



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
 - Brooke Wallace, Director of Special Education (323) 875-3763
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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
 -
 - Brooke Wallace, Director of Special Education (323) 875-3763
 - Andrea Perez, School Counselor (323) 840-4605
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- 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 **staff** 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 and a Student Safety Plan document (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 and kept securely by the counselor..
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_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

- Danielle Lukk, Head of School (323) 397-9849
- Maggie Estrada, Assistant Principal (323)506-8763
- Brooke Wallace, Director of Special Education (323) 875-3763
- Andrea Perez, School Counselor (323) 840-4605
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- Jonathan Roa, School Psychologist (323)358-9345

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

For further consult, crisis team members can contact District mental health support (| (pallares-lpallare@lausd.net or cruz-melissa.delacruz@lausd.net) Our school policy dictates that staff members 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. Protocol for Responding to Student at Risk for Suicide
2. ECP Suicide/Risk Assessment Checklist
3. Levels of Suicide Risk Table
4. Middle School Student Safety Plan
5. Elementary School Student Safety Plan
6. Student Safety Parent Letter and Responsibilities
7. Re-Entry Guidelines
8. Medical Release Form
9. No-Harm Agreement
10. Mental Health Resources (English and Spanish)
11. RARD form



PROTOCOL FOR RESPONDING TO STUDENTS AT RISK FOR SUICIDE

The following is a summary checklist of general procedures for the administrator/designee and/or Suicide Prevention Liaison to respond to any reports of students exhibiting suicidal behavior/ideation.

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

A. RESPOND IMMEDIATELY

- Report concerns to administrator/designee immediately or as soon as practically possible.
- Do not leave the student unsupervised.

B. SECURE THE SAFETY OF THE STUDENT

- Supervise the student at all times.
- Conduct an administrative search for access to means to hurt themselves
- If appropriate, contact local law enforcement, the Los Angeles County Department of Mental Health or consult with Crisis Counseling and Intervention Services, School Mental Health.

C. ASSESS FOR SUICIDE RISK (see Suicide Risk Assessment Tool)

- Administrator/designee or designated school site crisis team member gathers essential background information.
- Administrator/designee or designated school site crisis team member meets with the student at risk for suicide.
- The assessing party should collaborate with at least one other designated school site crisis team member to determine level of risk.

D. COMMUNICATE WITH PARENT/GUARDIAN

- Share concerns and provide recommendations for safety.
- Communicate a plan for re-entry.
- Provide Mental Health Resource List and information about outside referrals.

E. DETERMINE APPROPRIATE ACTION PLAN (Suicide Risk Assessment Levels, Warnings Signs & Action Plan Options)

- Determine action plan based on level of risk.
- Develop a safety plan.
- Follow student re-entry guidelines.
- Mobilize a support system and provide resources.
- Monitor and manage.

F. IMPORTANT CONSIDERATIONS

- Certificated Staff Accompany a Student to the Hospital
- Provide Information for a Psychiatric Evaluation

G. DOCUMENT ALL ACTIONS (Maintain records in designated location)

SUICIDE RISK ASSESSMENT TOOL

Name/DOB: _____ Location: _____ Date: _____

The purpose of this checklist is to determine a student's level of suicide risk. The assessing party should be the administrator/ designee or Suicide Prevention Liaison(s).

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

Category	Assessment Questions
1. Current Problem/ Situation	ASK: Tell me what happened.
2. Current Ideation	ASK: Are you thinking about suicide/killing yourself now? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> *

	<p>ASK: How long have you been feeling this way?</p>
<p>3. Communication of Intent</p>	<p>ASSESS: Has the student communicated directly or indirectly ideas or intent to harm/kill themselves? (Communications may be verbal, non-verbal, electronic, written. Please note that electronic communications may include texting and social media.) Indicate what was said and how this was communicated. <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>*</p> <p>ASK: Have you ever shared your thoughts about suicide with anyone else? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>*</p> <p>ASK: To whom? What did they say when you told them?</p>
<p>4. Plan</p>	<p>ASK: Do you have a plan to harm/kill yourself now? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>*</p>

	<p>ASK: What is your plan?</p>
<p>5. Means and Access</p>	<p>ASK: Do you have access to weapons, guns, medication? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>*</p> <hr/> <p>ASSESS: Does the student have the means/access to kill themselves? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>*</p> <hr/> <p>ASSESS: Indicate means and access.</p>
<p>6. Past Ideation</p>	<p>ASK: Have you ever had thoughts of suicide in the past? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>*</p>

	<p>ASK: How long ago? Tell me what happened then.</p>
<p>7. Previous Attempts</p>	<p>ASK: Have you ever tried to kill yourself? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>*</p>
	<p>ASK: How long ago?</p>
	<p>ASK: What did you do? What happened?</p>
<p>8. Changes in Mood / Behavior</p>	<p>ASK: In the past year, have you ever felt so sad that you stopped doing things you usually do or things that you enjoy? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>*</p>

	<p>ASK: What are the activities that you no longer do?</p>
	<p>ASSESS: Has the student demonstrated abrupt changes in behaviors? Describe. <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>*</p>
	<p>ASSESS: Has the student demonstrated recent, dramatic changes in mood and/or appearance? Describe. <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>*</p>
<p>9. Stressors</p>	<p>ASK: Has anyone close to you ever died by suicide? Who? How long ago? How? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>*</p>

	<p>ASK: Has someone close to you died recently or have you been separated from someone who is important to you? (e.g., death, parent separation/divorce, relationship breakup) <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>*</p>
	<p>ASK: Has anything stressful/traumatic happened to you? (e.g. domestic violence, community violence, natural disaster) <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>*</p>
	<p>ASK: Have you been the target of bullying/harassment/ discrimination? Describe. <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>*</p>

<p>10. Mental Illness</p>	<p>ASSESS: Does the student have a history of mental illness (e.g. depression, conduct or anxiety disorder)? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>*</p>
<p>11. Substance Use</p>	<p>ASK: Do you use alcohol or drugs? Which ones? How often? How much? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>*</p>
<p>12. Protective Factors</p>	<p>ASK: Do you have an adult at school that you can go to for help? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>*</p>
	<p>ASK: Do you have an adult outside of school, such as at home or in the community that you can go to for help? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>*</p>
	<p>ASK: What are your plans for the future? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>*</p>
	<p>ASSESS: Can the student readily name plans for the future, indicating a reason to live? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>*</p>

ASSESSMENT RESULTS

RISK LEVEL/DEFINITION	WARNING SIGNS MAY INCLUDE:
<p><input type="checkbox"/> No Known Current Risk No known current evidence of suicidal ideation</p>	<ul style="list-style-type: none"> ● No known history of suicidal ideation/behavior or self-injurious behavior ● No current evidence of depressed mood/affect. For example, statement made was a figure of speech, intended as a joke, or was a repetition of song lyrics or movie script.
<p><input type="checkbox"/> Low Risk Does not pose imminent danger to self; insufficient evidence for suicide risk</p>	<ul style="list-style-type: none"> ● Passing thoughts of suicide; evidence of thoughts may be found in notebooks, internet postings, drawing ● No plan ● No history of previous attempts ● No means or access to weapons ● No recent losses ● No alcohol/substance abuse ● Support system is in place ● May have some depressed mood/affect ● Sudden changes in personality/behavior (e.g., distracted, hopeless, academically disengaged)
<p><input type="checkbox"/> Moderate Risk May pose imminent danger to self, but there is insufficient evidence to demonstrate a viable plan of action to do harm.</p>	<ul style="list-style-type: none"> ● Thoughts of suicide ● Some details indicating a plan for suicide ● Unsure of intent ● History of self-injurious behavior ● History of previous attempts and/or hospitalization ● Difficulty naming future plans or feeling hopeful ● History of substance use or current intoxication ● Recent trauma (e.g., loss, victimization)
<p><input type="checkbox"/> High Risk Exhibits extreme or persistent high risk behaviors, such as current access to means, self-injury, or suicide attempts (e.g., abusing drugs/alcohol, running into traffic, jumping from high places); poses imminent danger to self with a viable plan to do harm; may qualify for hospitalization.</p>	<ul style="list-style-type: none"> ● Current thoughts of suicide ● Plan with specifics - indicating when, where and how ● Access to weapons or means in hand ● Making final arrangements (e.g., giving away prized possessions, goodbye messages in writing, text, or on social networking sites) ● History of previous attempts or hospitalization ● Isolated and withdrawn ● Current sense of hopelessness ● No support system ● Currently abusing alcohol/substances ● Mental health history ● Recent trauma (e.g., loss, victimization)

Student Safety Plan

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

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

1.

2.

3.

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

1.

2.

3.

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

1.

2.

3.

Parent Support—Actions my parents/guardians can take to help me feel safe:

1.

2.

3.

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

1.

2.

3.

Places I feel Safe—Places that make me feel better and make feel safe (can be a

physical location, an imaginary happy place, or refer in the presence of safe people):

1.

2.

3.

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

1.

2.

3.

Student Safety Plan (for Elementary School Student)

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

Triggers: (Things that make me upset, feel bad, or think about dying)



Fights at Home



Problems with Classmates/Friends



Problems in School

Describe: _____

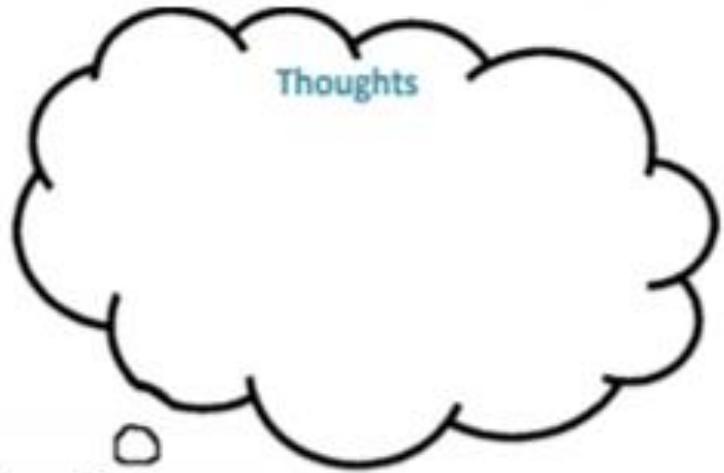
When this happens, I feel:

 Sad	 Mad	 Hurt	 Scared
 Lonely	 Frustrated	 Worried	Create Your Own Feeling

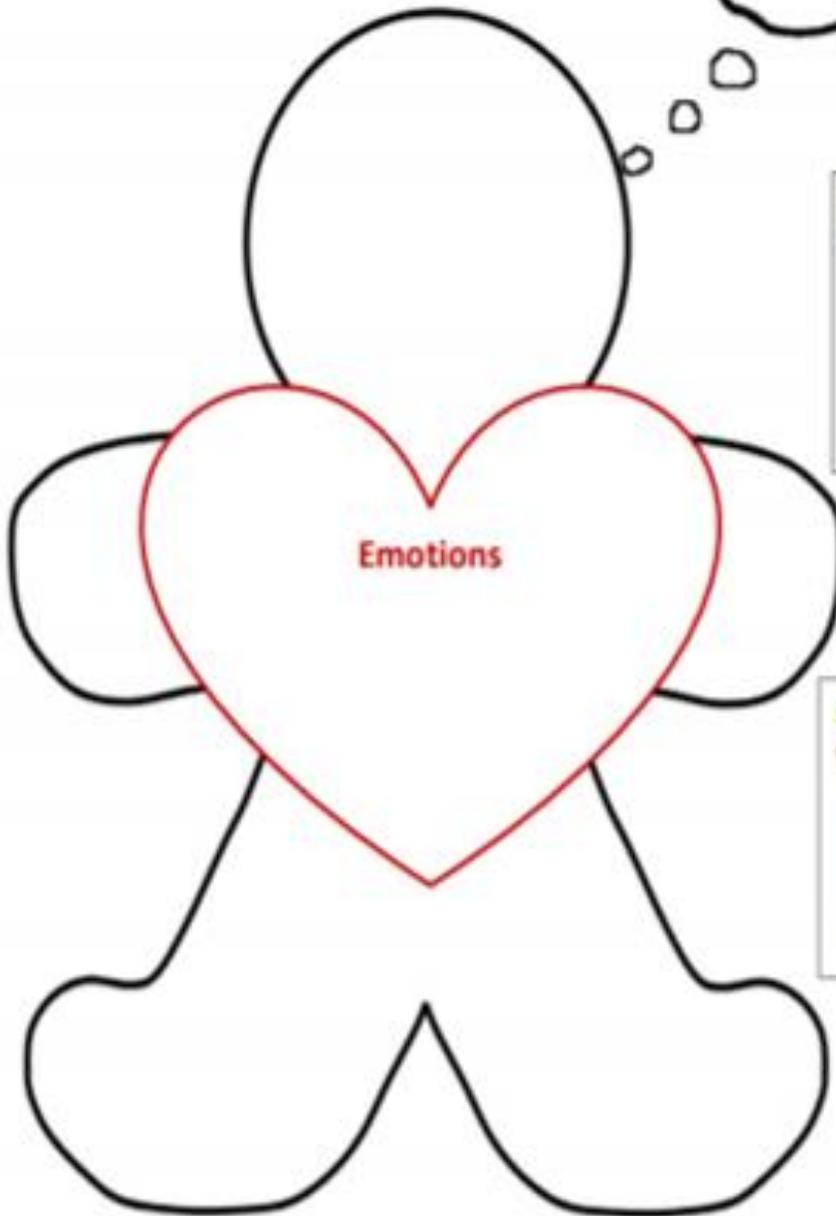
My Warning Signs

What signs tell me I'm starting to get upset/overwhelmed?

Directions: Write/draw your warning signs in the image below.



Thoughts



Emotions

Body Sensations

When I am mad I feel my...

- heart racing
- stomach ache
- sweaty palms
- add your own example in the image on the left

Behaviors

When I am mad I...

- hurt myself
- pick fights
- spend time alone or isolate myself
- add your own example in the image on the left

Coping Skills/Healthy Behaviors: (What are some helpful things that will take my mind off the problem?)

Take deep breath



Relaxation
Techniques



Play with My Pet



Play with My Friends



Draw/Art

Identify your coping skills.

1. _____
2. _____
3. _____

School Support: When I feel this way at school, I can go:



Teacher



School Counselor, School Psychologist



Other Staff

Name three trusted adults at school support

1. _____
2. _____
3. _____

Home/Community Support: When I feel this way at home, I can go to:



Parent/Guardian, Grandparent,
Adult Sibling, Aunt/Uncle

Coach, Therapist, Other Adult

Name three trusted adults at home or in my community

1. _____
2. _____
3. _____

My other thoughts:

Student Safety and Parent Responsibility Letter

Date: _____

To the parents of _____,

_____ spoke with a staff member and shared statements that lead us to be concerned about the student's safety. The Psychiatric Emergency Team/Los Angeles Department of Mental Health has been notified and can provide a medical evaluation.

Endeavor College Prep strongly recommends that _____ is taken to the hospital for an evaluation based on today's events. Upon the student's return to school, parents must provide documentation that states student received a medical evaluation. If you have any questions regarding this matter, please call the main office at 323-800-4125.

Sincerely,

Endeavor College Prep

I have read this notice. I understand that I am responsible for the safety of _____, for meeting the expectations of ECP, and recommendations of this letter.

Parent Signature

Date

Carta de Seguridad del Estudiante y Responsabilidad de los Padres

Fecha: _____

_____ habló con un miembro del personal escolar y compartió declaraciones que nos llevan a preocuparnos por la seguridad del estudiante. El Equipo de Emergencia Psiquiátrica / Departamento de Salud Mental de Los Ángeles han sido notificados y pueden proporcionar una evaluación médica.

Endeavor College Prep recomienda que _____ sea llevado al hospital para una evaluación basada en los eventos de hoy. Al regreso del alumno a la escuela, los padres deben proporcionar documentación que indique que el alumno recibió una evaluación médica. Si tiene alguna pregunta sobre este asunto, llame a la oficina al 323-800-4125.

Sinceramente,

Endeavor College Prep

He leído este aviso. Entiendo que soy responsable de la seguridad de _____, de cumplir con las expectativas de ECP, y de las recomendaciones de esta carta.

Firma del Padre

Fecha

Re-Entry Guidelines

Name/DOB: _____

Date: _____

In planning for the re-entry of a student who has been absent or out of school due to a mental health evaluation/hospitalization, consider the following guidelines:

Category	Guidelines
Returning Day	<ul style="list-style-type: none"> <input type="checkbox"/> Have parent/guardian escort student to the main office on the first day back to school. <input type="checkbox"/> Request hospital/medical clearance discharge documents
Meeting with Parent(s)/Guardian(s)	<ul style="list-style-type: none"> <input type="checkbox"/> Engage parent(s)/guardian(s), school support staff, teachers, and student, as appropriate in a Re-Entry Planning Meeting <input type="checkbox"/> If the student is prescribed medication, refer to parent to the main office. <input type="checkbox"/> Offer suggestions to parent/guardian regarding safety planning and removing means/access (e.g., weapons, medication, alcohol) to students at home, as needed. <input type="checkbox"/> Offer suggestions to parent/guardian regarding monitoring personal communication devices, including social networking sites, as needed.
Safety Plan	<ul style="list-style-type: none"> <input type="checkbox"/> Develop a Safety Plan to assist the student in identifying adults they trust and can go to for assistance at school and outside of school.
Identify Supports	<ul style="list-style-type: none"> <input type="checkbox"/> Notify student's teachers, as appropriate. <input type="checkbox"/> Identify mental health resources in school or in the community <input type="checkbox"/> Designate a staff member to check-in with the student during the first couple of weeks after returning if needed
Address Bullying, Harassment, Discrimination	<ul style="list-style-type: none"> <input type="checkbox"/> As needed, ensure that any bullying, harassment, discrimination is being addressed.
Release of Information	<ul style="list-style-type: none"> <input type="checkbox"/> Obtain consent by the parent/guardian to discuss student information with outside providers by using the Medical Release Form

**REQUEST FOR RELEASE OF INFORMATION and CONTACT OF MEDICAL
PROFESSIONAL (Therapist, Physician, Counselor, etc.)
2019-2020 SCHOOL YEAR**

I, _____, parent or legal guardian of _____ (DOB: _____/_____/_____) authorize release of information to:

**Endeavor College Prep
1263 S. Soto St. Los Angeles, CA 90023
323-800-4125**

for the purpose of obtaining and accessing the student's medical records, and/or interview of therapist/physician/counselor to identify health problems and diagnoses, which may affect educational performance and/or mental health. This information will be used to assist in the educational planning and/or behavioral goal setting for the student. Agency and persons authorized to release and/or exchange information with school personnel/assessor, as noted above:

_____ agency name
_____ therapist/physician or counselor name
_____ contact information (phone and/or email)

My signature confirms my consent to this agency to share information with Endeavor College Prep to assist in educational planning for the student referenced above.

Parent Signature

Date

Printed Name

Date

ENDEAVOR OFFICE ONLY

RECEIVED BY (name): _____ RECEIVED DATE: _____

- SCAN & UPLOAD TO DRIVE → (FILE NAME: Medical Release – Last name, First initial year doctor/therapist/etc.)
- Example: Medical Release – Rivera, I. 2018 Therapist Medical Release – Rivera, I. 2018 Pediatrician

GIVE HARD COPY TO ANDREA or JONATHAN → DATE FILED IN CONFIDENTIAL FOLDER: COUNSELOR'S OFFICE

Steps: 1) Ensure parent has completed all highlighted sections in yellow 2) Obtain parent signature and printed name



Date: _____

Reviewed by School staff (name/title):

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 2019-20

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

Name & Location	Phone Number(s)	Type of Insurance	Ages	Services Provided
Alma Family Services 1200 N State St. #1016 Los Angeles, CA 90033	(213) 344-3799	Medi-Cal & Sliding Scale	5 & up	<ul style="list-style-type: none"> • Individual Therapy • Applied Behavioral Analysis • Clinic-Based Services
Barrio Action 4927 Huntington Dr., North Suite 200 Los Angeles, CA 90032	(323)221-0779	Bring proof of income, residency (utility bill), and identification	7 & up	<ul style="list-style-type: none"> • Individual, Group and Family Therapy • Gang Reduction and Youth Development (GRYD) ages 10-18 • Referrals to other MH agencies • Case Management • Domestic Violence Support Group • DACA Services • Nutrition Classes • Substance Abuse Services • Children and Teen Leadership Groups • After school tutoring for grades 6-12
Didi Hirsch Mental Health Services 672 S. La Fayette Park Pl. #6 Los Angeles, CA 90057	(213)381-3626	Medi-Cal	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
GRYD Gang Reduction and Youth Development (GRYD) 3218 Wabash Ave. Los Angeles, CA 90063	Program Manager (323) 896-8355	Medi-Cal & Sliding Scale	10-15	<ul style="list-style-type: none"> • Gang Reduction and Youth Development (GRYD)

Name & Location	Phone Number(s)	Type of Insurance	Ages	Services Provided
Latino Family Center Mental Health & Addiction Services for Adolescents 3316 W. Beverly Blvd Montebello, Ca 90640	(323)722-4529	Medi-Cal and My Health LA	12-25	<ul style="list-style-type: none"> • Emotional Education • Medication Support • Group and Individual Therapy • Stress Management • Addiction Services and Substance Abuse for Youth • Crisis Interventions • Problem Solving Skills • Multi-Level Assessment • Domestic Violence Program
Roybal Family Counseling Services 4701 Cesar Chavez Ave., 2nd Floor Los Angeles, CA 90022	(323) 267-3400 Walk-In Only: M-F, 8am-12am (come as early as possible with legal guardian and Medi-Cal card)	Medi-Cal & Sliding Scale	0-18	<ul style="list-style-type: none"> • Individual Therapy • Parenting Programs • Intensive Family Therapy • Clinic-Based services • CalWorks Services
Starview Community Services 1625 W. Olympic Blvd, Suite 600, Los Angeles, CA 90015	Intake: (888) 535- 3288	Medi-Cal & Anthem Blue Cross only for Family Therapy	2 & up	<ul style="list-style-type: none"> • Individual, Family, & Group Therapy • Home-Based Services • Parent Interaction Therapy
VIP Community Mental Health Center 1721 Griffin Ave Los Angeles, CA 90031	(323) 221-4134 Intake: ext. 202 - Tony	Medi-Cal & Sliding Scale	0-21	<ul style="list-style-type: none"> • Behavior Trauma • Groups (Peer Interaction) • Parent Groups • Disruptive Behavior • Clinic & Home-Based Services • The Alexis Project (LGBTQ Services) • Substance and Alcohol Abuse Disorder 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"> • Anger Management Classes • Family Counseling • Individual and Group Counseling • Alcohol and Drug Prevention • Clinic-Based Services

Referencias para la Salud Mental 2019-20

Nota: Endeavor College Prep no recomienda ninguna agencia especifica.

Nombre y Ubicación del Sitio	Numero de Teléfono	Tipo de Seguro	Edad	Servicios Disponibles
Alma Family Services 1200 N State St. #1016 Los Angeles, CA 90033	(213) 344-3799	Medi-Cal o basado en escala de pago	5+	<ul style="list-style-type: none"> • Terapia individual • Servicios en la clínica • Análisis de comportamiento aplicado
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 Públicos)	Todas edades	<ul style="list-style-type: none"> • Reducción de pandillas y desarrollo juvenil (GRYD) de 10 a 18 años • Terapia individual, familiar, o en grupo • Referencias a otras agencias de salud mental • Gestión de casos • Grupo de apoyo para violencia doméstica • Servicios de DACA • Clases para compra comestibles en presupuesto • Clases de nutrición • Servicios de abuso de sustancias • Grupos de liderazgo para niños y adolescentes
Didi Hirsch Mental Health Services 672 S. La Fayette Park Pl. #6 Los Angeles, CA 90057	(323) 778-9593	Medi-Cal	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	Medi-Cal o basado en escala de pago	Todas 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
GRYD Gang Reduction and Youth Development (GRYD) 3218 Wabash Ave. Los Angeles, CA 90063	Program Manager (323) 896-8355	Medi-Cal o basado en escala de pago	10-15	Reducción de pandillas y desarrollo juvenil (GRYD)

Nombre y Ubicación del Sitio	Numero de Teléfono	Tipo de Seguro	Edad	Servicios Disponibles
Latino Family Center Mental Health & Addiction Services for Adolescents 3316 W. Beverly Blvd Montebello, Ca 90640	(323)722-4529	Medi-Cal	12-25	<ul style="list-style-type: none"> • Educación Emocional • Soporte de medicación • Terapia de grupo o individual • Manejo del estrés • Servicios de adicción • Intervenciones de crisis • Habilidades para resolver problemas • Evaluación de varios niveles • Programa de Violencia Domestica
Roybal Family Counseling Services 4701 E. Cesar Chavez Ave., 2nd Floor Los Angeles, CA 90022	(323) 267-3400 Walk-In Only: L- V, 8am-12am (Vienen tan pronto como sea posible con la tarjeta médica)	Medi-Cal	0-18	<ul style="list-style-type: none"> • Terapia individual • Servicios en la clínica • Programas de crianza de los hijos • Terapia familiar intensiva • Servicios de CalWorks • The Alexis Project (Servicios LGBTQ) • Servicios de trastorno de abuso de alcohol y sustancias
Starview Community Services 1625 W. Olympic Blvd, Suite 600 Los Angeles, CA 90015	Oficina: (323) 999-2402 Entrada: (888) 535-3288	Medi-Cal y Anthem Blue Cross solo para terapia familiar	2+	<ul style="list-style-type: none"> • Terapia individual, de grupo y de familia • Servicios en la casa • Terapia de interacción para padres
VIP Community Mental Health Center 1721 Griffin Ave Los Angeles, CA 90031	(323) 221-4134 Entrada: ext. 202 - Tony	Medi-Cal o basado en escala de pago	0-21	<ul style="list-style-type: none"> • Comportamiento relacionado a trauma • Grupos (interacción entre compañeros) • Grupos para padres • Comportamiento disruptivo • Servicios en la clínica, casa, o escuela
Weber Community Center 5849 Crocker St. Los Angeles, CA 90003	(323) 234-4445	Medi-Cal	Todas edad es	<ul style="list-style-type: none"> • Clases de manejo de ira • Orientación familiar • Asesoramiento individual y grupal • Prevención del alcohol y las drogas • Servicios basados en la clínica



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:

Empty box for staff members on-crisis team

Incident Description

Table with 2 columns: 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: