.
- K. Do not "out" students to anyone, including parents/guardians. Students have the right to privacy about their sexual orientation or gender identity.
- L. LGBTQ students with rejecting families have an eight-fold increased risk for suicidal ideation than do LGBTQ students with accepting families.
- M. Provide LGBTQ-affirming resources (see Attachment C, Resource List).
- N. Ensure safe campuses (see REF-1557.1 *Transgender and Gender Variant Students-Ensuring Equity and Nondiscrimination*, September 9, 2011).

RESPONDING TO THREATS AND SCHOOL VIOLENCE

For matters related to students exhibiting threatening and/or violent behaviors towards other, follow guidelines as indicated in BUL-1119.2 *Threat Assessment and Management*, XX-XX-XXXX or contact the ESC Operations staff.

RESPONDING TO BULLYING AND HAZING

For matters of student-to-student, adult-to-student, and student-to-adult bullying or hazing follow guidelines as indicated in BUL-5212.1 *Bullying and Hazing Policy*, August 27, 2010 or contact the ESC Operations staff.

RESPONDING TO HATE VIOLENCE

For incidents or threats related to hate-motivated violence follow guidelines as indicated in BUL-2047.0 *Responding to and Reporting Hate-Motivated Incidents and Crimes*, dated October 10, 2005 or contact the ESC Operations staff.

SUICIDE RISK ASSESSMENT CHECKLIST

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

The administrator/designee or the designated school site crisis team member will meet with the student to complete a risk assessment. The questions below should not be read to the student, but rather should be used as a guide while assessing the student:

CATEGORY	ASSESSMENT QUESTIONS	YES	NO	*
1. Current Ideation	Is the student thinking of suicide now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Communication of Intent	Has the student communicated directly or indirectly ideas or intent to harm/kill themselves? (Communications may be verbal, non-verbal, electronic, written.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plan	Does the student have a plan to harm/ kill themselves now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Means and Access	Does the student have the means/access to kill themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Past Ideation	Has the student ever had thoughts of suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Previous Attempts	Has the student ever tried to kill themselves (i.e. previous attempts, repetitive self-injury)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Changes in Mood / Behavior	In the past year, has the student ever felt so sad he/she stopped doing regular activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has the student demonstrated abrupt changes in behaviors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has the student demonstrated recent, dramatic changes in mood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Stressors	Has the student ever lost a loved one by suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has the student had a recent death of a loved one or a significant loss (e.g., death of family member, parent separation/divorce, relationship breakup)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has the student experienced a traumatic/stressful event (i.e. domestic violence, community violence, natural disaster)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has the student experienced victimization or been the target of bullying/harassment/discrimination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Mental Illness	Does the student have a history of mental illness (i.e. depression, conduct or anxiety disorder)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Substance Use	Does the student have a history of alcohol/substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Protective Factors	Does the student have a support system of family or friends at school and/or home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the student have a sense of purpose in his/her life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Can the student readily name plans for the future, indicating a reason to live?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* = NEED MORE INFORMATION

ASSESSMENT RESULTS:

RISK LEVEL	DEFINITION	INDICATORS	ACTIONS
<input type="checkbox"/> Low Risk	Does not pose imminent danger to self; insufficient evidence for suicide potential.	Passing thoughts of suicide; no plan; no previous attempts; no access to weapons or means; no recent losses; support system in place; no alcohol/substance abuse; depressed mood/affect; evidence of thoughts in notebooks, internet postings, drawings; sudden changes in personality/behavior (e.g., distracted, hopeless, academically disengaged).	Reassure and supervise student; communicate concerns with parent/guardian (see Section IV E3 in BUL-2637.1); assist in connecting with school and community resources, including crisis lines; mobilize a support system; develop a safety plan that identifies caring adults, appropriate communication and coping skills; establish a follow-up plan and monitor, as needed. *Document all actions in RARD on iSTAR.
<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.	Thoughts of suicide; plan with some specifics; unsure of intent; previous attempts and/or hospitalization; difficulty naming future plans; past history of substance use, with possible current intoxication; self-injurious behavior; recent trauma (e.g., loss, victimization).	SEE HIGH RISK. *Document all actions in RARD on iSTAR.
<input type="checkbox"/> High Risk	Poses imminent danger to self with a viable plan to do harm; exhibits extreme and/or persistent inappropriate behaviors; sufficient evidence for violence potential; qualifies for immediate arrest or hospitalization.	Current thoughts of suicide; plan with specifics, indicating when, where and how; access to weapons or means in hand; finalizing arrangements (e.g. giving away prized possessions, good-bye messages in writing, text, on social networking sites; isolated and withdrawn; current sense of hopelessness; previous attempts; no support system; currently abusing alcohol/substances; mental health history; precipitating events, such as loss of loved one, traumatic event, or bullying.	Supervise student at all times (including rest rooms); contact the Los Angeles County Department of Mental Health ACCESS (800) 854-7771 for a mental health evaluation to evaluate for possible hospitalization ; notify and hand off student ONLY to parent/guardian who commits to seek immediate mental health assessment, law enforcement or psychiatric mobile responder; establish a follow-up and/or re-entry plan and monitor, as needed. *Document all actions in RARD on iSTAR

***Please refer to BUL-2637.1, Section IV for guidelines on determining an appropriate follow-up/re-entry plan and for protocol on documenting actions in RARD on iSTAR.**

RESOURCE LIST

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

LA County INFO Line (24 hour hotline) – for community resources and information within Los Angeles County. 211

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

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

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

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

Teen Line (6PM – 10PM) - a hotline for teens operated by teens. (800) 852-8336
(800) TLC-TEEN

Trevor Project (24 hour hotline) - providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning youth, www.trevorproject.org. (866) 488-7386

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

LAUSD RESOURCES

School Mental Health (including Crisis Counseling & Intervention Services, Suicide Prevention and Trauma Informed Services)	(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
Educational Service Center (ESC) Operations Coordinators	Refer to ESC Directory
Los Angeles School Police Department (LASPD) Watch Commander (24/7-entire year)	(213) 625-6631
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

WEBSITES

Crisis Counseling and Intervention Services , Los Angeles Unified School District - <http://ccis.lausd.net>

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.

School Mental Health, Los Angeles Unified School District – <http://smh.lausd.net>

Suicide Prevention Services, School Mental Health, Los Angeles Unified School District - <http://suicideprevention.lausd.net> – for resources, guidelines and parent handouts in multiple languages related to youth suicide prevention and self-injury.

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.



LOS ANGELES UNIFIED SCHOOL DISTRICT
STUDENT HEALTH AND HUMAN SERVICES
School Mental Health
Suicide Prevention Services

ATTACHMENT D

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General Guidelines for Parents (Elementary)

Youth Suicide in the United States*

- Suicide is the third leading cause of death for youth aged 10-24 in the United States.
- In recent years more young people have died from suicide than from cancer, heart disease, HIV/AIDS, congenital birth defects, and diabetes combined.
- For every young person who dies by suicide, between 100-200 attempt suicide.
- Males are four times as likely to die by suicide as females - although females attempt suicide three times as often as males.

SUICIDE IS PREVENTABLE.

Here's what you can do:

- **Talk** to your child about suicide. Don't be afraid; you will not be "putting ideas into their heads." **Asking for help** is the single skill that will protect your student. **Help your child** to identify and **connect** to caring adults to talk to when they need guidance and support.
- **Know** the risk factors and warning signs of suicide.
- **Remain calm.** Establish a safe environment to talk about suicide.
- **Listen** to your child's feelings. Don't minimize what your child says about what is upsetting him or her. Put yourself in your child's place; don't attempt to provide simple solutions.
- **Be honest.** If you are concerned, do not pretend that the problem is minor. Tell the child that there are people who can help. State that you will be with him or her to provide comfort and love.
- **Be supportive.** Children look for help and support from parents, older brothers and sisters. Talk about ways of dealing with problems and reassure your child that you care. Let children know that their bad feelings will not last forever.
- **Take action.** It is crucial to get professional help for your child and the entire family. When you are close to a situation it is often hard to see it clearly. You may not be able to solve the problem yourself.
 - Help may be found at a suicide prevention center, local mental health agency, family service agency or through your clergy.
 - Become familiar with the support services at your child's school. Contact the appropriate person(s) at the school, for example, the school social worker, school psychologist, school counselor, or school nurse.

*M. Heron, D. L. Hoyert, S. L. Murphy, J. Xu, K. D. Kochanek, & B. Tejada-Vera. (2009, April). Deaths: Final Data for 2006. National Vital Statistics Reports, 57(14).

LA COUNTY RESOURCE
877.7.CRISIS or 877.727.4747
Suicide Prevention Center
BUL-2637.1

NATIONAL RESOURCE
800.273.TALK (8255)
National Suicide Prevention Lifeline



LOS ANGELES UNIFIED SCHOOL DISTRICT
STUDENT HEALTH AND HUMAN SERVICES
School Mental Health
Suicide Prevention Services

ATTACHMENT D
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General Guidelines for Parents (Elementary)

Youth Suicide Risk Factors

While the path that leads to suicidal behavior is long and complex and there is no “profile” that predicts suicidal behavior with certainty, there are certain risk factors associated with increased suicide risk. In isolation, these factors are not signs of suicidal thinking. However, when present they signal the need to be vigilant for the warning signs of suicide. The behaviors listed below may indicate that a child is emotionally distressed and may begin to think and act in self-destructive ways. If you are concerned about one or more of the following behaviors, please seek assistance at your child’s school or at your local mental health service agency.

Home Problems

- Running away from home
- Arguments with parents / caregivers

Behavior Problems

- Temper tantrums
- Thumb sucking or bed wetting/soiling
- Acting out, violent, impulsive behavior
- Bullying
- Accident proneness
- Sudden change in activity level or behavior
- Hyperactivity or withdrawal

Physical Problems

- Frequent stomachaches or headaches for no apparent reason
- Changes in eating or sleeping habits
- Nightmares or night terrors

School Problems

- Chronic truancy or tardiness
- Decline in academic performance
- Fears associated with school

Serious Warning Signs

- Severe physical cruelty towards people or pets
- Scratching, cutting or marking the body
- Thinking, talking, drawing about suicide
- Previous suicide attempts
- Risk taking, such as intentional running in front of cars or jumping from high places
- Intense/excessive preoccupation with death

LA COUNTY RESOURCE
877.7.CRISIS or 877.727.4747
Suicide Prevention Center
BUL-2637.1

NATIONAL RESOURCE
800.273.TALK (8255)
National Suicide Prevention Lifeline



LOS ANGELES UNIFIED SCHOOL DISTRICT
STUDENT HEALTH AND HUMAN SERVICES
School Mental Health
Suicide Prevention Services

ATTACHMENT E
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General Guidelines for Parents (Secondary)

Youth Suicide in the United States*

- Suicide is the third leading cause of death for youth aged 10-24 in the United States.
- In recent years more young people have died from suicide than from cancer, heart disease, HIV/AIDS, congenital birth defects, and diabetes combined.
- For every young person who dies by suicide, between 100-200 attempt suicide.
- Males are four times as likely to die by suicide as females - although females attempt suicide three times as often as males.

SUICIDE IS PREVENTABLE.

Here's what you can do:

- **Talk** to your child about suicide. Don't be afraid; you will not be "putting ideas into their heads." **Asking for help** is the single skill that will protect your child. **Help** them to identify and **connect** to caring adults to talk to when they need guidance and support.
- **Know** the risk factors and warning signs of suicide.
- **Remain calm.** Establish a safe environment to talk about suicide.
- **Listen** without judging. Allow for the discussion of experiences, thoughts, and feelings. Be prepared for expression of intense feelings. Try to understand the reasons for considering suicide without taking a position about whether or not such behavior is justified. Ask open-ended questions.
- **Supervise** constantly. Do not leave your child alone.
- **Ask** if your child has a plan to kill themselves, and if so, **remove means.** As long as it does not put the caregiver in danger, attempt to remove the suicide means such as a firearm, knife or pills.
- **Take action.** It is crucial to get professional help for your child and the entire family. When you are close to a situation it is often hard to see it clearly. You may not be able to solve the problem yourself.
 - Help may be found at a suicide prevention center, local mental health agency, family service agency or through your clergy.
 - Become familiar with the support services at your child's school. Contact the appropriate person(s) at the school, for example, the school social worker, school psychologist, school counselor, or school nurse.

*M. Heron, D. L. Hoyert, S. L. Murphy, J. Xu, K. D. Kochanek, & B. Tejada-Vera. (2009, April). Deaths: Final Data for 2006. National Vital Statistics Reports, 57(14).

LA COUNTY RESOURCE
877.7.CRISIS or 877.727.4747
Suicide Prevention Center
BUL-2637.1

NATIONAL RESOURCE
800.273.TALK (8255)
National Suicide Prevention Lifeline



LOS ANGELES UNIFIED SCHOOL DISTRICT
STUDENT HEALTH AND HUMAN SERVICES
School Mental Health
Suicide Prevention Services

ATTACHMENT E
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General Guidelines for Parents (Secondary)

Youth Suicide Risk Factors

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

- History of depression, mental illness or substance/alcohol abuse disorders
- Presence of a firearm or rope
- Isolation or lack of social support
- Situational crises
- Family history of suicide or suicide in community
- Hopelessness
- Impulsivity
- Incarceration

Suicide Warning Signs

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

- ***Suicide threats.*** It has been estimated that up to 80% of all suicide victims have given some clues regarding their intentions. Both direct (“I want to kill myself”) and indirect (“I wish I could fall asleep and never wake up”) threats need to be taken seriously.
- ***Suicide notes and plans.*** The presence of a suicide note is a very significant sign of danger. The greater the planning revealed by the youth, the greater the risk of suicidal behavior.
- ***Prior suicidal behavior.*** Prior behavior is a powerful predictor of future behavior. Thus anyone with a history of suicidal behavior should be carefully observed for future suicidal behavior.
- ***Making final arrangements.*** Giving away prized possessions, writing a will, and/or making funeral arrangements may be warning signs of impending suicidal behavior.
- ***Preoccupation with death.*** Excessive talking, drawing, reading, and/or writing about death may suggest suicidal thinking.
- ***Changes in behavior, appearance, thoughts, and/or feelings.*** Depression (especially when combined with hopelessness), sudden happiness (especially when preceded by significant depression), a move toward social isolation, giving away personal possessions, and reduced interest in previously important activities are among the changes considered to be suicide warning signs.

LA COUNTY RESOURCE
877.7.CRISIS or 877.727.4747
Suicide Prevention Center
BUL-2637.1

NATIONAL RESOURCE
800.273.TALK (8255)
National Suicide Prevention Lifeline



LOS ANGELES UNIFIED SCHOOL DISTRICT
STUDENT HEALTH AND HUMAN SERVICES
SCHOOL MENTAL HEALTH

ATTACHMENT F
(Page 1 of 2)

Parent Authorization for Release/Exchange of Information

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

We are requesting your written authorization for release/exchange of information from the individual, agency, or institution indicated below.

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

TO: _____ RE: _____
Name / Title Student Last Name First Name

_____ Date of Birth: _____ / _____ / _____
Agency, Institution, or Department Month Day Year

_____ Street Address _____
Street Address

_____ City _____ State _____ Zip _____
City State Zip

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

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

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

THIS INFORMATION IS TO BE SENT TO:

_____ Name _____ Title _____

_____ Address & Telephone Number _____

This authorization shall be valid until _____ unless revoked earlier.

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

Signature: _____ Date: _____
Parent/Legal Guardian

Note: This information will become part of the pupil's educational records and shall be made available, upon request, to the parent or pupil age 18 or older.



LOS ANGELES UNIFIED SCHOOL DISTRICT
STUDENT HEALTH AND HUMAN SERVICES
SCHOOL MENTAL HEALTH

ATTACHMENT F
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Consentimiento de Padres Para Dar/Intercambiar Información

Fecha: _____ A los Padres/Tutores de : _____

Les estamos pidiendo su autorización por escrito para poderles dar/intercambiar información sobre su niño/a a el individuo, agencia, o institución indicado abajo.

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

TO: _____		RE: _____			
Nombre / Titulo		Apellido del Estudiante Primer Nombre			
_____		Fecha de Nacimiento: _____ / _____ / _____			
Agencia, Institucion, o Departamento		Mes Dia Ano			
_____		_____			
Direccion		Direccion			
_____		_____			
Ciudad	Estado	Codigo Posta	Ciudad	Estado	Codigo Postal

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

<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 Cosa: _____	

La información será usada para determinar las necesidades del alumno.

ESTA INFORMACIÓN SERÁ ENVIADA A:

Nombre	Titulo
--------	--------

Direccion y Numero de Telefono

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

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

Firma: _____	Fecha: _____
Padre / Tutor Legal	

Nota: Esta información se hará parte de los archivos educativos del alumno y estará a disposición de los padres o alumno a la edad de 18 años o mayor.

STUDENT RE-ENTRY GUIDELINES

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

In planning for the re-entry of a student who has been out of school for any length of time, 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:

Returning Day	<input type="checkbox"/> Have parent escort student on first day back. Develop a re-entry communication and safety plan in the event of future emergencies.
Hospital Discharge Documents	<input type="checkbox"/> Request discharge documents from hospital or Medical Clearance for Return to School (see Attachment H) from parent on first day back.
Meeting with Parents	<input type="checkbox"/> Engage parents, school support staff, teachers, and student, as appropriate in a Re-Entry Planning Meeting. <input type="checkbox"/> Identify on-going mental health resources in school and/or in the community. <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 effect their ability to benefit from their educational program (see REF-5578.0 <i>Guidelines for Individualized Education Program Teams Regarding the Social-Emotional Needs of Students with Disabilities</i> , October 17, 2011) <input type="checkbox"/> If the student is prescribed medication, monitor with parent consent. <input type="checkbox"/> Offer suggestions to parents regarding monitoring personal communication devices, including social networking sites, as needed. <input type="checkbox"/> Notify student's teachers, as appropriate.
Identify Supports	<input type="checkbox"/> Assist the student in identifying adults they trust and can go to for assistance at school and at home.
Address Bullying, Harassment, Discrimination	<input type="checkbox"/> As needed, ensure that any bullying, harassment, discrimination is being addressed.
Designate Staff	<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.
Release/Exchange of Information	<input type="checkbox"/> Obtain consent by the parent to discuss student information with outside providers using the Parent Authorization for Release/Exchange of Information (see Attachment F).
Manage and Monitor	<input type="checkbox"/> Case management and monitoring – ensure the student is receiving and accessing the proper mental health and educational services needed.



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

CONFIDENTIAL
ATTACHMENT H

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

Date: _____

Dear Doctor:

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

Student: _____ DOB: _____ Grade: _____

Please complete the following information and return to school nurse. Your cooperation is much appreciated.

Diagnosis/description of problem:

Please indicate any prescribed medications and dosages:

If the student no longer poses a threat to self 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 (indicate below)

Restrictions: _____

Doctor's Name (print) _____ Doctor's Signature _____

Return to School Nurse: _____ Contact Number: _____

AUTHORIZATION TO RECEIVE/RELEASE MEDICAL INFORMATION

Practitioner/Agency/Clinic _____ Re: _____
Last Name First Name

Name (Last, First) _____ Student Address: Street, City, Zip _____

Agency/Practitioner Address: Street, City, Zip _____ Chart # _____ DOB _____

Purpose for which information may be used: _____

School /Office _____ Address _____ City _____ Zip _____

This authorization shall be valid until _____ unless revoked earlier.

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

Parent/Legal Guardian Signature _____ Date _____

Note: This information will become part of the pupil's educational records and shall be made available, upon request, to the parent or pupil age 18 or older.



Los Angeles Unified School District

STUDENT HEALTH AND HUMAN SERVICES

RISK ASSESSMENT REFERRAL DATA (RARD)

CONFIDENTIAL

TO BE COMPLETED BY THE SCHOOL SITE CRISIS TEAM MEMBER

LOCATION OR COST CENTER NAME: _____	EDUCATIONAL SERVICE CENTER: _____	DATE: _____
DATE OF INCIDENT: _____	TIME OF INCIDENT: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM
INCIDENT OCCURRED:	<input type="checkbox"/> ON CAMPUS <input type="checkbox"/> OFF CAMPUS <input type="checkbox"/> DISTRICT FACILITY <input type="checkbox"/> DISTRICT SCHOOL BUS/VEHICLE	EXACT LOCATION OF INCIDENT: _____
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

- | | |
|--|--|
| <input type="checkbox"/> 5150 Hospitalization | <input type="checkbox"/> Self-Injury/Cutting |
| <input type="checkbox"/> Suicidal Behavior/Ideation (injury) | <input type="checkbox"/> Suicidal Behavior/Ideation (non-injury) |

INFORMATION FOR RARD TAB ON ISTAR

Reason for Referral: (Check one or more)

- | | | |
|---|---|--|
| <input type="checkbox"/> Current Attempt | <input type="checkbox"/> Sudden changes in behavior | <input type="checkbox"/> Frequent complaints of illness/
body aches |
| <input type="checkbox"/> Direct Threat | <input type="checkbox"/> Drug or alcohol abuse | |
| <input type="checkbox"/> 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"/> Signs of depression | <input type="checkbox"/> Truancy or running away | <input type="checkbox"/> Other (Specify) |

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) | |

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

**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

RISK ASSESSMENT REFERRAL DATA (RARD)

INFORMATION FOR RARD TAB ON ISTAR

ATTACHMENT I

(Page 2 of 2)

CONFIDENTIAL

The following action items are **MANDATORY**.

Refer to **BUL-2637.1 Suicide Prevention, Intervention & Postvention** for guidelines and attachments.

Was the student assessed for risk using the District guidelines and procedures?

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

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-1347.2 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 handouts – General Guidelines for Parents?

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

What services were provided and/or resources offered to the student/family: (Check one or more)

- ☐ Contacted Psychiatric Mobile Response Team for evaluation
- ☐ Referral to School Mental Health Clinic
- ☐ Referral to school-based group counseling
- ☐ Referral to school-based individual counseling
- ☐ Referral to Community Mental Health Agency
- ☐ Recommendation for program modification (i.e., smaller class, IEP,...)
- ☐ Other (please specify) _____

Assessed by Crisis Team Member:

Employee No.: _____ Email Address: _____

Name: _____ Contact No.: _____

Date student was assessed: _____ Date RARD was completed: _____

Assessor Job Title:

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

**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
Suicide Prevention Services**

ATTACHMENT J

(Page 1 of 2)

Self-Injury and Youth - General Guidelines for Parents*

GENERAL INFORMATION

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

SIGNS OF SELF-INJURY

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

LA COUNTY RESOURCE
877.7.CRISIS or 877.727.4747
Suicide Prevention Center
BUL-2637.1

NATIONAL RESOURCE
800.273.TALK (8255)
National Suicide Prevention Lifeline

SUGGESTIONS FOR PARENTS**LISTEN**

- Address the behavior as soon as possible by asking open questions and listening to what they say and how they act.
- Talk to your son/daughter with compassion, calm and caring.
- Understand that this is his/her way of coping with pain.

PROTECT

- Foster a protective home environment by maintaining structure, stability, and consistency.
- Maintain high expectations for behavior and achievement.
- Set limits and provide supervision and consistency to encourage successful outcomes.
- Provide firm guidelines and set limits around technology usage.
- Be cautious about giving out punishments or negative consequences as a result of the SI behavior, as these may inadvertently encourage the behavior to continue.

CONNECT

- Check in with your child on a regular basis.
- Become familiar with the support services at your child's school. Contact appropriate person(s) at the school, for example, the school social worker, school psychologist, school counselor, or school nurse.

MODEL

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

TEACH

- Teach about normal changes that can occur when experiencing stressful events.
- Teach your child about common reactions to stress and help them identify alternative ways to cope.
- Teach your child help seeking behaviors and help them identify adults they can trust at home and at school when they need assistance.

***REFERENCES**

Lieberman, R., Toste, J.R., & Heath, N.L. (2008). Prevention and intervention in the schools. In M.K. Nixon & N. Heath (Eds.), *Self injury in youth: The essential guide to assessment and intervention*. New York, NY: Routledge.

Lieberman, R. & Poland, S. (2006). Self-mutilation. In G.G. Bear & K.M. Minke, *Children's Needs III*. Bethesda, MD: National Association of School Psychologists.

Sweet, Miranda & Whitlock, Janis (2011) *Self-Injurious Behavior in Adolescents and Young Adults*. Cornell University Research.

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 Educational Service Center 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, visit <http://suicideprevention.lausd.net>.

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.

For a complete description of each procedure, refer directly to the Bulletin 2637.1.

- A. ☐ GATHER PERTINENT INFORMATION
 - ☐ Confirm death and cause of death, if this information is available.
 - ☐ Contact family of the deceased.
- B. ☐ NOTIFY
 - ☐ ESC 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 parents.
 - ☐ 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