



SUICIDE PREVENTION, INTERVENTION, AND POSTVENTION POLICY

PURPOSE:

At Para Los Niños, the health, safety, and well-being of our students, including mental health and wellness, must be a top priority in our schools. We recognize that suicide is a major cause of death among youth and should be taken seriously. By working together, we can increase awareness of the mental health issues our students face and reduce the number of student suicides. To attempt to reduce suicidal behavior and its impact on students, families, and stakeholders, Para Los Niños has developed this policy to codify preventive strategies and intervention procedures.

This policy covers actions that take place in the school, on school property and at off-site school-sponsored functions and activities. This policy applies to the entire school community, including educators, school and district staff, students, parents/guardians, and volunteers. This policy will also cover appropriate school responses to suicidal or high risk behaviors that take place outside of the school environment.

APPROACH:

1. Prevention and Instruction

Para Los Niños recognizes suicide prevention is most effective when students, staff, parents, and community members have adequate information about prevention. Suicide prevention strategies may include, but not be limited to, efforts to promote a positive school climate that enhances students' feelings of connectedness with the school and is characterized by caring staff and harmonious interrelationships among students. This policy shall compliment Para Los Niños' comprehensive wellness program by promoting the healthy mental, emotional, and social development of students including, but not limited to, the development of problem-solving skills, coping skills, and self-esteem.

As an organization, Para Los Niños has developed Crisis Response Teams at each of the charter schools. The Crisis Response Teams are multidisciplinary teams of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response and recovery. These professionals have been specifically trained in crisis preparedness through recovery and take the leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery supports.

Suicide prevention instruction will be implemented as follows:

Students:

Suicide prevention education will be taught in 6th grade – 8th grade Advisory Classes. It is recommended that these lessons are taught in September (to coincide with Suicide Awareness month) and March (to coincide with Self-Injury Awareness month). All students will be expected to create a school culture of respect and support in which students feel comfortable seeking help for themselves or friends. Students are encouraged to tell any staff member if they, or a friend, are feeling suicidal or in need of help. They should know that because of the life or death nature of these matters, confidentiality or privacy concerns are secondary to seeking help for students in crisis.

Staff:

It is expected that all school staff will review this policy and accompanying protocols before or near the beginning of the school year. Training will be provided for all teachers, school administration, afterschool staff, and other staff, including the following information:

- Background on the scope of the problem of youth suicide;
- Information about the signs of stress and depression and where to send students for help;
- Information on risk factors for suicide;
- Information about signs of suicidal thinking;
- Step by step process on what to do when you encounter a student who exhibits risk of self-harm, verbalizes or writes suicidal ideation or exhibits immediate risk of self-harm/suicide.

In addition to this training, teachers will be invited to attend the Integrated Services meeting upon submitting an IS Referral to further discuss concerns.

Students' Families:

Parents and guardians play a key role in preventing youth suicide. Parents/guardians need to learn the warning signs and risk factors for suicide. This information helps them connect their children to mental health professionals when appropriate. In partnership with the Family Advocate Coordinator and Mental Health team, an annual parent/family training will be offered that will include information on:

- Background on the scope of the problem of youth suicide;
- Information about the signs of stress and depression and a parent's role in helping;
- Information on risk factors for suicide;
- Information about signs of suicidal thinking;
- Information about parenting and communication strategies for suicide prevention;
- Information about when and how to intervene when signs of suicidal thinking appear;
- Resources in the school and community for families that need help.

Families will also be informed about the services available at Para Los Niños including mental health services, parenting groups and workshops. The contact information for the school's Family Advocate will be provided so parents/caregivers have a contact at their school to help link them to appropriate services for their child.

2. Intervention

From time to time, it will come to a staff member's attention that a student is experiencing a crisis that may include suicidal thinking or behavior. The following procedures will be observed when this occurs:

- All staff members must take threat of self-harm and suicidal behavior seriously every time!
- If the information comes directly from the student, expressed either verbally or through behavior, the staff member will obtain basic information from the student about the crisis. The staff member will then contact a member of the Crisis Response Team. If there is no member of the Crisis Response Team present, the Office Manager will contact a staff from the Mental Health team.
 - Mental Health Team
 - Judi Stadler, LCSW
 - Sharon Berg, PhD
 - Jaime Chaignat, MFT

- Elaine Bagorio, MFT
- Coral Compagnoni, MFT
- If the information comes from another person such as a peer or a parent, the staff member will immediately contact a member of the Crisis Response team to meet with the student to further assess. If no one from the Crisis Response team is available, the Office Manager will contact a member of the Mental Health team who will schedule a meeting with the student and further assess risk.
- The Crisis Response team/Mental Health team member will further discuss the situation with the student to obtain information about the crisis and assess their needs.
- If the student reveals mental health concerns and/or suicidal ideation, the Mental Health team or School Psychologist/Social Worker will perform a suicide risk assessment using Para Los Niños' Risk Assessment Protocol (see Appendix).
- If immediate support is needed, staff would reach out to Psychiatric Mobile Response Team (PMRT) or call 911.

3. Postvention

Para Los Niños recognizes that suicide is a crisis that affects the entire school community. In the event of a student's death by suicide, it is critical that the school's response be swift, consistent, and intended to protect the student body and community from suicide contagion. The following actions will be taken immediately following the news of an incident:

- Confirm the news and convene the Crisis Team;
- Before school begins on the first day, a staff meeting will be held to debrief the faculty and staff to review the crisis response plan, discussion of the day's procedures, and assignment of appropriate roles. The staff meeting will include information about the verifiable facts of the situation and opportunity for faculty and staff to ask questions.
- During the school day on the first day following the incident, the building administrator will distribute a short announcement to be read by all classroom teachers at the beginning of the school day. This statement should not be made in an assembly or over the school's public address system. The statement will summarize the facts of the situation, the school's response plan, and the importance of seeking immediate help from an adult if a student or their peer is in crisis. Communication should also go to students' families by letter. At the conclusion of this first school day, there will be another all-staff meeting to debrief the day.
- After the first day, the "Safe Room" will be open for multiple days after the incident if student need continues. However, the school will return to a normal schedule as quickly as possible, with accommodations available for students who have been identified as at elevated risk. Students identified as at risk will receive extra support and observation during these times as well.

CONCLUSION:

Para Los Niños recognizes that one outcome of quality postvention will be enhanced and improved by strong prevention. When postvention in the aftermath of the crisis has been completed, the Crisis Response Team, including members of Administration will convene to determine whether adjustments need to be made in the school's prevention plan moving forward.



Para Los Niños Suicide Prevention, Intervention, and Postvention Protocol

The health, safety, and well-being of our students, including mental health and wellness, must be a top priority in our schools. By working together, we can increase awareness of the mental health issues our students face and reduce the number of student suicides.

This protocol covers actions that take place in the school, on school property, at school-sponsored functions and activities, on school buses or vehicles and at bus stops, and at school sponsored out-of-school events where school staff are present. This protocol applies to the entire school community, including educators, school and district staff, students, parents/guardians, PLN Staff, and volunteers. This protocol will also cover appropriate school responses to suicidal or high risk behaviors that take place outside of the school environment.

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Warning Signs, Risk Factors, and Protective Factors

Warning signs should be taken seriously. If a staff member notices warning signs, he/she should alert a member of the mental health team as soon as possible. These include:

- References to suicide
- Giving away treasured possessions
- Withdrawal from friends
- Dramatic changes in attendance
- Declining academic performances/failure to complete work
- Frequent talk or writing about death/despair
- Mood swings
- Dramatic changes in personality/appearance
- Increased use of drugs and/or alcohol

Risk factors are stressful events, situations, or conditions that exist in a person's life that may increase the likelihood of attempting or dying by suicide. There is no predictive list of a particular set of risk factors that spells imminent danger of suicide. It is important to understand that risk factors DO NOT cause suicide.

Primary Risk Factors Include:

- History of prior suicide attempts & current acute suicide ideation
- Depressive or other psychiatric disorder with extreme hopelessness (Depression, Conduct Disorder, Anxiety Disorder)
- Recent loss/separation (e.g., breakup with boyfriend, death of loved one)
- Victim of physical or sexual abuse
- Substance Abuse (drugs/alcohol)
- Psychiatric Disorder
- Hopelessness, isolation, perfectionism
- Impulsive or aggressive tendencies
- History of running away
- Easy access to firearms in home (associated with completed suicides)

School/Community Risk Factors:

- Exposure to recent suicide in community
- Truancy
- Disciplinary actions (suspension, expulsion)
- Low scores on achievement tests & perceived failure with pressure to succeed
- Peer rejection or victimization
- Loss of close relationship (e.g., boy/girlfriend)

INTERVENTION

From time to time, it will come to a staff member's attention that a student is experiencing a crisis that may include suicidal thinking or behavior. The following procedures will be observed when this occurs:

Assessing the scope of the crisis and the risk of suicide

- **All staff members must take threat of self-harm and suicidal behavior seriously every time!**
- If the information comes directly from the student, expressed either verbally or through behavior, the staff member will obtain basic information from the student about the crisis. The staff member will then contact a member of the Crisis Response Team. If there is no member of the Crisis Response Team present, the Office Manager will contact a staff from the Mental Health team.

Site Crisis Response Team	Mental Health Team
<ul style="list-style-type: none">▪ Principal▪ Assistant Principal▪ School Counselor▪ School Psychologist▪ Social Worker▪ Office Manager	<ul style="list-style-type: none">▪ Judi Stadler, LCSW 310-804-8553▪ Sharon Berg, PhD 310-210-4082▪ Jaime Chaignat, MFT 323-274-9719▪ Elaine Bagorio, MFT 310-592-3436▪ Coral Compagnoni, MFT 310-498-5126

- If the information comes from another person such as a peer or a parent, the staff member will immediately contact a member of the Crisis Response team to meet with the student to further assess. If no one from the Crisis Response team is available, the Office Manager will contact a member of the Mental Health team who will schedule a meeting with the student and further assess risk.
- The Crisis Response team/Mental Health team member will further discuss the situation with the student to obtain information about the crisis and assess their needs.
- If the student reveals mental health concerns and/or suicidal ideation, the mental health team or School Psychologist/Social Worker will perform a suicide risk assessment using Para Los Niños' Risk Assessment Protocol (see Appendix).
- If immediate support is needed, staff would reach out to Psychiatric Mobile Response Team (PMRT) or call 911.
- Refer to Risk Intervention Guide for School Staff.

Dos and Don'ts When Discussing Suicide

<u>DO</u>	<u>DON'T</u>
<ul style="list-style-type: none">✓ Talk openly✓ Show you care & that student is not alone✓ Ask direct questions✓ Stay calm✓ Proceed slowly✓ Be positive✓ Know your limits✓ Consult with colleagues✓ Clarify permanence of death✓ Emphasize alternatives✓ Take care of yourself and process/debrief event✓ Clarify age-appropriate understanding of death	<ul style="list-style-type: none">■ Be shocked■ Encourage guilt■ Try to physically take away a weapon■ Promise total confidentiality■ Minimize the problem■ Leave student alone■ Get overwhelmed■ Argue against suicide■ Give up hope■ Take responsibility for student's life

Response to Identified Suicide Risk

- If there is **immediate risk** of harm to the student's self or others (for example, a suicide attempt in progress) the Crisis Response team member will call 911, notify the student's guardian, notify the administrator, and follow the school's incident protocol (see Appendix) to document such an incident. If a school administrator conducted the risk assessment, he/she must immediately consult with a staff member who has a license/credential in mental health. **** The student must not be left alone while awaiting first responders.****
- If there is **high risk**, and a school administrator conducted the risk assessment, he/she must immediately consult with a staff member who has a license/credential in mental health. The person must remain with the student and provide a safe, calming environment. The mental health staff or member of the Crisis Response team will notify the student's guardian(s) that they should come to the school and notify the building administrator. If the student's guardian(s) are unavailable or unable to come to the school:
 - A student age 13 or older may independently consent for a range of mental health services.
 - If the student is 12 or under, the student may remain under observation while continued efforts are made to contact her or his guardian or emergency contact.
 - If a responsible adult cannot be located within a reasonable amount of time, licensed mental health team member may contact the Department of Mental Health Psychiatric Mobile Response team (800-854-7771).

With the student's guardian or, for students 13 or older, without them, the licensed mental health member may call the Department of Mental Health PMRT (800-854-7771) to request a crisis evaluation. The guardian may instead choose to bring the child to the nearest hospital for evaluation. If the student leaves school grounds with parent/guardian:

- Guardian must be notified of the risk assessment and informed of the severity.
- Guardian must agree to take their child to an emergency room or emergency appointment with a mental health professional ASAP.
- Guardian must agree to supervise their child at all times and remove all risky items from reach (e.g., knives, weapons, razorblades, etc.).
- Guardian and student must work with mental health/support team member to complete No Harm Agreement (see Appendix). Guardian and student must sign, and should be given a copy to take home.

- If there is **moderate risk**, the support team member must remain with the student and provide a safe, calming environment. The student's guardian(s) will be contacted to come to the school before the end of the school day. In the event that the guardian(s) cannot be reached or are unsupportive:
 - A student age 13 or older may independently consent for a range of mental health services.
 - If the student is 12 or under, the student may remain under observation while continued efforts are made to contact her or his guardian or emergency contact.

With the student's guardian or, for students 13 or older, without them, the licensed mental health team member may call the Department of Mental Health (800-854-7771) to request a crisis evaluation. The guardian may instead choose to bring the child to the nearest hospital for evaluation. If the student leaves school grounds with parent/guardian:

- Guardian must be notified of the risk assessment and informed of the severity.
 - Guardian must agree to take their child to an emergency room or emergency appointment with a mental health professional ASAP.
 - Guardian must agree to supervise their child at all times and remove all risky items from reach (e.g., knives, weapons, razorblades, etc.).
 - Guardian and student must work with mental health/support team member to complete No Harm Agreement (see Appendix). Guardian and student must sign, and should be given a copy to take home.
- If there is **low risk**, the support team member will work with the student to describe the situation to her or his guardian(s). The student will commit to staying safe until the next school day and will work with support team member to brainstorm things that they are looking forward to, people who would miss them if they are gone, and things that make them happy. Mental health/support team member will provide mental health resources and emergency contacts to parents.

In all situations:

- If a student is remaining in school but has missed class time or the crisis is affecting their school performance, the support team member will discuss with the student and, if applicable, the student's guardian what should be shared with the student's teachers. This may include the nature of the crisis, accommodations made in the safety plan, and what support the student will need. This information should be shared with the student's teachers in a confidential manner that will not be seen or overheard by other students or staff.

Guidelines for Communicating with Parents/Guardians of Suicidal Adolescents

After any risk assessment, a mental health/student support member should communicate with parents/guardians. Best efforts should be made to adhere to the following guidelines:

- 1. Inform the parents that their adolescent is at risk for suicide and explain why you think so.**
For example, if you are working with an adolescent who is known to have made one attempt, it is important to inform the parent or caretaker that adolescents who have made a suicide attempt are at-risk for another attempt. One attempt is a very strong risk factor for another.
- 2. Tell parents or caretakers that they can reduce the risk of suicide by removing firearms from the house.** Research shows that the risk of suicide doubles if a firearm is in the house, even if the firearm is locked up. It is extremely important to help parents or caretakers understand the importance of removing access to firearms and other lethal means. Majority of youth suicides are committed with a firearm. This is important information for all parents, even if they do not own a firearm. Lethal means may be readily available at the home of other family members, friends, or neighbors. Every effort must be made to remove all access to lethal means. Officers from local police or sheriff's departments are willing to discuss removing, storing, or disposing of firearms.
- 3. Ask parents to remove access to any lethal means student can use to harm self, such as medications, over the counter pills, knives, etc.** This does not mean that all of these items need to be removed from the home, but they should be closely monitored, secure, and in a place where the student cannot access them.

For More Information:

- ◆ If you are concerned about a loved one or friend who may be in crisis, call the Los Angeles Crisis Hotline at 1-800-854-7771 or statewide 1-800-273-TALK.
- ◆ To learn more about Suicide Prevention refer to the following website: www.suicidology.org (American Association of Suicidology)

Guidelines for Responding to a Student Suicide Attempt on School Premises

When a student exhibits life-threatening behavior or has committed an act of deliberate self-harm on the school premises, an immediate response is necessary. Actions required of the staff person on the scene as well as those of the school administrator must be carefully planned in advance.

Procedures for Assisting the Suicidal Student:

1. Keep the student safe and under close supervision. Never leave the student alone. Designate one or more staff members to stay with and support the individual in crisis while help is being sought. Call 911 if student needs emergency medical help.
2. Notify the school administrator or designee who will immediately communicate with campus supervisors, designated crisis response team members and/or law enforcement.
3. Notify the guardians what has occurred and arrange to meet them wherever appropriate (as student might need emergency transportation to hospital).
4. Consult with Department of Mental Health (800-854-7771) as necessary to assess the student's mental state and to obtain a recommendation for needed treatment.
5. If the youth does not require emergency treatment or hospitalization and the immediate crisis is under control, guardian and student should review and sign the No Harm Agreement (see Appendix) with a mental health/student support team member. The student may then be released to the guardian with arrangements for needed medical treatment and/or mental health counseling.
6. In the event that the situation requires transportation to a hospital emergency department for medical treatment, contact administrator to assess the situation, call 911, and expedite the transition to the hospital.
7. Explain that a designated school professional will follow-up with parents and student regarding arrangements for medical and/or mental health services.
8. Establish a plan for periodic contact with the student while away from school.
9. Make arrangements, as necessary, for class work assignments to be completed at home if the student is unable to attend school for his/her course requirements.
10. Other school policies that apply to a student's extended absence should be followed.

Procedures for Assisting Other Students during a Crisis:

During the crisis, clear the area of other students immediately. It is best to keep students in current classrooms and provide a supportive presence until the emergency situation is under control. Teachers should not provide direct guidance regarding the crisis unless they have been trained to do so.

Administrators should consult with either the Directors or Clinical Coordinators of mental health team to determine if need to mobilize the school based crisis team, with support from community crisis service providers, to help staff address the reactions of other students. When other students know about a suicide attempt, steps must be taken to avoid copycat behavior among vulnerable at-risk students. (Note: At-risk students may be friends and relatives of the student and other students who may not know the individual, but who are troubled.)

Suggested Steps:

- a. Submit mental health referral and/or provide family with list of mental health resources (see Appendix).
- b. In classrooms or other small groups, offer a brief statement assuring others that the student who made the suicide attempt is receiving help. Keep the details of the attempt confidential.
- c. Describe and promote resources for where students can get help both in and out of school.
- d. Monitor close friends and other students known to be vulnerable and offer support as needed.
- e. Hold a mandatory debriefing for staff, administrators, and crisis response team members who directly dealt with the student in crisis.
- f. Debrief with other school staff to provide an opportunity to address feelings and concerns, and conduct any necessary planning.
- g. Document actions taken as outlined in school incident reporting protocol.

Documentation Procedures/Maintenance of Files

1. All documents should be uploaded to OneDrive by a member of the mental health team. Original copies should be filed in the locked confidential file in the counselor's office.
2. Dissemination of information about at-risk students is governed by provisions of the United States Family Education Rights and Privacy Act of 1974, Public Law 93-380, as amended by Public Law 93-586, the Education for All Handicapped Children Act, Public law 94-142, and 20 A MRSA. §§ 6001 — 6001-B.
3. Whenever a risk is conducted, it should be documented in the Risk Assessment Log on OneDrive.
4. If applicable, either the site administrator or crisis team member designee completes the ***Suicide Risk Assessment Referral Data (RARD)*** form to document incident and intervention actions taken. Please complete all sections, obtain site administrator's signature and sign.
5. If student is hospitalized or requires further intervention, maintain records in confidential file in school counselor's office.

Re-Entry

If a student has missed one or more days of school because of a suicidal crisis (for example, because of inpatient hospitalization or emergency expulsion), the student's re-entry to school must begin with a re-entry meeting.

Confidentiality is extremely important in protecting the student and enabling school personnel to render assistance. Although necessary for effective assistance, it is often difficult to obtain information on the student's condition. If possible, secure a signed release from parents/guardians to communicate with the student's therapist/counselor. Meeting with parents about their child prior to his/her return to school is integral to making decisions concerning needed supports and the student's schedule.

- If possible before re-entry, a designated support team member (such as a school counselor, school psychologist, administrator, or other designee) with whom the student/family feels comfortable should be in touch with the family regarding re-entry.
- The re-entry meeting will be attended by the student's guardian(s), appropriate support team members, the building administrator, and the student, if developmentally appropriate.
- During the meeting, the team will discuss how to support the student in phasing back into normal school life. Depending on the student's situation, this could include accommodations such as beginning with a lighter course load or workload.
- Along with re-entry paperwork, a safety plan will be filled out at the re-entry meeting. This will be revisited on a schedule the team determines and adjusted as needed.
- Decisions will be made in this meeting, with the input of the student and the student's guardian if applicable, what should be shared with teachers. This may include the nature of the crisis, accommodations made in the safety plan, and what support the student will need. This information should be shared with the student's teachers in a confidential manner that will not be seen or overheard by other students or staff.
- Depending on the student, other re-entry accommodations may be appropriate. These could include a meeting between the student's counselor and a small group of her or his friends to discuss how to support the student in her or his return, adjustments in examination schedules, or other accommodations.

POSTVENTION

Para Los Niños recognizes that suicide is a crisis that affects the entire school community. In the event of a student's death by suicide, it is critical that the school's response be swift, consistent, and intended to protect the student body and community from suicide contagion. For more resources regarding postvention, including letter templates, please see

http://notebook.lausd.net/pls/ptl/docs/PAGE/CA_LAUSD/FLDR_ORGANIZATIONS/STUDENT_HEALTH_HUMAN_SERVICES/SHHS/MENTAL/SMH_SUICIDE_PREVENTION/SUICIDE_PREVENTION_RESOURCE/POSTVENTION%20TOOLKIT%20FOR%20SCHOOLS%20AFTER%20A%20SUICIDE.PDF.

Confirming the News and Convening the Crisis Response Team

Upon receiving news of a student suicide, a staff member must immediately contact the

The building administrator will confirm the veracity of the information. This could include communication with the deceased student's family.

Upon confirming that the information is correct, the building administrator will notify the school's crisis response team.

For further consult, crisis team members can contact district mental health support (lakisha.bridgewater@lausd.net). Our school policy dictates that staff member do not talk communicate with the media regarding anything at any time.

Before School Begins On the First Day

A staff meeting will be held before the beginning of the next school day to debrief the faculty and staff on the crisis response plan. The building administrator must consider the inclusion of all adults in the school environment, including food service, clerical, and maintenance workers. Grief counseling provided by school mental health staff will be available for faculty and staff members in need of it and substitutes will be provided if necessary.

The staff meeting will include information about the verifiable facts of the situation and opportunity for faculty and staff to ask questions. The meeting will include a review of the crisis plan, discussion of the day's procedures, and assignment of appropriate roles.

A Safe Room will be established in the school building and staffed by members of the building student support team and members of the district crisis team. At least one qualified mental health care provider should be in the Safe Room at all times. Students in need of support will be directed there by all faculty and staff throughout the school day. Safe Room programming should include discussion of grief and coping and should follow safe messaging guidelines, available at:

<http://www.sprc.org/sites/sprc.org/files/library/SafeMessagingrevised.pdf>. Entry into and exit from the Safe Room should be documented as students arrive and leave.

A school counselor or other member of the crisis team will be assigned to follow the deceased student's schedule and be present in each of the student's classes throughout the school day.

Documentation of each staff member's role during the day will be completed at the end of this meeting.

During the School Day on the First Day

The building administrator will distribute a short announcement to be read by all classroom teachers at the beginning of the school day. This statement should *not* be made in an assembly or over the school's public address system. The statement will summarize the facts of the situation, the school's response plan, and the importance of seeking immediate help from an adult if a student or their peer is in crisis. For example,

*Today, we learned the sad news that **student**, a **grade** student at our school, died by suicide yesterday. We send our condolences to **student**'s family and friends. We know that this news will affect all of us differently. Today there are extra counselors from this school, **other schools, and organizations** available in **safe room** to talk with any student who wishes to talk to a counselor. We encourage you to use this resource and tell your friends about it. Information about the funeral will be provided when it is available, and students will be allowed to attend with their guardian's permission.*

Communication should also go to students' families by letter. Communication with parents should include the following:

- The school's condolences to the deceased student's friends and family
- Brief factual information about the crisis, avoiding student identity, explicit details of the death, or means
- Messages about normal grieving, such as that other students may feel regret, guilt, anxiety, or fear
- Mention of existing support and suicide prevention resources in the school
- Discussion of the school's crisis response, including the safe room and, if applicable, a scheduled parent meeting
- Discussion of suicide contagion, including signs of a crisis and intervention strategies
- An invitation to be in touch with resources within the school with questions or concerns.

If a parent debrief meeting is scheduled close to the suicide, presenters' content will be the same as above. It is ideal to bring in a mental health or suicide prevention expert for this presentation.

An effort will be made during this school day to list students who may be in need of extra support. This should include the deceased student's friends, dating partners, relatives, teammates, and other associates; other students with a history of suicidal thoughts or behaviors; other students who have dealt with a recent crisis or loss; and students experiencing mental health problems. Where possible,

parents may be encouraged to add their children to the list if they have concerns. Crisis team/mental health team members will reach out to each student on this list for a one-on-one meeting and needs assessment within one to two school days after the crisis.

At the conclusion of this first school day, there will be another all-staff meeting to debrief the day. Content of this meeting will include:

- How did implementation of the plan work during the day? What worked well? What was difficult?
- What student needs or concerns arose during the day? How were they handled and what outstanding next steps remain?
- Has any new information about the incident surfaced during the day?
- What is the plan for the following day?

After The First Day

- The “Safe Room” will be open for multiple days after the incident if student need continues. However, the school will return to a normal schedule as quickly as possible, with accommodations available for students who have been identified as at elevated risk. These accommodations could be determined as part of a safety planning process as in the Intervention section of this plan.
- The classroom(s) should create new room arrangements/seating charts. This must be done sensitively and with clear communication to students. A member of the student support team may wish to be present during the first class period after the new seating arrangement. It is best to rearrange during a weekend, school break, or other time that the student body will be away from the school for multiple days. Messages to students will emphasize that the action is not meant to erase or disrespect the student but to help the class adjust to the “new normal.” A class discussion facilitated by the support team member may be necessary at this time.

It will be important to empty the student’s cubbies or other places personal items are stored in a timely fashion. A member of the crisis team, ideally the building administrator, will consult with the student’s family about who should do this and what should be done with the items.

- Students may wish to attend the deceased student’s funeral. It is appropriate to make information about the date, time, and location of the funeral available to students. Students interested in attending must submit written permission from their guardian(s), and guardians will be encouraged to accompany students to the funeral. Having extra counseling staff available in the school the day of and the day after the funeral is recommended.
- Para Los Niños recognizes that it is not a safe practice to hold a candlelight vigil, hold a memorial service, or erect a permanent memorial (such as a plaque, bench, or tree) at the school in the case of a suicide, as these practices could contribute to sensationalization of suicide or students

considering suicide a means to gain admiration or attention. Acceptable “living memorials” that decrease the risk of suicide contagion include:

- A student-led suicide prevention initiative supervised by one or more faculty members;
 - A donation or fundraiser for a local crisis service or mental health care provider (see Appendix for list of providers);
 - Participation as a school in a local suicide awareness event;
 - In collaboration with the district, hosting a suicide prevention or postvention training for students, staff, and/or families;
 - Placing printed prevention resources in the school.
- Well after the loss of a student to suicide, the school will be mindful of anniversaries, such as the anniversary of the death, the student’s birthday, the date the student would have graduated, etc. Students identified as at risk will receive extra support and observation during these times as well.

Para Los Niños recognizes that one outcome of quality postvention will be enhanced and improved by strong prevention. When postvention in the aftermath of the crisis has been completed, a task force including members of the building’s support team and the district crisis team will convene to determine whether adjustments need to be made in the school’s prevention plan moving forward.

APPENDIX CONTENTS

- 1. SUICIDE RISK/ASSESSMENT – DEFINITIONS**
- 2. ECP Suicide/Risk Assessment Checklist**
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SUICIDE RISK/ASSESSMENT – DEFINITIONS

1. At risk: A student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide including potential means of death and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedures.

2. Crisis Response team A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response and recovery. These professionals have been specifically trained in crisis preparedness through recovery and take the leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery supports.

3. Postvention Suicide postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.

4. Risk assessment An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, school counselor, or school social worker). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.

5. Risk factors for suicide Characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and or so

6. Self-harm Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either non suicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.

7. Suicide Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: The coroner's or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death.

8. Suicide attempt A self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.

9. Suicidal behavior Suicide attempts, intentional injury to self-associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.

10. Suicide contagion The process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.

11. Suicidal ideation Thinking about, considering, or planning for self-injurious behavior which may result in death. A desire to be dead without a plan or intent to end one's life is still considered suicidal ideation and should be taken seriously.

Para Los Niños Suicide/Risk Assessment Checklist

Student Name/DOB: _____ Grade: _____ Date: _____

CATEGORY	QUESTIONS TO ASK	YES	NO	NOTES/ INFO
1. Current Ideation	<ul style="list-style-type: none"> Have you had any thoughts about hurting yourself? Are you thinking about harming yourself? 			
2. Communication of Intent	<ul style="list-style-type: none"> <i>Has the student communicated directly or indirectly ideas or intent to harm/kill themselves? (Communications may be verbal, non-verbal, electronic, written.)</i> 			
3. Plan	<ul style="list-style-type: none"> Have you thought of how you will hurt yourself? How? When? 			
4. Means and Access	<ul style="list-style-type: none"> Do you access to a weapon, pills, rope, or anything you have thought of using? 			
5. Past Ideation	<ul style="list-style-type: none"> Have you had thoughts like these before? When? What led you to think of hurting yourself? 			
6. Previous Attempts	<ul style="list-style-type: none"> Have you ever tried to hurt or kill yourself? Tell me what happened. 			
7. Changes in Mood/ Behavior	<ul style="list-style-type: none"> Have you noticed that you have felt sad or stopped being interested in things you were before in the past year? <i>Has the student demonstrated abrupt changes in behaviors?</i> <i>Has the student demonstrated recent, dramatic changes in mood?</i> 			
8. Stressors	<ul style="list-style-type: none"> Is there anything that has happened recently that has made you feel this way? 			
	<ul style="list-style-type: none"> Have you ever lost anyone due to suicide? 			
	<ul style="list-style-type: none"> Have you lost anyone recently? (Death, separation, etc.) 			
	<ul style="list-style-type: none"> Have you experienced anything stressful in your life? (Domestic violence, natural disaster, community violence, etc.) 			
	<ul style="list-style-type: none"> Have you felt bullied, harassed, or experienced discrimination? Do you feel hurt by anyone? 			
9. Mental Illness	<ul style="list-style-type: none"> Have you felt very sad or anxious in the past? <i>Does the student have a history of mental illness?</i> 			
10. Substance Use	<ul style="list-style-type: none"> Have you ever used any type of drug or alcohol? 			
11. Protective Factors	<ul style="list-style-type: none"> Who can you go to when you are feeling sad? Is there someone you trust to let them know how you are feeling? (At home, school) 			
	<ul style="list-style-type: none"> What do you see yourself doing in the future? 			
	<ul style="list-style-type: none"> <i>Can the student readily name plans for the future, indicating a reason to live?</i> 			
12. Other Relevant Factors to Consider	<ul style="list-style-type: none"> 			

Completed by: _____

Name/title

Signature

LEVELS OF SUICIDE RISK TABLE

(Bryan & Rudd, 2003)

1. NONEXISTENT	<ul style="list-style-type: none"> __ No identifiable suicidal ideation
2. MILD or LOW	<ul style="list-style-type: none"> __ Suicidal ideation of limited frequency __ No plans __ No intent (degree to which student has planned suicide behavior) __ Few risk factors __ Good self-control __ Presence of protective factors
3. MODERATE	<ul style="list-style-type: none"> __ Frequent suicidal ideation with limited intensity and duration __ Some plans, not specific __ No intent __ Some risk factors __ History of previous suicide threat/attempt
4. SEVERE	<ul style="list-style-type: none"> __ Frequent suicidal ideation __ Intense suicidal ideation __ Enduring suicidal ideation __ Specific plans __ Some intent or method
5. EXTREME	<ul style="list-style-type: none"> __ Frequent suicidal ideation __ Intense suicidal ideation __ Enduring suicidal ideation __ Specific/concrete plans __ Clear intent or method __ Limited self-control __ Severe depression symptoms __ Sense of hopelessness __ Reports writing suicide note __ Many risk factors __ No protective factors __ Low level of rescue & reversibility of plan



Student No Harm Agreement

Date: _____

Reviewed by School staff (name/title):

I, _____ (student) make a commitment to living.

I will not harm myself or anyone else in any way. I will not attempt suicide, or any other self-injury.

If I begin to have thoughts of harming myself:

1. I will try to identify specifically what is upsetting me.
2. I will review alternatives to self-harm, such as thinking about my friends, family or the future.
3. I will do at least one of the following things for 30 minutes to try to make myself feel better:

4. I will seek out a responsible, caring and supportive person if thoughts of self-harm continue.

I, _____ (parent) make a commitment to take responsibility of constant supervision. If at any time I do not feel I can have constant supervision, I will seek out immediate mental health care as soon as possible, which may include contacting any of the following to keep the student safe from harm.

- 1-800 273-8255 National Suicide Prevention Lifeline
- 911
- Nearest emergency room

☐ ECP has provided mental health resources and I will pursue

☐ ECP has provided mental health resources and I decline to pursue

Student Signature

Date

Parent Signature

Date



Integrated Services Referral form for Teachers

Teacher's Name: _____ Date: _____

Student's Name: _____ Grade: _____

Basic Need Concerns:

- ___ Always hungry/hoarding food
- ___ Appears tired/Not getting enough sleep
- ___ Appears disheveled/dirty
- ___ Excessive absences/late to class

At Risk behaviors:

- ___ Physically aggressive (hitting/kicking/punching)
- ___ Verbally aggressive (threatening, name calling)
- ___ Cannot sit still in class (gets out of seat, constantly fidgeting)
- ___ Disruptive during class
- ___ Difficulty concentrating/short attention span
- ___ Sexually inappropriate behaviors
- ___ Self-Injurious behaviors
- ___ Impulsive (runs out of class)
- ___ Appears Sad/Cries
- ___ Appears anxious, excessive worrying
- ___ Gets angry easily
- ___ Isolates/no friends
- ___ Gets teased/bullied
- ___ Bullies peers

Aademic Concerns:

- ___ Failing class
- ___ Does not appear to comprehend material
- ___ Does not complete/submit assignments or homework
- ___ Way below grade level

Strengths:

Para Los Niños
Mental Health Service Referral - Ages 6+
For Assistance please contact:
Bianca Villanueva, Intake Specialist (213) 623-8446 x234
Please Fax Completed Referral to:
Evelyn Coria, ASW – Intake Coordinator (213) 896-1880

Referral Source: (IMPORTANT: PLEASE DO NOT LEAVE BLANK):

- | | | |
|--|---|---|
| <input type="checkbox"/> Gratts Primary Center | <input type="checkbox"/> PLN Family Services | <input type="checkbox"/> Other PLN Staff: _____ |
| <input type="checkbox"/> PLN Charter Elem School | <input type="checkbox"/> 9th Street Elementary <input type="checkbox"/> | |
| <input type="checkbox"/> PLN Charter Middle School | <input type="checkbox"/> Union Rescue Mission | <input type="checkbox"/> Other: _____ |

Name/Tel/Email of Reporting Party: _____

Client Name: _____ D.O.B: _____ Gender: _____ Age: _____

Address: _____ City: _____ Zip Code: _____

Client's Primary Language: _____ **Ethnicity:** _____

Client's School Name *(if not a PLN School)*: _____ Grade: _____

Teacher's Name: _____ Caregiver's Name: _____

Bio Parent: _____ Foster Parent: _____ Legal Guardian: _____ Other: _____ Caregiver's Language: _____

Phone Number: () _____ Cell Phone: () _____

Insurance coverage:

Medi-cal #: _____ **Issue Date:** _____ **Copy Attached:** Yes / No

SSN#: _____

☐ **Check here if child does not have ANY medical insurance**

Para Los Niños Mental Health cannot accept private insurance. Please redirect family to their insurance carrier.

Additional Information:

☐ **Check here if child has been a victim of a crime or bullying?**

DCFS: Social Worker: _____ Phone: _____ Fax: _____

IEP: Date: _____

Regional Center: Yes: _____ No: _____

TODAY'S DATE: _____

PLEASE SPECIFY SYMPTOMS/BEHAVIORS LEADING TO REFERRAL BELOW:

Check any of the following you consider to be a problem for the client.

<input type="checkbox"/> Unhappy, sad, cries <input type="checkbox"/> Poor hygiene <input type="checkbox"/> Has no friends <input type="checkbox"/> Stays off by himself/herself <input type="checkbox"/> Irritable <input type="checkbox"/> Stubborn <input type="checkbox"/> Temper tantrums <input type="checkbox"/> Self-harm <input type="checkbox"/> Suicidal Ideation/Attempts <input type="checkbox"/> Easily distracted <input type="checkbox"/> Doesn't pay attention <input type="checkbox"/> Impulsive <input type="checkbox"/> Hearing/speech problems <input type="checkbox"/> No or fleeting eye contact <input type="checkbox"/> Does not like new places or people <input type="checkbox"/> Oversensitive to cold, noise, new clothes <input type="checkbox"/> Falls, lack of coordination <input type="checkbox"/> Accident prone	<input type="checkbox"/> Excessive worrying <input type="checkbox"/> Anxious <input type="checkbox"/> Refuses to talk <input type="checkbox"/> Pulls out hair/picks skin <input type="checkbox"/> Recurrent thoughts <input type="checkbox"/> Witness of Violence (Home/Community) <input type="checkbox"/> Death/Illness in Family <input type="checkbox"/> Abuse/neglect/Phys/Emotional <input type="checkbox"/> Recent surgery/accident/injury <input type="checkbox"/> Divorce/separation/loss <input type="checkbox"/> Gets teased <input type="checkbox"/> Victim of Bullying <input type="checkbox"/> Nightmares <input type="checkbox"/> Hypervigilant <input type="checkbox"/> Startles Easily <input type="checkbox"/> Stimulates self <input type="checkbox"/> Inappropriate sexual behaviors <input type="checkbox"/> Wetting/soiling	<input type="checkbox"/> Lies <input type="checkbox"/> Threatens others with harm <input type="checkbox"/> Physically aggressive <input type="checkbox"/> Easily angered <input type="checkbox"/> Low frustration tolerance <input type="checkbox"/> Oppositional <input type="checkbox"/> Gang involvement <input type="checkbox"/> Sets fire, plays with matches <input type="checkbox"/> Cruelty to Animals <input type="checkbox"/> Bullies <input type="checkbox"/> Destroys thing <input type="checkbox"/> Steals <input type="checkbox"/> Substance Use (Drugs/Alcohol) <input type="checkbox"/> Low Academic Performance <input type="checkbox"/> Excessive tardies <input type="checkbox"/> Excessive absences <input type="checkbox"/> Suspensions/Expulsions <input type="checkbox"/> Seems to hear see things <input type="checkbox"/> Other: _____
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I acknowledge this Referral:

Signature of Client/Parent: _____

Date: _____

Signature of Referring Party: _____

Date: _____

Parent's initials to notify referring party: _____