TITLE:        Suicide Prevention, Intervention, and Postvention  
             (Students)

NUMBER:      BUL-2637.3

ISSUER:      Erika F. Torres  
             Executive Director  
             Student Health and Human Services

DATE:        February 12, 2018

POLICY:      The Los Angeles Unified School District (LAUSD) is committed to providing a  
             safe, civil, and secure school environment. It is the District’s charge to respond  
             appropriately to a student expressing or exhibiting suicidal ideation/behavior and to  
             follow-up in the aftermath of a death by suicide.

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

             For support and consultation, contact Student Health and Human Services  
             (SHH), School Mental Health (SMH) Crisis Counseling and Intervention  
             Services (CCIS) at (213) 241-3841 Monday-Friday (8:00 a.m.-4:30 p.m.). In  
             case of an emergency, call 911. For law enforcement and/or after hours  
             response, contact the Los Angeles School Police Department (LASPD) at (213)  
             625-6631.

 MAJOR  
 CHANGES: This bulletin replaces BUL-2637.2 Suicide Prevention, Intervention and  
 Postvention, on the same subject issued by the Office of Educational Services and  
 Student Health and Human Services, dated November 14, 2016.

The following are major changes included in this bulletin:

- Added definitions for Suicide Prevention Liaison(s), Risk Assessment, and  
  Suicide Contagion in the Definitions section (Page 3).
- Removed Warning Signs and Self-Injury from the Definitions section. The  
  definition for Warning Signs can be found on page 6 as Warning Signs for  
  Suicide. The definition for Self-Injury can be found on page 12 and in  
  Attachment P.
- Added information regarding the responsibilities of co-located independent  
  charter schools (Pages 4-5).
- In compliance with the mandates of Assembly Bill (AB) 2246, expanded All  
  Employee Responsibilities and Prevention sections to include the annual  
  Suicide Prevention and Awareness Training (Pages 3-5), as well as  
  information regarding vulnerable student populations (Attachment L).
- Added definition of Suicide, Warning Signs for Suicide and Risk Factors for  
  Suicide in Section IV (Page 6).
- Clarified who is authorized to transport students for a psychiatric evaluation  
  (Page 7).
• Clarified action plan steps when the level of risk is determined to be moderate/high to indicate contacting LASPD for assessment and support (Page 8).
• Added guidelines for responding to student suicide attempts in school and outside of school (Pages 10-11).
• Included information about supporting vulnerable student populations (Page 12).
• The following attachments have been modified:
  o Attachment D1 has been renamed Recommendations for Developing a Student Safety Plan for Secondary School Students.
  o Attachment D2 has been renamed My Safety Plan (for Secondary School Student).
  o Attachment B – Suicide Risk Assessment Tool has been expanded for more writing space.
  o Attachment G2 – Summary of Relevant Student Information has been expanded for more writing space. A prompt has been added in the Psychotropic Medications section regarding source of information and non-compliance with medications.
  o Attachment J2 – Risk Assessment Referral Data (RARD) – the section Reasons for Referral has been modified to specify Direct Threat to Harm Self and Indirect Threat to Harm Self; also added as a reason for referral is Threat to Harm Others.
• The following new attachments have been added to this bulletin:
  o Attachment D3 – Recommendations for Developing a Student Safety Plan for Elementary School Students
  o Attachment D4 – My Safety Plan (for Elementary School Student)
  o Attachment L – Considerations for Supporting Vulnerable Student Populations
  o Attachment P – Intervention: Protocol for Responding to Students Who Self-Injure
  o Attachment Q – Postvention: Protocol for Responding to a Student Death by Suicide

PURPOSE: The purpose of this bulletin is to outline administrative procedures for intervening with suicidal and self-injurious students and offer guidelines to school site crisis teams in the aftermath of a student death by suicide.

BACKGROUND: In 2015, the Centers for Disease Control and Prevention’s Youth Risk Behavior Surveillance System (YRBSS) for LAUSD students indicated that: over 30% of high school students reported a prolonged sense of sadness or hopelessness every day for two or more continuous weeks; over 22% of middle school and 17% of high school students seriously considered attempting suicide; and 9.1% of middle school and 8.4% of high school students attempted suicide.

Suicide is a serious public health problem that takes an enormous toll on families, students, employees, and communities. Suicide prevention involves the collective efforts of families/caregivers, the school community, mental health practitioners,
local community organizations, and related professionals to reduce the incidence of suicide through education, awareness, and services. School personnel are instrumental in helping students and their families by identifying students at-risk and linking them to school and community mental health resources.

GUIDELINES: I. DEFINITIONS

Suicide Prevention Liaison
Suicide Prevention Liaison(s) are the administrator/designee and/or mental health professionals (e.g., Psychiatric Social Worker, Pupil Services and Attendance Counselor, School Psychologist, or School Counselor) identified in the Integrated Safe School Plan’s (ISSP) School Site Suicide/Threat Assessment Team. The school site administrator designates these individuals annually. School staff may seek support from the Suicide Prevention Liaison(s) when they are concerned about a student’s suicidal ideation/behavior.

Risk Assessment
An evaluation of a student who may be at risk for suicide. Risk assessments may be conducted by the administrator/designee and/or Suicide Prevention Liaison(s). This assessment is designed to elicit information regarding: the student’s intent to die by suicide; previous history of suicide attempts; presence of a suicide plan and availability of lethal means; presence of support systems; level of hopelessness and helplessness; mental status; and other relevant risk factors.

Suicide Contagion
Suicide contagion is the process by which exposure to suicidal behavior or death by suicide increases the suicidal behaviors of others. Guilt about a loved one’s death, identification with the person who has died, and modeling of suicidal behaviors may play a role in contagion.

II. RESPONSIBILITY FOR POLICY IMPLEMENTATION AND TRAINING

A. All Employee Responsibilities
1. Beginning in 2018, all District employees must complete the online Suicide Prevention and Awareness Training annually. The training certifies that employees know the warning signs and risk factors for suicide, as well as what to do if they are concerned about a student who might be suicidal. See MEM-6910 Suicide Prevention and Awareness Training.
2. Inform the school site administrator/designee and/or Suicide Prevention Liaison immediately or as soon as practically possible of concerns, reports, or behaviors relating to students who might be suicidal and/or engaging in self-injury.
3. Adhere to the Suicide Prevention, Intervention, and Postvention (SPIP) policy.
B. School Site Administrator/Designee Responsibilities
   1. Designate Suicide Prevention Liaison(s) in the ISSP’s School Site Suicide/Threat Assessment Team.
   2. Respond to reports of students at risk for suicide or exhibiting self-injurious behaviors immediately or as soon as practically possible.
   3. Monitor and follow-up to ensure that the risk has been mitigated through support and resources.
   4. Ensure that the SPIP policy is implemented.
   5. Provide follow-up to relevant staff such as Local District Operations, as needed.
   6. Report incident in Incident System Tracking Accountability Report (iSTAR) as appropriate and update, as needed.

C. Local District Administrators and Staff Responsibilities
   1. Facilitate suicide risk assessment and intervention training by SHHS personnel for school sites and Suicide Prevention Liaison(s) to ensure adherence of the SPIP policy.
   2. Designate Local District staff to ensure the implementation of the SPIP policy and provide guidance/support, as needed, to all school sites.

D. SHHS District Office Staff Responsibilities
   1. Support the school site implementation of the SPIP policy by assisting Local Districts and schools with guidance/consultation, as needed.
   2. Assist school and office administrators to ensure all employees complete the online Suicide Prevention and Awareness Training.

E. Co-located Independent Charter School Administrator/Designee Responsibilities
   The SPIP policy is included in the ISSP. Independent charter schools that are co-located on a District site must abide by the District’s ISSP. Accordingly, co-located charter schools must identify Suicide Prevention Liaison(s) at their school sites who will assess students for suicide ideation or behaviors. Co-located charter schools must also inform the co-located LAUSD school when there are any safety concerns. The co-located charter school must also notify the Charter Schools Division Operations Coordinator, as indicated throughout the bulletin, and is required to work with the District Principal to submit an iSTAR report, which includes a Risk Assessment Referral Data (RARD). Schools following this policy must also follow:
   - The training requirements identified in MEM-6910 Suicide Prevention and Awareness Training.
   - BUL-5532.1 Policy on Co-Locations for District School Facilities’ Use Pursuant to Education Code Section 47614 (Proposition 39), which informs co-located charters about the ISSP, as well as
requirements to report incidents in iSTAR.

The responsibilities of the administrator/designee of independent co-located charter schools include:
1. Designate Suicide Prevention Liaison(s) in the ISSP's School Site Suicide/Threat Assessment Team.
2. Respond to reports of students at risk for suicide or exhibiting self-injurious behaviors immediately or as soon as practically possible.
3. Monitor and follow-up to ensure that the risk has been mitigated through support and resources.
4. Ensure that the SPIP policy is implemented.
5. Provide follow-up to relevant staff such as the co-located LAUSD school and Charter Schools Division Operations Coordinators, as needed.
6. Work with the District Principal to submit an iSTAR report and update, as needed.

III. PREVENTION

Youth suicide is a preventable public health problem. Children and teens spend a significant amount of their young lives in school; the personnel who interact with them daily are in a prime position to recognize the warning signs of suicide and make the appropriate referrals for help (AB 2246, Chapter 642, Section 1(b), 2016). Beginning in 2018, all District employees must complete the online Suicide Prevention and Awareness Training annually. For more information, see MEM-6910 Suicide Prevention and Awareness Training.

Suicide prevention involves school-wide activities and programs that enhance connectedness, contribute to a safe and nurturing environment, and strengthen protective factors that reduce risk for students.

Suicide prevention includes:
A. Promoting a climate of positive behavior support and intervention - BUL-6231.0, Discipline Foundation Policy: School-Wide Positive Behavior Intervention and Support (SWPBIS).
B. Increasing staff, student, and parent/guardian knowledge of warning signs and risk factors for suicide and what to do when a student is expressing suicidal ideation/behavior.
C. Engaging students by providing structure, guidance, and fair discipline.
D. Monitoring students’ emotional state and well-being and making referrals for support, as needed.
E. Modeling and teaching desirable skills and behavior.
F. Promoting access to school and community resources.
IV. INTERVENTION: PROTOCOL FOR RESPONDING TO STUDENTS AT RISK FOR SUICIDE

Suicide is death caused by self-directed injurious behavior with the intent to die. Sometimes there may be a precipitating event, such as a break-up or recent death of a loved one, prior to the death by suicide. However, it is important to remember that suicide is a complex phenomenon that cannot be attributed to one single cause.

Warning Signs for Suicide
Warning signs are observable behaviors that may signal the possible presence of suicidal thinking. They might be considered cries for help or opportunities to intervene. Warning signs indicate the need for an adult to inquire directly about whether the student has thoughts of suicide. Warning signs include:
- Feelings of sadness, hopelessness, helplessness
- Significant changes in behavior, appearance, thoughts, and/or feelings
- Social withdrawal and isolation
- Suicide threats (direct and indirect)
- Suicide notes and plans
- History of suicidal ideation/behavior
- Self-injurious behavior
- Preoccupation with death
- Making final arrangements (e.g., giving away prized possessions, posting plans on social media, sending text messages to friends)

Risk Factors for Suicide
Risk factors are characteristics or conditions that may increase the chance that a person may try to take their life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and/or social factors in the individual, family, and environment. Risk factors include:
- Access to means (e.g., firearms, knives, medication)
- Stressors (e.g., loss, peer relations, school, gender identity issues)
- History of depression, mental illness, or substance/alcohol abuse disorders
- History of suicide in the family or of a close friend
- History of mental illness in the family

The following are general procedures for the school site administrator/designee and/or Suicide Prevention Liaison(s) to respond to reports of students at risk for suicide. For an abbreviated version of the protocol outlined below, see Attachment A - Protocol for Responding to Students At Risk for Suicide.

The urgency of the situation will dictate the order and applicability in which the subsequent steps are followed.
A. Respond Immediately
   1. Report concerns or incidents directly to the administrator/designee and/or Suicide Prevention Liaison(s) immediately or as soon as practically possible. For example, do not wait until the end of the day or leave a note, send an e-mail, or leave a voicemail without ensuring that the message was received.
   2. Ensure that a staff member, not a student, accompany the student sent to the office for an assessment.

B. Secure the Safety of the Student
   1. For immediate, emergency life-threatening situations, call 911.
   2. Supervise the student at all times. Ensure the physical environment the student is in is free of any items/objects that could potentially be harmful, such as scissors, letter openers, staplers, pushpins, pencil sharpeners.
   3. If appropriate, conduct an administrative search of the student, backpack, and locker to ensure there is no access to means, such as razor blades or pills.
   4. If a student is agitated, unable to be contained, or there is a need for immediate assistance, contact the LASPD at (213) 625-6631 or the local law enforcement agency.
   5. District employees should not transport students. Only LASPD, local law enforcement, or designated Department of Mental Health clinicians, including Psychiatric Mobile Response Team (PMRT) staff, are authorized to transport an individual for a psychiatric evaluation (5150/5585) if the current circumstances meet the criteria.
   6. If the school receives information that the student may pose a danger to self and/or others but is not in attendance, contact LASPD or local law enforcement to conduct a welfare check to determine the safety and well-being of the student, as well as others.

C. Assess for Suicide Risk
   1. The administrator/designee or designated Suicide Prevention Liaison(s) should gather essential background information that will help with assessing the student’s risk for suicide (e.g., what the student said or did, information that prompted concern or suspicion, copies of any concerning writings, drawings, text messages, social media, or previous iSTAR history).
   2. The administrator/designee or the designated Suicide Prevention Liaison should meet with the student to complete a risk assessment. Based on the information gathered and assessment of the student, the assessing party should collaborate with at least one other designated school site crisis team member to determine the level of risk. See Attachment B - Suicide Risk Assessment Tool.
   3. Any consultations made by the assessing party should be in a confidential setting and not in the presence of the student of concern. Another designated staff member should supervise the student at all
times.
4. If the level of risk is determined to be moderate or high, contact LASPD or the PMRT. Both agencies are authorized to assess, determine if the current circumstances meet the criteria, and transport an individual for a psychiatric evaluation (5150/5585), if needed. It is not necessary to call both agencies for a response.
   - LASPD - (213) 625-6631
   - PMRT - (800) 854-7771

The privacy of all students should be protected at ALL times. Disclose confidential information only on a right to know and need to know basis.

D. Communicate with Parent/Guardian
   The Suicide Prevention Liaison or assessing party should contact the parent/guardian or consult the emergency card for an authorized third party. When communicating with parent/guardian:
   1. Share concerns and provide recommendations for establishing safety in the home with “means restriction” (e.g., securing/removing firearms, medications, cleaning supplies, cutlery, and razor blades).
   2. If the student is transported to the hospital, communicate a plan for re-entry pursuant to Attachment E – Student Re-Entry Guidelines. Complete and provide parent/guardian Attachment H – Return to School Information for Parent/Guardian, which outlines steps to facilitate a positive transition back to school.
   3. Provide school and/or local community mental health resources, including the nearest SMH Clinic or District Wellness Center. Students with private health insurance should be referred to their provider.
   4. Facilitate contact with community agencies and follow-up to ensure access to services.
   5. Provide a copy of Attachment M - Suicide Prevention Awareness for Parents/Caregivers and/or Attachment N - Self-Injury Awareness for Parents/Caregivers.

E. Determine Appropriate Action Plan
   The assessing party should collaborate with at least one other designated school site crisis team member to determine appropriate action(s) based on the level of risk. Refer to Attachment C - Suicide Risk Assessment Levels, Warning Signs & Action Plan Options.

There are circumstances that might increase a student's suicide risk. Examples may include suspension, expulsion, relationship problems, significant loss, interpersonal conflict, or being identified as a student of
a vulnerable population (see Section VI – Considerations for Supporting Vulnerable Student Populations). The action plan determined should be documented and managed by the school site administrator/designee. Actions may include:

1. Develop a safety plan. A safety plan is a prioritized list of coping strategies and resources that a student may use before, during, or after a suicidal crisis. See Attachments D1-D4 for recommendations and templates for developing a student safety plan.
   a. Throughout the safety planning process, a collaborative problem solving approach should be used to assess and address any potential barriers the student may have with following through with the safety plan.
   b. If the student enrolls in a new school, the safety plan should be reviewed with the new school site crisis team to ensure continuity of care and revised as needed.

2. Follow student re-entry guidelines. See Attachment E - Student Re-entry Guidelines for a checklist of action items to consider and Attachment K – Student Re-Entry/Safety Planning Meeting sign-in sheet to document participation in any meetings regarding the student.
   a. A student returning to school following psychiatric evaluation or hospitalization, including psychiatric and drug/alcohol inpatient treatment, must have written permission by a licensed California health care provider to attend school. See Attachment I - Medical Clearance for Return to School.
   b. If the student is absent or out of school due to a mental health evaluation/hospitalization, the school site administrator/designee should hold a re-entry meeting with key support staff, parents/guardians, and student upon their return to facilitate a successful transition.
   c. As appropriate, consider an assessment for special education for a student whose behavioral and emotional needs affect their ability to benefit from their educational program (see BUL-5577.1 Counseling and Educationally Related Intensive Counseling Services (ERICS) for Students with Disabilities).

3. Mobilize a support system and provide resources. See Attachment R - Resource Guide.
   a. Connect student and family with social, school, and community supports.
   b. Refer the student to the nearest SMH Clinic or District Wellness Center, a community resource provider, or their health care provider for mental/physical health services.

4. Monitor and manage.
   a. The administrator/designee and/or Suicide Prevention Liaison(s) should monitor and manage the case as it develops and until it has been determined that the student no longer poses an immediate
threat to self.
b. Maintain consistent communication with appropriate parties on a
right to know and need to know basis.
c. If the parent/guardian is not following the safety
recommendations, a suspected child abuse report may be filed.
See BUL-1347.3 Child Abuse and Neglect Reporting
Requirements.

F. Important Considerations
The following are important to consider when intervening with youth
who are exhibiting suicidal ideation/behavior:

1. When Certificated Staff Accompany a Student to the Hospital
If PMRT or law enforcement determines that the student will be
transported to an emergency hospital/medical facility, the school site
administrator should designate a certificated staff member to
accompany the student if:
a. The student requests the presence of a staff member.
b. The school is unable to make contact with the parent/guardian.
c. Parent/guardian is unavailable to meet the student at the hospital.
d. Deemed appropriate based on considerations such as age,
developmental level, or pertinent historical student information.

2. Providing Information for a Psychiatric Evaluation
If the student will be transported, the assessing party should complete
Attachment G2 – Summary of Relevant Student Information,
indicating summary of incident and pertinent historical information.
This document should be provided to PMRT or law enforcement
prior to transporting to an emergency room hospital. For information
on how to complete Attachment G2, refer to Attachment G1 –
Directions on How to Complete the Summary of Relevant
Student Information.

G. Responding to Student Suicide Attempts
In case of a student suicide attempt, the health and safety of the student
is paramount. The following are important steps to consider in these
situations:

1. In-School Suicide Attempt
In case of an in-school suicide attempt:
a. Call 911, as appropriate.
b. Render first aid until professional medical treatment and/or
   transportation can be received.
c. Supervise the student to ensure their safety.
d. Inform the school site administrator/designee and/or Suicide
   Prevention Liaison immediately or as soon as practically possible.
e. Clear the area by relocating nearby students and staff, as soon as
   practically possible.
f. Inform the parent/guardian.
g. Engage the Suicide Prevention Liaison(s) to ensure the appropriate action plan, safety plan, and re-entry guidelines are established to ensure the safety and well-being of the student and others who might have been exposed or triggered by the incident.

2. Out-of-School Suicide Attempt
In case of an out-of-school suicide attempt:
a. If the student contacts a staff member and expresses suicidal ideation, the staff member should attempt to maintain contact with the student (either in person, online, or on the phone). Inform the school site administrator/designee and/or Suicide Prevention Liaison immediately for support and guidance.
b. Call 911, LASPD at (213) 625-6631, or local law enforcement to initiate a welfare check, as appropriate.
c. Inform the parent/guardian.
d. Engage the Suicide Prevention Liaison(s) to ensure the appropriate action plan, safety plan, and re-entry guidelines are established to ensure the safety and well-being of the student.

H. Document All Actions
1. The administrator/designee shall maintain records and documentation of actions taken at the school by completing an incident report and RARD in iSTAR. For information on completing iSTAR reports with the issue type Suicidal Behavior, see Attachment J1 – Recommendations for RARD Completion.
2. When documenting in iSTAR, include the 10-digit student identification number for the student in the Persons Involved tab. Any previous reports involving the student will be displayed in this tab, which may influence additional safety and action planning.
3. If the student is assessed by a member of the school site crisis response team who does not have reporting access to iSTAR, the school site crisis team member should complete Attachment J2 – Risk Assessment Referral Data (RARD) and submit it to the school site administrator within 24 hours or by the end of the next school day, for submission on iSTAR. The RARD should not be mailed.
4. Notes, documents, and records related to the incident are confidential information and remain privileged to authorized personnel. These notes should be kept in a confidential file separate and apart from the student’s cumulative records.
5. If a student for whom a RARD has been completed transfers to a school within or outside the District, the transferring school may contact the receiving school to share information and concerns, as appropriate, to facilitate a successful supportive transition. To ensure a continuity of care within the District, a safety plan with the new school’s crisis team should be developed, as appropriate.
V. INTERVENTION: PROTOCOL FOR RESPONDING TO STUDENTS WHO SELF-INJURE

Self-injury is the deliberate act of harming one’s own body, through means such as cutting or burning. Self-injury is an unhealthy way to cope with emotional pain, intense anger, or frustration. Although this behavior often lacks suicidal intent, it can increase the risk of suicide because of the emotional problems that trigger self-injury. Therefore, students who engage in self-injurious behaviors should be assessed for suicide risk.

For definitions, protocol for responding to students who self-injure, as well as information about contagion and other considerations, see Attachment P – Intervention: Protocol for Responding to Students Who Self-Injure.

VI. CONSIDERATIONS FOR SUPPORTING VULNERABLE STUDENT POPULATIONS

Factors such as discrimination, traumatic life circumstances, stigma, familial and community rejection, mental illness, and other factors that compromise life functioning may result in elevated suicide risk, particularly for vulnerable student populations. Suicide risk may increase when an individual experiences several risk factors at the same time. See Attachment L – Considerations for Supporting Vulnerable Student Populations for a detailed description of aspects to consider when working with the identified vulnerable populations listed below:

A. Students Who May Be Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ)
B. Students with Adverse Childhood Experiences (ACEs)
C. Students with Mental Health and/or Substance Use Disorders
D. Students Bereaved by Suicide
E. Students with Disabilities
F. Students Involved with Bullying
G. Students Experiencing Homelessness
H. Students in Out-of-Home Care Settings
I. Students Identified as Newcomers or Immigrant (Unaccompanied, Accompanied, Undocumented, Mixed Status Youth)
J. Students Who Experience Labor or Sex Trafficking

VII. SUSPECTED CHILD ABUSE OR NEGLECT

Report the incident to the appropriate child protective services agency, following the District’s Child Abuse and Neglect Reporting Requirements, BUL-1347, if child abuse or neglect by a parent/guardian is suspected or there is reasonable suspicion that:

- contacting the parent/guardian regarding the suicidal ideation/behavior may escalate the student’s current level of risk;
- the parent/guardian is contacted and unwilling to respond; and/or
• the parent/guardian refuses treatment for the student of concern.

The report should include information about the student’s suicide risk level and any concerning ideations or behaviors. The reporting party must follow directives provided by the child protective services agency personnel.

VIII. OTHER RELATED MATTERS

A. Responding to Threats and School Violence
   For matters related to students exhibiting suicidal ideation and threatening or violent behaviors towards others, follow guidelines as indicated in BUL-5799.0 Threat Assessment and Management (Student-to-Student, Student-to-Adult) or contact the Local District Operations staff. If immediate assistance is needed, contact LASPD or local law enforcement.

B. Responding to Hate Violence
   For matters related to students expressing suicidal ideation in conjunction with reports of hate-motivated violence, additional guidelines indicated in BUL-2047.1 Hate-Motivated Incidents and Crimes – Response and Reporting should be followed or contact the Local District Operations staff.

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

After a student death by suicide in the school community, it is important to implement a coordinated crisis response to assist students, staff, and families who are impacted by the death and to restore an environment focused on education. For information about how to respond to a student death by suicide, see Attachment Q – Postvention: Protocol for Responding to a Student Death by Suicide.

XIII. CONFIDENTIALITY

All student matters are confidential and may not be shared, except with those persons who need to know. Personnel who “need to know” shall not disclose student information without appropriate legal authorization. Information sharing should be within the confines of the District’s reporting procedures and investigative process.

AUTHORITY: This is a policy of the Superintendent of Schools. The following legal authorities are applied in this policy:
California Civil Code sections 56-56.10, 1798;
California Constitution Article 1, §28(c);
California Education Code §32210 et seq.;
California Education Code §35160;
California Education Code §44808;
California Education Code §48900 et seq.;
California Education Code §48950;
California Education Code sections 49060 et seq.;
California Health & Safety Code section123100-123149.5, 124260;
California Penal Code §626 et seq.;
California Code of Civil Procedure §527.6;
Family Educational Rights and Privacy Act;
Health Insurance Portability and Accountability Act; and
Los Angeles Municipal Code §63.94.

RELATED RESOURCES:
BUL-5212.2, Bullying and Hazing Policy (Student-to-Student and Student-to-Adult), November 26, 2014.
BUL-800.0, Crisis Preparedness, Response and Recovery, October 12, 2015.
BUL-6231.0, Discipline Foundation Policy: School-Wide Positive Behavior Intervention and Support (SWPBIS), February 14, 2014.
BUL-6718.0, Educational Rights and Guidelines for Youth in Foster Care, Experiencing Homelessness and/or Involved in the Juvenile Justice System, August 8, 2016.
BUL-6269.1, Multi-Tiered System (MTSS) of Behavior Support for Students with Disabilities, March 6, 2017.
BUL-5688.2, Social Media Policy for Employees and Associated Persons, October 5, 2017.
BUL-5799.0, Threat Assessment and Management (Student-to-Student, Student-to-Adult), July 12, 2012.
BUL-6224.1, Transgender Students - Ensuring Equity and Nondiscrimination, September 15, 2014.
MEM-6910, Suicide Prevention and Awareness Training, updated annually.

ATTACHMENTS:
Attachment A – Protocol for Responding to Students at Risk for Suicide
Attachment B – Suicide Risk Assessment Tool
Attachment C – Suicide Risk Assessment Levels, Warning Signs & Action Plan Options
Attachment D1 – Recommendations for Developing a Student Safety Plan for Secondary School Students
Attachment D2 – My Safety Plan (for Secondary School Student)
Attachment D3 – Recommendations for Developing a Student Safety Plan for Elementary School Students
Attachment D4 – My Safety Plan (for Elementary School Student)
Attachment E – Student Re-Entry Guidelines
Attachment F – Parent/Guardian Authorization for Release/Exchange of
Information (English/Spanish)
Attachment G1 – Directions on How to Complete the Summary of Relevant Student
Information
Attachment G2 – Summary of Relevant Student Information
Attachment H – Return to School Information for Parent/Guardian
Attachment I – Medical Clearance for Return to School
Attachment J1 – Recommendations for RARD Completion
Attachment J2 – Risk Assessment Referral Data (RARD)
Attachment K – Student Re-Entry/Safety Planning Meeting (sign-in sheet)
Attachment L – Considerations for Supporting Vulnerable Student Populations
Attachment M – Suicide Prevention Awareness for Parents/Caregivers
Attachment N – Self-Injury Awareness for Parents/Caregivers
Attachment O – Sample Letter to Parent/Guardian RE: Self-Injury
Attachment P – Intervention: Protocol for Responding to Students Who Self-Injure
Attachment Q – Postvention: Protocol for Responding to a Student Death by
Suicide
Attachment R – Resource Guide

ASSISTANCE: For assistance and information, please contact any of the following offices:

LAUSD RESOURCES

Los Angeles School Police Department, Watch Commander (24/7) (213) 625-6631
– for assistance with any law enforcement matters.

Division of Student Health and Human Services, School Mental Health (including
Crisis Counseling and Intervention Services)
(213) 241-3841 - for consultation with suicide/threat risk assessments, crisis
response and mental health issues, Monday-Friday from 8:00 am-4:30 pm.

Division of District Operations (213) 241-5337 – for assistance with school
operations and procedures concerning students and employees.

Division of Special Education (213) 241-6701– for assistance with cases involving
students with disabilities.

Education Equity Compliance Office (213) 241-7682 – for assistance with alleged
student discrimination and harassment complaints.

Human Relations, Diversity and Equity (213) 241-3840 – for assistance with issues
of bullying, conflict resolution, and diversity trainings.

Office of Communications (213) 241-6766 – for assistance with media requests.

Office of General Counsel (213) 241-6601 – for assistance/consultation regarding
legal issues.
EMERGENCY RESOURCES (NON-LAUSD)

Los Angeles County Department of Mental Health ACCESS (800) 854-7771 – collaborates with School Mental Health (SMH) Crisis Counseling & Intervention Services for the administration and coordination of all mental health and law enforcement mobile response services in the event of a critical incident, including Psychiatric Mobile Response Teams (PMRT) and School Threat Assessment Response Teams (START). These teams respond to schools, offices, and homes.

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

Mental Evaluation Unit (MEU), including Staff Management Advisory and Response Team (SMART) (213) 996-1300 or 1334 – for law enforcement and mental health response, when an individual is a flight risk, violent, or high risk for harm to self or others.

National Suicide Prevention Lifeline (800) 273-8255 – a 24-hour crisis line for individuals who are contemplating, threatening, or attempting suicide, including their family and friends.

Didi Hirsch Suicide Prevention Center (877) 727-4747 – a 24-hour crisis line for individuals who are contemplating, threatening, or attempting suicide, including their family and friends.

Trevor Project – Trevor Lifeline (866) 4-U-TREVOR (866) 488-7386 - a 24-hour hotline; provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24.

For additional resources and information, including emergency services, crisis lines, and online resources, see Attachment R - Resource Guide.