



Endeavor College Prep School Plan Suicide Prevention, Intervention, and Postvention

Endeavor College Prep recognizes that youth suicide is a serious problem across the state of California. These policies and procedures outline Endeavor College Prep's approach to youth suicide prevention, intervention, and postvention. This policy shall be available to all staff and reviewed and updated at the beginning of each school year.

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Important Contact Information:

- Mental Health Team
 - Andrea Perez, School Counselor (323-840-4605)
 - Sally Feiner, School Psychologist (323-872-4118)
 - Isabella Rivera-George, Director of School Culture (323-945-2049)
- Trained Student Support Team
 - Danielle Domingue (323-840-4725)
 - Heidi Dewitt (323-840-4998)
 - Paola Ureña (323-840-4999)

PREVENTION

Endeavor College Prep recognizes that suicide prevention is most effective when students, staff, parents, and community members have adequate information about prevention. With this in mind, the following will be provided annually/every other year, depending on staff and family retention:

FOR STAFF

- Review of these policies and procedures before or near the beginning of the school year.
- Training for all teachers, school health 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
 - Information about how to intervene when a student presents signs of suicidal thinking
- Access to written copies of this policy in hard copy in main office, school website, and student handbooks.
- Staff members onboarded after initial training should be trained in these policies by the school counselor.
- Endeavor College Prep will follow the Suicide Prevention Resource Center's Safe Messaging Guidelines, available at <http://www.sprc.org/sites/sprc.org/files/library/SafeMessagingrevised.pdf>, in suicide prevention education with staff.

FOR STUDENTS

- Suicide prevention education will be taught in Advisory 6th-8th grade levels. 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). The following resources for prevention education have been approved by the school:
 - http://www.adolescentwellness.org/wp-content/uploads/2011/06/D10_Adoles_Curriculum_2nd_Edition_2007a.pdf
 - <http://www.pbs.org/inthemix/educators/lessons/depression2/>
 - <http://preventsuicide.lacoe.edu/>
- The National Suicide Prevention Hotline's phone number (800-273-TALK) will be available to students on posters, student handbook, and school website.
- At least once per semester, school mental health staff (e.g., school counselor or school psychologist) will visit students in their classrooms to remind them of resources within the school and community.

- Endeavor College Prep recognizes that it is not a safe practice to teach suicide prevention in assemblies or other large gatherings and that prevention education should be taught in classrooms or other small group settings.
- Endeavor College Prep recognizes that students suffering from suicidal ideation or the desire to self-harm need outside mental health treatment (see Appendix for resources) and that in-school counseling groups are inappropriate as immediate and long-term interventions.
- Endeavor College Prep will follow the Suicide Prevention Resource Center's Safe Messaging Guidelines, available at <http://www.sprc.org/sites/sprc.org/files/library/SafeMessagingrevised.pdf>, in suicide prevention education with students.

FOR STUDENTS' FAMILIES

- In partnership with the school mental health team, an annual training including the following will be offered:
 - 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
- Written information about suicide prevention will be included in the packet sent to students' families at the beginning of the school year.
- Families will be notified in writing of their child's school counselor's contact information and other resources within the school at least twice per school year.
- Endeavor College Prep will follow the Suicide Prevention Resource Center's Safe Messaging Guidelines, available at <http://www.sprc.org/sites/sprc.org/files/library/SafeMessagingrevised.pdf>, in suicide prevention education with families.

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)

Family Risk Factors:

- Child sexual abuse
- Use of extreme physical punishment
- Lower family socioeconomic status
- Changes of parents/family (e.g., divorce, remarriage, recent death of loved one)
- Poor parent-child attachment
- Parent alcohol problems/drug use
- Low parental monitoring
- Family history of suicide or suicide attempt

Protective factors are the positive conditions, personal and social resources that promote resiliency and reduce the probability for youth suicide as well as other high-risk behaviors. These include:

- Presence of social support
- Family support system
- Problem solving skills and history of coping skills
- Active participation in treatment

- Presence of hopefulness
- Religious commitment
- Fear of suicide or death
- Life satisfaction
- Clear understanding of reality
- Good impulse control
- Pets

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 share this information verbally with a member of the mental health team **immediately.**
 - Mental Health Team
 - Andrea Perez, School Counselor (323-840-4605)
 - Sally Feiner, School Psychologist (323-872-4118)
 - Isabella Rivera-George, Director of School Culture (323-945-2049)
 - Trained Student Support Team
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 - Paola Ureña (323-840-4999)
- If the information comes from another person such as a peer or a parent, the staff member will refer the situation to a mental health team member immediately, who will schedule a meeting with the student. If a mental health team member is not available, a member of student support staff trained in risk assessment will meet with the student immediately.
- The student support/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/student support team member will perform a suicide risk assessment using Endeavor College Prep's risk assessment protocol (see Appendix).
- If additional support is needed, the mental health/student support team should reach out to the Los Angeles Unified School District Mental Health Department for consult (213-241-3841).

Dos and Don'ts When Discussing Suicide

<u>DO</u>	<u>DON'T</u>
✓ Talk openly	■ Be shocked
✓ Show you care & that student is not alone	■ Encourage guilt
✓ Ask direct questions	■ Try to physically take away a weapon
✓ Stay calm	■ Promise total confidentiality
✓ Proceed slowly	■ Minimize the problem
✓ Be positive	■ Leave student alone
✓ Know your limits	■ Get overwhelmed
✓ Consult with colleagues	■ Argue against suicide
✓ Clarify permanence of death	■ Give up hope
✓ Emphasize alternatives	■ Take responsibility for student's life
✓ Take care of yourself and process/debrief event	
✓ Clarify age-appropriate understanding of death	

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 support 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 support team member 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 support team member 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/support team member 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 (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 (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 intervention 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 school 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 themselves 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 courseload 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

Endeavor College Prep 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 Team

Upon receiving news of a student suicide, a staff member must immediately contact the building administrator and executive director.

- Principal, Rosie Carlson (323-437-4831)
- Executive Director, Ted Morris (310-600-8876)

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.
- Endeavor College Prep 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.

Endeavor College Prep 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. ECP Suicide/Risk Assessment Checklist
2. Levels of Suicide Risk Table
3. No-Harm Agreement
4. Mental Health Resources (English and Spanish)
5. RARD form

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"> Has the student communicated directly or indirectly ideas or intent to harm/kill themselves? (Communications may be verbal, non-verbal, electronic, written.) 			
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? Has the student demonstrated abrupt changes in behaviors? Has the student demonstrated recent, dramatic changes in mood? 			
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? Does the student have a history of mental illness? 			
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"> Can the student readily name plans for the future, indicating a reason to live? 			
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"> <input type="checkbox"/> No identifiable suicidal ideation
2. MILD or LOW	<ul style="list-style-type: none"> <input type="checkbox"/> Suicidal ideation of limited frequency <input type="checkbox"/> No plans <input type="checkbox"/> No intent (degree to which student has planned suicide behavior) <input type="checkbox"/> Few risk factors <input type="checkbox"/> Good self-control <input type="checkbox"/> Presence of protective factors
3. MODERATE	<ul style="list-style-type: none"> <input type="checkbox"/> Frequent suicidal ideation with limited intensity and duration <input type="checkbox"/> Some plans, not specific <input type="checkbox"/> No intent <input type="checkbox"/> Some risk factors <input type="checkbox"/> History of previous suicide threat/attempt
4. SEVERE	<ul style="list-style-type: none"> <input type="checkbox"/> Frequent suicidal ideation <input type="checkbox"/> Intense suicidal ideation <input type="checkbox"/> Enduring suicidal ideation <input type="checkbox"/> Specific plans <input type="checkbox"/> Some intent or method
5. EXTREME	<ul style="list-style-type: none"> <input type="checkbox"/> Frequent suicidal ideation <input type="checkbox"/> Intense suicidal ideation <input type="checkbox"/> Enduring suicidal ideation <input type="checkbox"/> Specific/concrete plans <input type="checkbox"/> Clear intent or method <input type="checkbox"/> Limited self-control <input type="checkbox"/> Severe depression symptoms <input type="checkbox"/> Sense of hopelessness <input type="checkbox"/> Reports writing suicide note <input type="checkbox"/> Many risk factors <input type="checkbox"/> No protective factors <input type="checkbox"/> Low level of rescue & reversibility of plan



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

Mental Health Referral Sources

Note: Endeavor College Prep does not recommend any specific agency.

Name & Location	Phone Number(s)	Type of Insurance	Populations Served	Services Provided
Alma Family Services 1260 S. Soto St. #15 Los Angeles, CA 90023	(213) 344-3799	Medi-Cal Some services: no need to show proof of insurance; no charge	Ages 5+	<ul style="list-style-type: none"> • Individual, Group and Family Therapy • Gang Reduction and Youth Development (GRYD) ages 10-18 • Clinic-Based Services
Barrio Action 4927 Huntington Dr., North Suite 200 Los Angeles, CA 90032	(323) 221-0779 Case Worker: ext. 326	Bring proof of income & residency (utility bill)	All ages	<ul style="list-style-type: none"> • Clinic based services • Gang Reduction and Youth Development (GRYD) ages 10-18 • Referrals to other MH agencies
Didi Hirsch Mental Health Services 672 S. La Fayette Park Pl. #6 Los Angeles, CA 90057	(323) 778-9593	Medi-Cal only or Indigent Funds	Ages 0-18	<ul style="list-style-type: none"> • Individual Therapy • Psychiatry Services • Clinic, Home, & School based services • Covers East LA, Downtown, Metro, & South LA
Enki Family Counseling Services 560 S. St. Louis St. Los Angeles, CA 90033	(866) 227-1302	Medical & sliding scale	All ages	<ul style="list-style-type: none"> • Individual & Group Therapy • Psychiatric services • Clinic, Home, & School based services • Serves Boyle Heights, Commerce; part of SGV
Roybal Family Counseling Services 4701 E. Cesar Chavez Ave., 2 nd Floor Los Angeles, CA 90022	(323) 267-3400 Walk-In Only: M-F, 8am-11am (come as early as possible with guardian and medical card)	Medi-Cal only	Ages 5-7	<ul style="list-style-type: none"> • Individual Therapy • Parenting Programs • Intensive Family Therapy • Clinic-Based services
Starview Community Services 1625 W. Olympic Blvd, Suite 600 Los Angeles, CA 90015	Office: (323) 999-2402 Intake: (888) 535-3288	Medi-Cal (and private insurance with Medi-Cal, but not alone)	Ages 2+	<ul style="list-style-type: none"> • Individual, Family, & Group Therapy • Home-Based Services • Covers Most of LA County except Culver City and Mar Vista
VIP Community Mental Health Center 1721 Griffin Ave Los Angeles, CA 90031	(323) 221-4134 Intake: ext. 202 - Tony	Medi-Cal only	Birth to 21 years old	<ul style="list-style-type: none"> • Behavior Trauma • Groups (Peer Interaction) • Parent Groups • Disruptive Behavior • Clinic & Home-Based services
Weber Community Center 5849 Crocker St. Los Angeles, CA 90003	(323) 234-4445	Medi-Cal only	All ages	<ul style="list-style-type: none"> • Parenting Classes • Individual and Group Counseling • Clinic-Based Services

				• Serves South LA, Huntington Park
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Referencias para la Salud Mental

Nota: Endeavor College Prep no recomiende ninguna agencia especifica.

Nombre y Ubicacion del Sitio	Numero de Telefono	Tipo de Seguro	Poblaciones Atendidas	Serviciós Disponibles
Alma Family Services 1260 S. Soto St. #15 Los Angeles, CA 90023	(213) 344-3799	Medi-Cal Algunos servicios: no es necesario presentar prueba de seguro; sin cargo	Edades 5+	<ul style="list-style-type: none"> • Terapia individual, grupo, y familia • Reducción de pandillas y desarrollo juvenil (GRYD) edades 10-18 • Servicios en la clínica
Barrio Action 4927 Huntington Dr., North Suite 200 Los Angeles, CA 90032	(323) 221-0779 Trabajador de caso: ext. 326	Necesario Traer Comprobación De Ingreso y Residencia (Factura de Servicios Publicos)	Todos edades	<ul style="list-style-type: none"> • Servicios en la clínica • Reducción de pandillas y desarrollo juvenil (GRYD) edades 10-18 • Referencias a otras agencias
Didi Hirsch Mental Health Services 672 S. La Fayette Park Pl. #6 Los Angeles, CA 90057	(323) 778-9593	Medi-Cal solo, o Fondos Indigentes	Edades 0-18	<ul style="list-style-type: none"> • Terapia Individual • Servicios psiquiatría • Servicios en la clínica, casa, y la escuela • Cubre East LA, Downtown, Metro, y South LA
Enki Family Counseling Services 560 S. St. Louis St. Los Angeles, CA 90033	(866) 227-1302	Medical o pago basado en su salario	Todos edades	<ul style="list-style-type: none"> • Terapia individual y de grupo • Servicios psiquiatría • Servicios en la clínica, casa, y la escuela • Cubre Boyle Heights, Commerce; partes de San Gabriel Valley
Roybal Family Counseling Services 4701 E. Cesar Chavez Ave., 2 nd Floor Los Angeles, CA 90022	(323) 267-3400 Walk-In Only: L-V, 8am-11am (Vienen tan pronto como sea posible con la tarjeta médica)	Medi-Cal solo	Edades 5-7	<ul style="list-style-type: none"> • Terapia individual • Servicios en la clínica • Programas de crianza de los hijos • Terapia familiar intensiva
Starview Community Services 1625 W. Olympic Blvd, Suite 600 Los Angeles, CA 90015	Oficina: (323) 999-2402 Entrada: (888) 535-3288	Medi-Cal (y seguro privado con Medi-Cal, pero no solo)	Edades 2+	<ul style="list-style-type: none"> • Terapia individual, de grupo y de familia • Servicios en la casa • Cubre la mayor parta de LA County excepto Culver City y Mar Vista
VIP Community Mental Health Center 1721 Griffin Ave Los Angeles, CA 90031	(323) 221-4134 Entrada: ext. 202 - Tony	Medi-Cal solo	Nacimiento hasta los 21 años old	<ul style="list-style-type: none"> • Comportamiento relacionado a trauma • Grupos (interaccion entre compañeros)

				<ul style="list-style-type: none"> • Grupos para padres • Compartamiento disruptivo • Servicios en la clínica, casa, o escuela
Weber Community Center 5849 Crocker St. Los Angeles, CA 90003	(323) 234-4445	Medi-Cal only	All ages	<ul style="list-style-type: none"> • Clases para padres • Terapia individual y de grupo • Servicios en la clínicas • Cubre South LA, Huntington Park



ECP's Risk Assessment Referral Data (RARD)

General Information

Location: _____ Campus Name: _____

Date of incident: _____ Time of incident: _____

On Campus Off Campus Exact Location of of incident: _____

 Student Last Name First Name DOB SSID # (10-digit number)

Type of Incident/Issue

Suicidal Behavior Self-Injury/Cutting
 5150 Hospitalization Suicidal Behavior/Ideation (non-injury)
 Suicidal Behavior/Ideation (injury) Other (specify) _____ destruction of school property (staff laptop) _____

Crisis Information

Reason for Referral: (Check one or more)

Current Attempt Sudden changes in behavior Psychosocial stressors
 Direct Threat Drug or alcohol abuse Previous attempts
 Indirect Threat Self-injury Frequent complaints of illness
 Giving away prized possessions Mood swings Truancy or running away
 Signs of depression Other (Specify) destruction of school property (staff laptop)

Student Referred By: (Check one or more)

Self Administrator PSA Counselor
 Parent Teacher Psychological
 Student/Friend Psychiatric Social Worker Nurse
 K-12 Counselor Other (Specify) _____

Staff Members on-crisis team:

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Incident Description

Description of Student Actions/other information	School/Other Response

Follow up:

Was a previous RARD submitted for this student? YES Date: _____ NO

Is there a known DCFS case open for this student? YES NO Unknown

Was the student assessed for risk using the District guidelines and procedures? YES NO If NO, please explain:

Was the parent notified? YES Name of person notified: _____ Relationship: _____

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 (if checked list details _____)

___ Other (please specify): _____

Assessed by Crisis Team Member

___ Name _____ Email Address _____

___ Contact Phone _____ Job Title _____

Other information: