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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## APPENDIX
- Important Contact Information: 18

### 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.

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.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.


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.


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
    - Danielle Domingue (323-840-4725)
    - Heidi Dewitt (323-840-4998)
    - 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

**DO**
- 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

**DON’T**
- 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 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.

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

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_RESOURC E/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:** ____________

**Completed by:** ___________________________________      ___________________________________

### CATEGORY

<table>
<thead>
<tr>
<th>QUESTIONS TO ASK</th>
<th>YES</th>
<th>NO</th>
<th>NOTES/ INFO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Current Ideation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Have you had any thoughts about hurting yourself?</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Are you thinking about harming yourself?</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Communication of Intent</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Has the student communicated directly or indirectly ideas or intent to harm/kill themselves? (Communications may be verbal, non-verbal, electronic, written.)</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. Plan</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Have you thought of how you will hurt yourself? How? When?</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. Means and Access</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Do you access to a weapon, pills, rope, or anything you have thought of using?</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5. Past Ideation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Have you had thoughts like these before? When? What led you to think of hurting yourself?</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6. Previous Attempts</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Have you ever tried to hurt or kill yourself? Tell me what happened.</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7. Changes in Mood/ Behavior</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Have you noticed that you have felt sad or stopped being interested in things you were before in the past year?</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Has the student demonstrated abrupt changes in behaviors?</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Has the student demonstrated recent, dramatic changes in mood?</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8. Stressors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Is there anything that has happened recently that has made you feel this way?</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Have you ever lost anyone due to suicide?</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Have you lost anyone recently? (Death, separation, etc.)</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Have you experienced anything stressful in your life? (Domestic violence, natural disaster, community violence, etc.)</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Have you felt bullied, harassed, or experienced discrimination? Do you feel hurt by anyone?</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>9. Mental Illness</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Have you felt very sad or anxious in the past?</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Does the student have a history of mental illness?</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10. Substance Use</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Have you ever used any type of drug or alcohol?</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>11. Protective Factors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 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)</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• What do you see yourself doing in the future?</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Can the student readily name plans for the future, indicating a reason to live?</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>12. Other Relevant Factors to Consider</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Completed by: ________________________________   **Name/title** ________________________________   **Signature**
## LEVELS OF SUICIDE RISK TABLE
*(Bryan & Rudd, 2003)*

<table>
<thead>
<tr>
<th>Level</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. NONEXISTENT</strong></td>
<td>No identifiable suicidal ideation</td>
</tr>
<tr>
<td></td>
<td>Suicidal ideation of limited frequency</td>
</tr>
<tr>
<td></td>
<td>No plans</td>
</tr>
<tr>
<td></td>
<td>No intent (degree to which student has planned suicide behavior)</td>
</tr>
<tr>
<td></td>
<td>Few risk factors</td>
</tr>
<tr>
<td></td>
<td>Good self-control</td>
</tr>
<tr>
<td></td>
<td>Presence of protective factors</td>
</tr>
<tr>
<td><strong>2. MILD or LOW</strong></td>
<td>Frequent suicidal ideation with limited intensity and duration</td>
</tr>
<tr>
<td></td>
<td>Some plans, not specific</td>
</tr>
<tr>
<td></td>
<td>No intent</td>
</tr>
<tr>
<td></td>
<td>Some risk factors</td>
</tr>
<tr>
<td></td>
<td>History of previous suicide threat/attempt</td>
</tr>
<tr>
<td><strong>3. MODERATE</strong></td>
<td>Frequent suicidal ideation</td>
</tr>
<tr>
<td></td>
<td>Intense suicidal ideation</td>
</tr>
<tr>
<td></td>
<td>Enduring suicidal ideation</td>
</tr>
<tr>
<td></td>
<td>Specific plans</td>
</tr>
<tr>
<td></td>
<td>Some intent or method</td>
</tr>
<tr>
<td><strong>4. SEVERE</strong></td>
<td>Frequent suicidal ideation</td>
</tr>
<tr>
<td></td>
<td>Intense suicidal ideation</td>
</tr>
<tr>
<td></td>
<td>Enduring suicidal ideation</td>
</tr>
<tr>
<td></td>
<td>Specific/concrete plans</td>
</tr>
<tr>
<td></td>
<td>Clear intent or method</td>
</tr>
<tr>
<td></td>
<td>Limited self-control</td>
</tr>
<tr>
<td></td>
<td>Severe depression symptoms</td>
</tr>
<tr>
<td></td>
<td>Sense of hopelessness</td>
</tr>
<tr>
<td></td>
<td>Reports writing suicide note</td>
</tr>
<tr>
<td></td>
<td>Many risk factors</td>
</tr>
<tr>
<td></td>
<td>No protective factors</td>
</tr>
<tr>
<td></td>
<td>Low level of rescue &amp; reversibility of plan</td>
</tr>
<tr>
<td><strong>5. EXTREME</strong></td>
<td>Frequent suicidal ideation</td>
</tr>
<tr>
<td></td>
<td>Intense suicidal ideation</td>
</tr>
<tr>
<td></td>
<td>Enduring suicidal ideation</td>
</tr>
<tr>
<td></td>
<td>Specific/concrete plans</td>
</tr>
<tr>
<td></td>
<td>Clear intent or method</td>
</tr>
<tr>
<td></td>
<td>Limited self-control</td>
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</tr>
<tr>
<td></td>
<td>No protective factors</td>
</tr>
<tr>
<td></td>
<td>Low level of rescue &amp; reversibility of plan</td>
</tr>
</tbody>
</table>
Student No Harm Agreement

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.

<table>
<thead>
<tr>
<th>Name &amp; Location</th>
<th>Phone Number(s)</th>
<th>Type of Insurance</th>
<th>Populations Served</th>
<th>Services Provided</th>
</tr>
</thead>
</table>
| **Alma Family Services**                       | (213) 344-3799              | Medi-Cali               | Ages 5+            | • Individual, Group and Family Therapy  
• Gang Reduction and Youth Development (GRYD) ages 10-18  
• Clinic-Based Services                        |
| 1260 S. Soto St. #15  
Los Angeles, CA 90023                           |                             | Some services: no need to show proof of insurance; no charge |                    |                                                                                     |
| **Barrio Action**                              | (323) 221-0779  
Case Worker: ext. 326 | Bring proof of income & residency (utility bill) | All ages           | • Clinic based services  
• Gang Reduction and Youth Development (GRYD) ages 10-18  
• Referrals to other MH agencies               |
| 4927 Huntington Dr., North Suite 200           |                             |                        |                    |                                                                                     |
| Los Angeles, CA 90032                          |                             |                        |                    |                                                                                     |
| **Didi Hirsch Mental Health Services**         | (323) 778-9593              | Medi-Cal only or Indigent Funds | Ages 0-18         | • Individual Therapy  
• Psychiatry Services  
• Clinic, Home, & School based services  
• Covers East LA, Downtown, Metro, & South LA  
• Serves Boyle Heights, Commerce; part of SGV |
| 672 S. La Fayette Park Pl. #6                  |                             |                        |                    |                                                                                     |
| Los Angeles, CA 90057                          |                             |                        |                    |                                                                                     |
| **Enki Family Counseling Services**            | (866) 227-1302              | Medical & sliding scale | All ages           | • Individual & Group Therapy  
• Psychiatric services  
• Clinic, Home, & School based services  
• Covers Most of LA County except Culver City and Mar Vista  
• Serves Boyle Heights, Commerce; part of SGV |
| 560 S. St. Louis St.  
Los Angeles, CA 90033                          |                             |                        |                    |                                                                                     |
| **Roybal Family Counseling Services**          | (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           | • Individual Therapy  
• Parenting Programs  
• Intensive Family Therapy  
• Clinic-Based services                        |
| 4701 E. Cesar Chavez Ave., 2nd Floor          |                             |                        |                    |                                                                                     |
| Los Angeles, CA 90022                          |                             |                        |                    |                                                                                     |
| **Starview Community Services**                | Office: (323) 999-2402  
Intake: (888) 535-3288 | Medi-Cal and private insurance with Medi-Cal, but not alone | Ages 2+            | • Individual, Family, & Group Therapy  
• Home-Based Services  
• Covers Most of LA County except Culver City and Mar Vista |
| 1625 W. Olympic Blvd, Suite 600               |                             |                        |                    |                                                                                     |
| Los Angeles, CA 90015                          |                             |                        |                    |                                                                                     |
| **VIP Community Mental Health Center**         | (323) 221-4134  
Intake: ext. 202 - Tony | Medi-Cal only          | Birth to 21 years old | • Behavior Trauma  
• Groups (Peer Interaction)  
• Parent Groups  
• Disruptive Behavior  
• Clinic & Home-Based services               |
| 1721 Griffin Ave                               |                             |                        |                    |                                                                                     |
| Los Angeles, CA 90031                          |                             |                        |                    |                                                                                     |
| **Weber Community Center**                     | (323) 234-4445              | Medi-Cal only          | All ages           | • Parenting Classes  
• Individual and Group Counseling  
• Clinic-Based Services                        |
| 5849 Crocker St.                               |                             |                        |                    |                                                                                     |
| Los Angeles, CA 90003                          |                             |                        |                    |                                                                                     |
Referencias para la Salud Mental
Nota: Endeavor College Prep no recomendó ninguna agencia específica.

<table>
<thead>
<tr>
<th>Nombre y Ubicacion del Sitio</th>
<th>Numero de Telefono</th>
<th>Tipo de Seguro</th>
<th>Poblaciones Atendidas</th>
<th>Servicios Disponibles</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alma Family Services</strong></td>
<td>(213) 344-3799</td>
<td>Medi-Cal</td>
<td>Edades 5+</td>
<td>• Terapia individual, grupo, y familia</td>
</tr>
<tr>
<td>1260 S. Soto St. #15</td>
<td></td>
<td>Algunos servicios: no es necesario presentar prueba de seguro; sin cargo</td>
<td></td>
<td>• Reducción de pandillas y desarrollo juvenil (GRYD) edades 10-18</td>
</tr>
<tr>
<td>Los Angeles, CA 90023</td>
<td></td>
<td></td>
<td></td>
<td>• Servicios en la clínica</td>
</tr>
<tr>
<td><strong>Barrio Action</strong></td>
<td>(323) 221-0779</td>
<td>Necesario Traer Comprobación De Ingreso y Residencia (Factura de Servicios Publicos)</td>
<td>Todos edades</td>
<td>• Servicios en la clínica</td>
</tr>
<tr>
<td>4927 Huntington Dr., North Suite 200</td>
<td></td>
<td></td>
<td></td>
<td>• Reducción de pandillas y desarrollo juvenil (GRYD) edades 10-18</td>
</tr>
<tr>
<td>Los Angeles, CA 90032</td>
<td></td>
<td></td>
<td></td>
<td>• Referencias a otras agencias</td>
</tr>
<tr>
<td><strong>Didi Hirsch Mental Health Services</strong></td>
<td>(323) 778-9593</td>
<td>Medi-Cal solo, o Fondos Indigentes</td>
<td>Edades 0-18</td>
<td>• Terapia Individual</td>
</tr>
<tr>
<td>672 S. La Fayette Park Pl. #6</td>
<td></td>
<td></td>
<td></td>
<td>• Servicios psiquiatría</td>
</tr>
<tr>
<td>Los Angeles, CA 90057</td>
<td></td>
<td></td>
<td></td>
<td>• Servicios en la clínica, casa, y la escuela</td>
</tr>
<tr>
<td><strong>Enki Family Counseling Services</strong></td>
<td>(866) 227-1302</td>
<td>Medical o pago basado en su salario</td>
<td>Todos edades</td>
<td>• Cubre East LA, Downtown, Metro, y South LA</td>
</tr>
<tr>
<td>560 S. St. Louis St.</td>
<td></td>
<td></td>
<td></td>
<td>• Terapia individual y de grupo</td>
</tr>
<tr>
<td>Los Angeles, CA 90033</td>
<td></td>
<td></td>
<td></td>
<td>• Servicios psiquiatría</td>
</tr>
<tr>
<td><strong>Roybal Family Counseling Services</strong></td>
<td>(323) 267-3400</td>
<td>Medi-Cal solo</td>
<td>Edades 5-7</td>
<td>• Servicios en la clínica</td>
</tr>
<tr>
<td>4701 E. Cesar Chavez Ave., 2nd Floor</td>
<td></td>
<td></td>
<td></td>
<td>• Programas de crianza de los hijos</td>
</tr>
<tr>
<td>Los Angeles, CA 90022</td>
<td>Walk-In Only: L-V, 8am-11am (Vienen tan pronto como sea posible con la tarjeta médica)</td>
<td></td>
<td></td>
<td>• Terapia familiar intensiva</td>
</tr>
<tr>
<td><strong>Starview Community Services</strong></td>
<td>(323) 999-2402</td>
<td>Medi-Cal (y seguro privado con Medi-Cal, pero no solo)</td>
<td>Edades 2+</td>
<td>• Terapia individual, de grupo y de familia</td>
</tr>
<tr>
<td>1625 W. Olympic Blvd, Suite 600</td>
<td></td>
<td></td>
<td></td>
<td>• Servicios en la casa</td>
</tr>
<tr>
<td>Los Angeles, CA 90015</td>
<td>Officina: (323) 535-3288</td>
<td></td>
<td></td>
<td>• Cubre la mayor parte de LA County excepto Culver City y Mar Vista</td>
</tr>
<tr>
<td><strong>VIP Community Mental Health Center</strong></td>
<td>(323) 221-4134</td>
<td>Medi-Cal solo</td>
<td>Nacimiento hasta los 21 años old</td>
<td>• Comportamiento relacionado a trauma</td>
</tr>
<tr>
<td>1721 Griffin Ave</td>
<td></td>
<td></td>
<td></td>
<td>• Grupos (interacción entre compañeros)</td>
</tr>
<tr>
<td>Weber Community Center</td>
<td>(323) 234-4445</td>
<td>Medi-Cal only</td>
<td>All ages</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------</td>
<td>---------------</td>
<td>----------</td>
<td></td>
</tr>
<tr>
<td>S849 Crocker St.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Los Angeles, CA 90003</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Grupos para padres
- Compartimiento disruptivo
- Servicios en la clínica, casa, o escuela

- 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

<table>
<thead>
<tr>
<th>Location:</th>
<th>Campus Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of incident:</td>
<td>Time of incident:</td>
</tr>
</tbody>
</table>

__On Campus__ __Off Campus__

Exact Location of incident:

<table>
<thead>
<tr>
<th>Student Last Name</th>
<th>First Name</th>
<th>DOB</th>
<th>SSID # (10-digit number)</th>
</tr>
</thead>
</table>

### Type of Incident/Issue

- [ ] Suicidal Behavior
- [ ] Self-Injury/Cutting
- [ ] 5150 Hospitalization
- [ ] Suicidal Behavior/Ideation (non-injury)
- [ ] Suicidal Behavior/Ideation (injury)
- [ ] Other (specify)

### 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)

#### 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:


### Incident Description

<table>
<thead>
<tr>
<th>Description of Student Actions/other information</th>
<th>School/Other Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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: