TEMPLE CITY UNIFIED SCHOOL DISTRICT

Suicide Prevention Policy

PROCEDURAL MANUAL

Spring 2017

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Purpose

The Governing Board of Temple City Unified School District recognizes that suicide is a leading cause of death among youth and an even greater amount of youth consider (17 percent of high school students) and attempt suicide (over 8 percent of high school students) (Centers for Disease Control and Prevention, 2015).

The possibility of suicide and suicidal ideation requires vigilant attention from our school staff. As a result, we are ethically and legally responsible for providing an appropriate and timely response in preventing suicidal ideation, attempts, and deaths. We also must work to create a safe and nurturing campus that minimizes suicidal ideation in students.

Recognizing that it is the duty of the district and schools to protect the health, safety, and welfare of its students, this policy aims to safeguard students and staff against suicide attempts, deaths and other trauma associated with suicide, including ensuring adequate supports for students, staff, and families affected by suicide attempts and loss. Understanding the emotional wellness of students greatly impacts school attendance and educational success, this policy shall be paired with other policies that support the emotional and behavioral wellness of students.

This policy is based on research and best practices in suicide prevention, and has been adopted with the understanding that suicide prevention activities decrease suicide risk, increase help-seeking behavior, identify those at risk of suicide, and decrease suicidal behaviors. Empirical evidence refutes a common belief that talking about suicide can increase risk or "place the idea in someone's mind."

Scope

In an attempt to reduce suicidal behavior and its impact on students and families, the Superintendent or Designee shall develop strategies for suicide prevention, intervention, and postvention. There is no single reason for or cause of suicide. Suicide is multidimensional, involving many factors at many levels of influence. It is also important to identify the mental health challenges frequently associated with suicidal thinking and behavior. These strategies shall include professional development for all school personnel in all job categories who regularly interact with students or are in a position to recognize the risk factors and warning signs of suicide, *including substitute teachers, volunteers, extended learning staff (afterschool) and other individuals in regular contact with students such as crossing guards, tutors, and coaches.*
This Policy covers actions that take place in the school, on school property, at school-sponsored functions and activities. This policy applies to the entire school community. It will also cover appropriate school responses to suicidal or high-risk behaviors that take place outside of the school environment.

(The Trevor Project, 2017)
(California Department of Education, 2017)

TCUSD Suicide Task Force and School Site Teams

The Temple City Unified School District Suicide Task Force will provide advice to the district administration and school board regarding suicide prevention activities and policy implementation. In addition, the task force will continue to add to the community referral list that will assist with suicide prevention and referrals to mental health providers. Yearly, the task force will review the suicide prevention policy and verify the information and resources are current and relevant. Members of the task force will also implement suicide prevention trainings for the school district staff.

The task force will consist of the following members:

- One or two coordinators that have a Master's in either School Counseling or Psychology and have a Pupil Personnel Services Credential
- District Administrator
- School Site Administrator
- Community Mental Health Agency Representative
- District School Site Counselors (Master's in School Counseling and PPS Credential)
- District School Site Psychologists (Master's in School Psychology and PPS Credential)
- District Nurse
- Secondary School Teacher
- Elementary School Teacher
- Parent Representative

School Site Suicide Prevention, Intervention and Postvention teams are developed at each school site and will consist of School Administrator, School Psychologists and School Counselors. These teams will oversee the implementation of preventative education. Representatives of the team will also work together to provide suicide intervention when a student is referred. A team of two will conduct suicide risk assessments and work together to determine the steps needed to intervene. In the event of a suicide, this team will become the crisis team and develop the postvention plan appropriate for the situation.

Youth Suicide Statistics

- Suicide is the SECOND leading cause of death for ages 10-24. (2015 CDC WISQARS)
- Suicide is the SECOND leading cause of death for college-age youth and ages 12-18. (2015 CDC WISQARS)
- More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease, COMBINED.
- Each day in our nation, there are an average of over 5,240 attempts by young people grades 7-12.
- Four out of five teens who attempt suicide have given clear warning signs.
  (The Jason Foundation, 2017)
- The rate of suicide attempts is 4 times greater for LGB youth and 2 times greater for questioning youth than that of straight youth.
- Suicide attempts by LGB youth and questioning youth are 4 to 6 times more likely to result in injury, poisoning, or overdose that requires treatment from a doctor or nurse, compared to their straight peers.
  (The Trevor Project, 2017)

Definitions

- **At Risk** – A student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide including potential means of death and may have a plan. In addition, the student may exhibit feelings of isolation and loneliness, hopelessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the procedures
- **Crisis Team** – A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response and recovery. These professionals have been specifically trained in crisis preparedness through recovery and take the leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols and may provide mental health services for effective crisis interventions and recovery supports.
- **Mental Health** – A state of mental and emotional being that can impact choices and actions that affect wellness. Mental health problems include mental and substance use disorders.
- **Postvention** – Suicide postvention Is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.
- **Risk Assessment** – An evaluation of a student who may be at risk for suicide, conducted by appropriate school staff (e.g. school psychologist or school counselor). 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 level of lethality and availability, presence of support systems and level of hopelessness and helplessness, neutral status, and other relevant risk factors.
- **Risk Factors for Suicide** – Characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be the 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 environment.

- **Self Harm** – Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either nonsuicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.
- **Suicide** – Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: The coroner's or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death.
- **Suicide Attempt** – A self-directed injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as a wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.
- **Suicidal Behavior** – Suicide attempts, intentional injury to self, associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.
- **Suicide Contagion** – The process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guild, identification, and modeling are thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.
- **Suicidal Ideation** – Thinking about, considering, or planning for self-injurious behavior which may result in death. A desire to be dead without a plan or intent to end one's life is still considered suicidal ideation and should be taken seriously.

(The Trevor Project, 2017)

Risk Factors

Risk factors for suicide refer to personal or environmental characteristics that are associated with suicide. The environment includes the social and cultural environment as well as the physical environment. People affected by one or more of these risk factors may have a greater probability of suicidal behavior. Some risk factors cannot be changed—such as a previous suicide attempt—but they can be used to help identify someone who may be vulnerable to suicide. There is no single, agreed-upon list of risk factors. The list below summarizes the risk factors identified by the most recent research.

Behavioral Health Issues/Disorders

- Depressive disorders
- Substance abuse or dependence (alcohol and other drugs)
- Conduct/disruptive behavior disorders
- Other disorders (e.g., anxiety disorders, personality disorders)
- Previous suicide attempts
- Self-injury (without intent to die)
- Genetic/biological vulnerability (mainly abnormalities in serotonin functioning, which can lead to some of the behavioral health problems listed above) Note: The presence of multiple behavioral health disorders (especially the combination of mood and disruptive behavior problems or substance use) increases suicide risk.

Personal Characteristics

- Hopelessness
- Low self-esteem
- Loneliness
- Social alienation and isolation, lack of belonging
- Low stress and frustration tolerance
- Impulsivity
- Risk-taking, recklessness
- Poor problem-solving or coping skills
- Perception of self as very underweight or very overweight
- Capacity to self-injure
- Perception of being a burden (e.g., to family and friends)

Adverse/Stressful Life Circumstances

- Interpersonal difficulties or losses (e.g., breaking up with a girlfriend or boyfriend)
- Disciplinary or legal problems
- Bullying, either as victim or perpetrator
- School or work problems (e.g., actual or perceived difficulties in school or work, not attending school or work, not going to college)
- Physical, sexual, and/or psychological abuse
- Chronic physical illness or disability
- Exposure to suicide of peer
  Risky Behaviors

- Alcohol or drug use
- Delinquency
- Aggressive/violent behavior
- Risky sexual behavior

  Family Characteristics
- Family history of suicide or suicidal behavior
- Parental mental health problems
- Parental divorce
- Death of parent or other relative
- Problems in parent-child relationship (e.g., feelings of detachment from parents, inability to talk with family members, interpersonal conflicts, family financial problems, family violence or abuse, parenting style either underprotective or overprotective and highly critical)

Environmental Factors

- Negative social and emotional environment at school, including negative attitudes, beliefs, feelings, and interactions of staff and students
- Lack of acceptance of differences
- Expression and acts of hostility
- Lack of respect and fair treatment
- Lack of respect for the cultures of all students
- Limitations in school physical environment, including lack of safety and security
- Weapons on campus
- Poorly lit areas conducive to bullying and violence
- Limited access to mental health care
- Access to lethal means, particularly in the home
- Exposure to other suicides, leading to suicide contagion
- Exposure to stigma and discrimination against students based on sexual orientation; gender identity; race and ethnicity; disability; or physical characteristics, such as overweight.

  Stigma and discrimination lead to:

  » Victimization and bullying by others, lack of support from and rejection by family and peers, dropping out of school, lack of access to work opportunities and health care

  » Internalized homophobia, stress from being different and not accepted, and stress around disclosure of being gay, which can lead to low self-esteem, social isolation, and decreased help-seeking

  » Stress due to the need to adapt to a different culture, especially reconciling differences between one's family and the majority culture, which can lead to family conflict and rejection

(Substance Abuse and Mental Health Services Administration, 2012, pp. 33-35)

Signs and Concerns

Four out of five completed suicides give clear warning signs of their intentions. This means that, if we learn the signs and know how to respond, we have an opportunity to assist 80% of those teens who are contemplating suicide.

Many times, signs of concern mimic "typical teenage behaviors." So, how can we know if it's just "being a teenager" or something more? If the signs are persisting over a period of time, several of the signs appear at the same time, and the behavior is "out of character" for the young person as you know him/her, then close attention is warranted.

The following are some signs of concern that may be present. This is, by no means, all of the signs. Anytime you have a concern about a young person's actions and/or behaviors, be proactive – have a conversation with the child. Seek professional help, if necessary.

Suicide Threats: Either Direct or Indirect Statements

People who talk about suicide, threaten suicide or call suicide crisis lines are 30 times more likely than average to kill themselves. Take suicide threats seriously.

- "I'd be better off dead."
- "I won't be bothering you much longer."
- "You'll be better off without me around."
- "I hate my life."
- "I am going to kill myself."
- Suicide threats are not always verbal.
    - Text messages
    - Social networks
    - Twitter

Previous Suicide Attempts

- One out of three suicide deaths is not the individual's first attempt.
- The risk for completing suicide is more than 100 times greater during the first year after an attempt.
- Take any instance of deliberate self-harm seriously.

Preoccupation or Obsession with Death or Suicide

- Essays, writing about death
- Poems about death
- Artwork, drawings depicting death

Depression

- Sudden, abrupt changes in personality
- Expressions of hopelessness and despair
- Declining grades and school performance
- Lack of interest in activities once enjoyed
- Increased irritability and aggressiveness
- Withdrawal from family, friends, and relationships
- Lack of hygiene
- Changes in eating and sleeping habits

Final Arrangements

Once the decision has been made to end their life, some young people begin making final arrangements.

- Giving away prized or favorite possessions
- Putting their affairs in order
- Saying good-bye to family and friends
- Making funeral arrangements

Other Signs

- Experiencing a recent loss – a loved one, relationship, job, etc.
- Increased use or abuse of alcohol or drugs
- Recent separation or divorce of parents
- Feelings of loneliness or abandonment
- Feelings of shame, guilt, humiliation or rejection
- Emotional stress and difficulties may result in physical complaints, such as head-aches, stomach-aches, loss of energy, etc.
- Taking excessive risks, being reckless
- In real or serious trouble, especially for the first time

- Problems staying focused or paying attention

Remember: This is not an all-inclusive list of signs of concern. Anytime you notice behaviors that concern you, do not hesitate or be afraid to ask questions.
(The Jason Foundation, 2017)

Protective Factors

Protective factors are personal or environmental characteristics that reduce the probability of suicide. Protective factors can buffer the effects of risk factors. The capacity to cope positively with the effects of risk factors is called "resilience." Actions by school staff to enhance protective factors are an essential element of a suicide prevention effort. Strengthening these factors also protects students from other risks, including violence, substance abuse, and academic failure. There is no single, agreed-upon list of protective factors. The list below summarizes the protective factors identified by the most recent research.

Individual Characteristics and Behaviors

- Psychological or emotional well-being, positive mood
- Emotional intelligence: the ability to perceive, integrate into thoughts, understand, and manage one's emotions
- Adaptable temperament
- Internal locus of control
- Strong problem-solving skills
- Coping skills, including conflict resolution and nonviolent handling of disputes
- Self-esteem
- Frequent, vigorous physical activity or participation in sports
- Spiritual faith or regular church attendance
- Cultural and religious beliefs that affirm life and discourage suicide
- Resilience: ongoing or continuing sense of hope in the face of adversity
- Frustration tolerance and emotional regulation
- Body image, care, and protection

Family and Other Social Support

- Family support and connectedness to family, closeness to or strong relationship with parents, and parental involvement
- Close friends or family members, a caring adult, and social support
- Parental pro-social norms, that is, youth know that parents disapprove of antisocial behavior such as beating someone up or drinking alcohol
- Family support for school

School

- Positive school experiences
- Part of a close school community
- Safe environment at school (especially for lesbian, gay, bisexual, and transgender youth)
- Adequate or better academic achievement
- A sense of connectedness to the school
- A respect for the cultures of all students

Mental Health and Healthcare Providers and Caregivers

- Access to effective care for mental, physical, and substance abuse disorders
- Easy access to care and support through ongoing medical and mental health relationships

Access to Means

- Restricted access to firearms: guns locked or unloaded, ammunition stored or locked

- Safety barriers for bridges, buildings, and other jumping sites
- Restricted access to medications (over-the-counter and prescriptions)
- Restricted access to alcohol (since there is an increased risk of suicide by firearms if the victim is drinking at the time)

(Substance Abuse and Mental Health Services Administration, 2012, pp. 37-38)

Prevention

1. District Policy Implementation: The suicide prevention taskforce will be responsible for the planning and implementation of this policy for use by Temple City Unified School District. The taskforce will consist of two coordinators, site administrators, school psychologists, school counselors, district nurse, and district administration. Each school principal shall designate suicide prevention coordinator(s), typically school psychologists and/or school counselors, to act as a point of contact in each school for issues relating to suicide prevention and policy implementation. All staff members shall report students they believe to be at elevated risk for suicide to the school suicide prevention coordinator(s). (The Trevor Project, 2017)
2. Staff Professional Development:
    a. At least annually staff shall receive training on the risk factors and warning signs of suicide, suicide prevention, intervention, referral, and postvention.
    b. All suicide prevention trainings shall be offered under the direction of school-employed mental health professionals and members of the suicide taskforce (e.g., school counselors, psychologists) who have received advanced training specific to suicide and may benefit from collaboration with one or more county and/or community mental health agencies. Staff training can be adjusted year-to-year based on previous professional development activities and emerging best practices.
    c. Core components of the general suicide prevention training shall include:
        - Suicide risk factors, warning signs, and protective factors
        - Appropriate response to the youth who has suicidal thoughts. Such responses shall include constant supervision of any student judged to be at risk for suicide and an immediate referral for a suicide risk assessment
        - Emphasis on immediately (same day) referring any student who is identified to be at risk of suicide for assessment while staying under constant monitoring by staff member
        - Emphasis on reducing stigma associated with mental illness and early prevention and intervention to drastically reduce the risk of suicide
        - Reviewing data annually to look for any patterns or trends of the prevalence or occurrence of suicide ideation, attempts, or death. Data from the California School Climate, Health, and Learning Survey (Cal-SCHLS) should also be analyzed to identify school climate deficits and drive program development. See the Cal-SCHLS website at http://cal-schls.wested.org/.
        - Understanding of populations at high risk of suicide shall include additional information regarding groups of students judged by the school, and available research, to be at elevated risk for suicide. These groups include, but are not limited to, the following:
            - Youth affected by suicide
            - Youth with a history of suicide ideation or attempts
            - Youth with disabilities, mental illness, or substance abuse disorders
            - Lesbian, gay, bisexual, transgender, or questioning youth

- Youth experiencing homelessness or in out-of-home settings, such as foster care
- Youth who have suffered traumatic experiences

(California Department of Education, 2017)

3. Student Suicide Prevention Education
4. Parent Outreach and Education: Parent handout will be available on the TCUSD website and at all school sites. This handout includes hotlines, resources and information regarding suicide prevention and warning signs. It also includes a list of mental health agencies where students can receive mental health services.
5. Website and Resources: A portion of the TCUSD website will be devoted to suicide prevention resources that will assist students and families.

Intervention

1. Student Referral
    a. Staff: When a student is identified by a staff person as potentially suicidal, i.e. verbalizes about suicide, presents overt risk factors (see page 6), a peer refers the student for suicidal ideations, or a student self-refers, the student will be seen by the school counselor or school psychologist. A school administrator will fit this role until the school pupil personnel services credentialed individual can be brought in.
    b. School staff will continuously supervise the student to ensure their safety.
    c. The principal and school site task force representative(s) will be notified.
    d. If the student is in imminent danger (has access to a gun, is on a rooftop, or in other unsafe conditions), a call shall be made to 911 immediately.
    e. Superintendent's office is notified
2. Risk Assessment
   When a student has been identified as potentially suicidal, a risk assessment will be conducted and the following steps will be taken:
    a. Risk Assessment team consisting of at least two people, including the school counselors, school psychologist, and/or a school administrator
    b. Student Suicide Risk Assessment will be conducted with the student
    c. Based on the answers for the Risk Assessment, the student will be identified as low, moderate, or high risk for suicide. This identification will lead to the following possibilities for mental health referrals:
        i. Student will be released to the parents who will follow up with outpatient mental health care. The team will also provide a list of community mental health referrals.
        ii. Student can be referred to our partnering agencies, Asian Pacific Clinics or Pacific Clinics.
        iii. The team will call the Psychiatric Mobile Response Team to evaluate the student and determine if immediate hospitalization is necessary.
        iv. Temple City Sheriff's Department may also be contacted for immediate assistance.
3. Parent or Guardian Notification Guidelines:
    a. Initial Notification:
        i. A member of the risk assessment team or administrator will contact the parent or guardian of the student and will assist the family with an urgent referral. Parents will be asked to come to the school immediately.

ii. When the parent or guardian arrives, they will be informed of why the team thinks their child is at risk for suicide.
iii. Explain the importance of removing from the home (or locking up) firearms and other dangerous items, including over the counter and prescription medications and alcohol.
iv. For a student who is identified as moderate to high risk for suicide by the assessment team, the Psychiatric Mobile Response Team will be contacted. If PMRT is not available, Temple City Sheriff's Department will be notified. This team will conduct an evaluation on the student and will determine if the student needs to be hospitalized immediately.
v. For a student who is identified as low to moderate risk and does not need to be hospitalized, the parent or guardian will be advised to set up an outpatient mental health or primary care appointment and communicate the reason for referral to the health care provider. Parents will be given community referral resources. If the student is on Medicare, a referral can be made to the Asian Pacific Family Center or the Pacific Clinics Counseling Center.
vi. Ask the parent or guardian to sign the Parent Contact Acknowledgement Form (Attachment) confirming they were notified of the child's risk and received referrals to treatment.

b. After a referral is made for a student, school staff shall verify with the parent/guardian/caregiver that follow-up treatment has been accessed. Parents/guardians/caregivers will be required to provide documentation of care for the student.
i. School Counselor will ask the student's parent or guardian for written permission to discuss the student's health with outside care when appropriate.
ii. If parents/guardians/caregivers refuse or neglect to access treatment for a student who has been identified to be at-risk for suicide or in emotional distress, the suicide point of contact (or other appropriate school staff member) will meet with the parents/guardians/caregivers to identify barriers to treatment (e.g., cultural stigma, financial issues) and work to rectify the situation and build understanding of the importance of care. If follow-up care for the student is still not provided, school staff should consider contacting Department of Children and Family Services to report neglect of the youth.

c. Document all parent contact.

4. In-School Suicide Attempts: If an attempt is made during the school day on campus it is important to remember that the health and safety of the student and those around him/her is critical. The following steps should be implemented:
a. Remain calm, remember the student is overwhelmed, confused and emotionally distressed
b. School staff will supervise the student to ensure his/her safety
c. Staff will move all others out of the immediate area as soon as possible
d. Immediately contact administrator and suicide prevention coordinator
e. Call 911
f. Notify Superintendent's office
g. Contact parent/guardian/caregiver as soon as possible
h. The school will engage, as necessary, the crisis team to assess whether additional steps should be taken to ensure the safety and well-being
i. Student should only be released to a person who is qualified to provide help

5. Guidelines for Facilitating a Student's Return to School: For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization) a school counselor or school psychologist and the principal or designee will meet with the student's parent or guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school. The re-entry meeting will address the following items:

a. A school employed mental health professional will be identified to coordinate with the student, his or her parent or guardian, any outside mental health providers, and with the family's agreement, serve as the school's primary link to the parents and maintain regular contact with the family. The liaison will:
    i. Communicate and follow up with the family
    ii. With the permission of the family will communicate with necessary teachers and staff members to help:
        - Address academic concerns and potential options
        - Educate teachers of warning signs for another suicide crisis
        - Work with teacher to allow make up work to be extended without penalty
        - Inform educators of possible side effects of medications being taken by the student and notifying district nurse or health aid of these medications as well
    iii. Follow up with behavior and or attendance problems of the student
    iv. Establish a plan for periodic contact with the students to address concerns or difficulties
    v. Communicate with mental health service provider
b. Parent or guardian will provide documentation from a mental health care provider that the student has undergone examination that they are no longer a danger to himself/herself or others. At this time, the team shall also review the discharge paperwork from the hospitalization to review follow-up procedures.
c. Address academic concerns. If necessary develop a modification plan for the student to be successful in school.

References for Intervention Section:

(California Department of Education, 2017)

(The Trevor Project, 2017)

Postvention

1. Gather Pertinent Information
    a. Confirm the death and cause of death if this information is available: even if the death is perceived a suicide it should not be labeled as such until that has been confirmed.
    b. Contact the family: Administrator or designee will be assigned as the point of contact. The school may not share the cause of death if the parent or guardian will not permit this to be disclosed.
2. Notify on a Need to Know Basis
    a. School Site Crisis Team and District Administration
    b. TCUSD Office of Communication
    c. Superintendent Office
3. Mobilize the School Site Crisis Team
    a. Review information and assess impact
        i. Review records and determine siblings or other family members in the district
        ii. Determine which students are most like to be affected: friends, other students impacted by death or other traumatic events
    b. Develop an action plan and assign responsibilities to team members
    c. Notify staff of death
        i. Notify staff as soon as possible, hold a meeting if possible before school to disseminate information
        ii. Share only facts and information family has approved
        iii. Emphasize that there is no one person or event to blame with a suicide
    d. Establish a plan to notify students of the death
        i. Notify students in small groups
        ii. Provide staff with a script which will include
            - Information to be shared
            - Recommendation for responding to reactions/questions
            - Suggested activities to help students process
        iii. Review student support plan for crisis counseling
    e. Establish a plan to notify parents in conjunction with District Communication Coordinator
    f. Define Triage Procedures
        i. Identify a lead member
        ii. Identify a location
        iii. Request substitute teacher to be on hand
        iv. Maintain documentation and sign-in sheets for follow up
        v. Request additional crisis counselors from other schools and local partnerships such as Asian Pacific Family Center and Pacific Clinics
    g. Initiate Support Services
        i. Refer student or staff who require additional support
            - Persons with close connections, such as siblings, relatives, friends, teachers
            - Persons experiencing recent loss, trauma, violence, loss of someone to suicide
            - Persons who appear over-controlled

- Unable to control crying

ii. Services can include individual and small group counseling as needed

iii. Crisis team members will refer to community mental healthcare providers to help smooth transition from intervention phase

h. Avoid Contagion

i. Staff members will be notified of risk factors to help identify students who are most likely to be significantly affected by the death

ii. Crisis team will review suicide warning signs and procedures for reporting students who generate concern

i. Document

j. Monitor and Manage

i. Administrator and crisis team will continue to monitor the situation as it develops and will determine action plan

ii. Maintain communication with the appropriate parties

4. External Communication: One person will be designated as the sole media spokesperson. All inquiries from the media will be referred directly to the spokesperson. The spokesperson will:
    a. Keep the district suicide prevention coordinator(s) and Superintendent informed of school actions relating to the death
    b. Prepare a statement for the death with information regarding postvention plans. Confidential information will not be shared and will be solely based on facts.
    c. Answer all media inquiries.
5. Monitoring Social Media
    a. Encourage parent and guardians to monitor their child's social networking sites for warnings of suicidal behavior
    b. Educate students on warning signs and things that should be reported to staff members that they see on social media
6. Memorialization Policy

References for Postvention Section:

(Mena, 2017)

(The Trevor Project, 2017)

(Substance Abuse and Mental Health Services Administration, 2012)

Emergency Numbers

District

District Office	626.548.5000
Superintendent	626.548.5002
Chief Business Officer	626.548.5005
Director, School to Career/Student Services	626.548.5006
Facilities	626.548.5035
Director, Special Education	626.548.5009

Community Agencies

Health Department	888.924.4357
Fire Department	911, non-emergency 626.444.2581
Paramedics	911, non-emergency 626.444.2581
Temple City Sheriff Department	911, non-emergency 626.285.7171

Sheriff Special Assignment Team

Sergeant Miranda	626.292.3353 / 626.407.5114 cell
Sergeant Lam	626.292.3323 / 626.5336336 cell
Sergeant Zuniga	626.292.3351 / 626.533.6336 cell
Sergeant Adams	626.292.3313 / 626.353.4728 cell

American Red Cross	626.289.4414
Department of Child And Family Services	(800) 540-4000

TCUSD Community Referrals

Fuller Psychologist & Family Services
1800 N. Oakland Ave.
Pasadena, CA 91101
Sliding Scale
626.5485555

Pacific Clinics
56 Hurlbut Street
Pasadena, CA 91105
Sliding Scale / Medi-Cal
877.722.2737 (Toll Free)
626.441.4221
www.pacificclinics.org

Pacific Clinics East
902 South Myrtle
Monrovia, CA 91016
877.722.2737 (Toll Free)
626.3573258

Asian Pacific Family Center
9353 Valley Blvd.
Rosemead, CA 91770
Sliding Scale / Medi-Cal / Insurance
626.287.2988

Asian Youth Center
100 W. Clary Avenue
San Gabriel, CA 91776
Sliding Scale
626.309.0622
www.asianyouthcenter.org

La Vie Counseling Services
50 Sierra Madre Villa, Ste. 110
Pasadena, CA 91107
626.351.9616

Foothill Family Services
118 South Oak Knoll Avenue
Pasadena, CA 91101
Sliding Scale / Medi-Cal
626.795.6907
www.foothillfamily.org

Arroyo Counseling Services
595 E. Colorado Blvd.
Pasadena, CA 91107
626.793.8833

Santa Anita Family Services
605 South Myrtle
Monrovia, CA 91016
Sliding Scale
626.359.9358

California State University, Los Angeles
Family Counseling
Michael Carter
323.343.4438
(free family counseling / Free parking)

ENKI Youth and Family Services
3208 Rosemead Blvd., 1st Floor
El Monte, CA 91731
Medi-Cal
626.227.7001 / Intake 866.227.1302
http://www.ehrs.com

Hotlines

TCUSD Safe School Hotline
Students, staff, and parents may anonymously report potentially dangerous situations or school-related safety issues
626-548-5110

Los Angeles County Child Abuse Hotline
To report child abuse in Los Angeles County, California, contact the Child Protection Hotline 24 hours a day, 7 days a week.
(800) 540-4000 Toll-free within California
(213) 639-4500 If calling from outside of California

WeTip, Inc. Anonymous Crime Reporting Hotline
WeTip is committed to providing the most effective anonymous citizens crime reporting system in the nation. WeTip promises and insures absolute anonymity, not just confidentiality.
1-800-78-CRIME

LA County Mental Health Access Program
Provides referrals for mental health services
1-800-854-7771

Charter Oak Hospital
Provides psychiatric emergency services
1-800-654-2673

PMRT (Psychiatric Mobile Response Team)
Crisis Assistance and Prevention. Emergency psychiatric services, 5150 determinations.
800-854-7771 (Toll free 24/7)

INFO LINE Los Angeles
Provides free information about all types of human services including adult services, counseling, legal assistance, financial assistance, training, services for people with disabilities and other social services.
626-350-6833 (24/7)

LA County Domestic Violence Hotline
800-978-3600

L.A. Rape and Battering Hotline, LACAAW
213-626-3393
310-392-8381

Suicide Prevention Center Survivor Hotline (Los Angeles County 24 hours / 7 days)
1-877-727-4747

Center for Disease Control Information (STD, HIV information, counseling and treatment referral)
1-800-232-4636

Important District Contacts

Important District Contacts	
Personnel Services	626-548-5125
9700 Las Tunas Drive, Temple City, CA 91780	626.548.5011 (Fax)
Educational Services / Student Services	626-548-5122
9700 Las Tunas Drive, Temple City, CA 91780	626.548.5100 (Fax)
Special Education	626-548-5020
9700 Las Tunas Drive, Temple City, CA 91780	626.548.5037 (Fax)
District Nurse	626-548-5055
9301 La Rosa Drive, Temple City, CA 91780	626.548.5081 (Fax)
Business Services	626-548-5119
9700 Las Tunas Drive, Temple City, CA 91780	626.548.5025 (Fax)
Cloverly Elementary School	626-548-5092
5476 Cloverly Ave., Temple City, CA 91780	626.548.5095 (Fax)
Emperor Elementary School	626-548-5084
6415 North Muscatel Ave. San Gabriel, CA 91775	626.548.5090 (Fax)
La Rosa Elementary School	626-548-5076
9301 La Rosa Drive, Temple City, CA 91780	626.548.5081 (Fax)
Longden Elementary School	626-548-5068
9501 Wendon Street, Temple City, CA 91780	626.548.5175 (Fax)
Oak Avenue Intermediate School	626-548-5060
6623 Oak Ave., Temple City, CA 91780	626.548.5170 (Fax)
Temple City High School	626-548-5040
9501 East Lemon Ave, Temple City, CA 91780	626.574.3239 (Fax)
Dr. Doug Sears Learning Center	626-548-5113
9229 Pentland Street, Temple City, CA 91780	626.548.5118 (Fax)
Adult/Community Education Program	626-548-5050
9229 Pentland Street, Temple City, CA 91780	626.548.5118 (Fax)

GUIDELINES FOR STUDENT REFERRALS

Schools should be prepared to give the following information to providers.
Note: Parent permission may be required to share this information.

1. Basic student information (age, grade, race/ethnicity, and parents' or guardians' names, addresses, and phone numbers).

2. How did the school first become aware of the student's potential risk for suicide? *

3. Why is the school making the referral?

4. What is the student's current mental status?

5. Are the student and parents/guardians willing or reluctant to meet with a mental health service provider?

6. What other agencies are involved (names and information)?

7. Who pays for the referral and possible treatment?

8. Where is the best place to meet with the student (e.g., school, student's home, therapist's office, emergency room)?

** Be sure that parental consent meets the requirements of FERPA as follows:*

1. *Specify the records that may be disclosed.*

2. *State the purpose of the disclosure.*

3. *Identify the party or class of parties to whom the disclosure may be made.*

STUDENT SUICIDE RISK ASSESSMENT

Student's Name: _____ Referred by: _____

Person Conducting Assessment: _____ Date: _____

1. Circumstances preceding referral for suicide risk assessment/summary of reason for concern:

2. Stressors/precipitants from student's perspective (*i.e. What's going on in your life right now?):*

3. Current and Recent Mood

a. *On a scale of 0-10 (0 being the worst and 10 the best), how have you been feeling over the* ***past week****? Have you been feeling depressed, hopeless, helpless, or overwhelmed?*

b. *How would you describe how you are feeling* ***right now****?*

4. Current Ideation

a. Assess student's current level of suicidal ideation:

	Yes	**No**	**Unsure**
In the past few weeks, have you wished you were dead?			
Have you felt that you or your family would be better off if you were dead?			
Have you felt that your life is not worth living?			
Have you been thinking about ending your life or killing yourself?			

If yes or unsure for any of the above:

b. *How long have you been feeling this way?*

c. *Have you thought about ending your life* ***today or very soon****?*

5. Plan

a. *Do you have a plan for how you would end your life?*

- ☐ Yes/detailed and thought-out
- ☐ Considering means/details are vague
- ☐ No/thoughts of death without consideration of how they would kill themselves

b. If yes or considering: *What is your plan (including how, when, where)?*

6. Means

a. *Do you have access now to whatever you need to carry out your plan?* If yes: *Where?*

7. Intent

a. *Do you intend to carry through with your plan to end your life soon?*

- ☐ Denies intent
- ☐ Endorses intent
- ☐ Unclear/Passive
- ☐ Evasive in answering question

b. *Do you intend to end your life if something does or doesn't happen? Is there anything that would make you more likely to want to end your life?*

c. *Is there anything that would make you more likely to want to live?*

8. History of Suicidal Ideation/Attempts

a. *Have you ever thought about attempting suicide in the past?*

- ☐ No
- ☐ Yes. When? _____

b. *Have you ever attempted suicide before?*

- ☐ No
- ☐ Yes

If **yes**, description of past attempt(s), including trigger for attempt, how student attempted, and what happened:

9. Resources/Support

a. *Do you have someone in your life whom you can turn to for support?*

- ☐ No, feels isolated.
- ☐ Yes. *Who?* _____

b. If yes: *Have you talked to them about how you are feeling?*

- ☐ Yes
- ☐ No. *Why not?* _____

Determining Protocol to Follow:

- **Low Risk Protocol:** Student demonstrates suicidal ideation (#4), but does NOT have a detailed plan (#5), access to means (#6), or intent to attempt (#7). History of ideation/attempts, detailed plan, ambiguous intent, or lack of support increases risk to Moderate to High Risk.
- **Moderate to High Risk Protocol:** Student demonstrates suicidal ideation (#4) with some combination of planning (#5), access to means (#6), intent (#7), history of ideation/attempts (#8), and/or lack of support (#9).
- **Extremely High-Risk Protocol:** Student reports ready access to or possession of means (#6) and strong intent to carry out plan as soon as possible (#7).

TEMPLE CITY UNIFIED SCHOOL DISTRICT

STUDENT SUICIDE RISK DOCUMENTATION

STUDENT INFORMATION		
Date student was identified as possibly at risk:		
Name:		
Date of Birth:	Gender:	Grade:
Name of Parent/Guardian:		
Parent/Guardian's Phone Number(s):		

IDENTIFICATION OF SUICIDE RISK

Who identified student as being at risk? Indicate name where appropriate.

- 0 Student him/herself
- 0 Parent:
- 0 Teacher:
- 0 Other staff:
- 0 Student/Friend:
- 0 Other:

Reason for concern:

RISK ASSESSMENT

Assessment conducted by:

Date of assessment:

Type of assessment conducted:

Results of assessment:

Existing mental health history/condition:

NOTIFICATION OF PARENT/GUARDIAN

Staff who notified parent/guardian:

Date notified:

Parent Contact Acknowledgement Form signed:

- 0 Yes
- 0 No

If no, provide reason:

MENTAL HEALTH REFERRAL

Student referred to:	Date of referral:

Personal Safety Plan developed with student and parent: _____ (date)

Mental Health Resources List and Student/Parent Handouts given to:

- 0 Student _____ (date)
- 0 Parent/Guardian (date)

Staff member to conduct follow-up:	Date of follow-up:

TEMPLE CITY UNIFIED SCHOOL DISTRICT

PERSONAL SAFETY PLAN

STEP 1: I should use my safety plan when I notice these warning signs (thoughts, images, moods, situations, behaviors):
1.
2.
3.
STEP 2: Internal coping strategies – Things I can do by myself to help myself not act on how I'm feeling (e.g. favorite activities, hobbies, relaxation techniques, distractions):
1.
2.
3.
What might make it difficult for me to use these strategies?
Solution:
STEP 3: People and places that improve my mood and make me feel safe:
1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Place (day):
4. Place (night):
What might get in the way of me contacting these people or going to these places?
Solution:
STEP 4: People I trust who can help me during a crisis:
1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____
Why might I hesitate to contact these people when I need help?
Solution:
How will I let them know that I need their help?
STEP 5: Professional resources and referrals I should contact during a crisis (available 24/7):
1. Clinician Name: _____ Phone_____
2. Local Urgent Care Services: _____ Address: _____ Phone: _____
3. Los Angeles County Human Services Hotline Dial "211"
4. National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
5. California Youth Crisis Line: 1-800-843-5200
6. **Call 911** if you need immediate help in order to remain safe.
STEP 6: Steps I can take to keep myself safe by reducing access to means I would consider using during a suicidal crisis:
1.
2.

Temple City Unified School District

Personal Safety Plan

Where will I keep this plan so that I can easily find and use it during a crisis?

Student Signature Date

Parent/Legal Guardian Signature Date

Support Person Signature Date

Psychologist/Counselor Signature Date

Psychologist/Counselor Signature Date

TEMPLE CITY UNIFIED SCHOOL DISTRICT

PARENT CONTACT ACKNOWLEDGEMENT FORM

Student Name:_____ Date of Birth:_____

School:_____ Grade:_____

This is to verify that I have spoken with a member of the school's mental health staff

_____ *(name)* on _____*(date)* concerning my child's suicidal risk. I have been advised to seek the services of a mental health agency or therapist immediately.

I understand that _____ *(name of staff member)* will follow up with me, my child, and the mental health care provider to whom my child has been referred for services within two weeks.

Parent Signature:_____

Date:_____

Parent Contact Information:

Phone:_____

Email:_____

School Staff Member Signature: _____

Date:_____

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF INFORMATION

Name of Student	Medical Record Number (if applicable)	Date of Birth
Address of Student	Home Phone	Cell Phone

I authorize the following Individual or organization to disclose the above named Individual's medical educational information as described below:

Name of health care provider:	**Temple City Unified School District** **School:** **Contact Name:** _____
Address	Address **Temple City, CA, 91780**
Telephone / Fax	Telephone / Fax
The Health Care Provider is Authorized to: (Check all that apply) ❑ **Send/disclose protected health information** ❑ **Receive/use educational information**	**The School/District is Authorized to:** ❑ **Send/Disclose Educational Information** ❑ **Receive/use protected health information**

Duration: This authorization shall become effective immediately and shall remain In effect until: _____or for one year from the date of signature If no date Is entered.

Revocation: I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the releasing agency. Written revocation will be effective upon receipt, but will not apply to information that has already been released in response to this authorization.

Re-disclosure: I understand that health Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and It Is no longer protected by federal laws and regulations regarding the privacy of protected health information. I further understand the confidentiality of the information when released to a public educational agency is protected as a student record under the Family Educational Rights and Privacy Act (FERPA).

Health Info: I understand that authorizing the disclosure of health information Is voluntary. I can refuse to sign this authorization, and I do not need to sign this form In order to assure medical treatment.

Specify records: Indicate the type of information to be disclosed

☐ Medical ☐ Medication ☐ Mental Health ☐ Psychiatric

☐Drugs/Alcohol ☐ STD/HIV Test Results ☐ Educational ☐ Other: _____

Any and all information with regard to the above records may be released except as specifically provided here:

_____

I request information released pursuant to this authorization be used for the following purposes only:

☐ Educational Assessment ☐ Educational Planning ☐ Other _____

A copy of this authorization is as valid as an original
I understand that I have a right to receive a copy of this authorization for my records

_____

Signature of Student or Student Representative Description of Relationship to Student Date

SUPPORTING PARENTS THROUGH THEIR CHILD'S SUICIDAL CRISIS

Family Support is Critical. When an adolescent experiences a suicidal crisis, the whole family is in crisis. If at all possible, it is important to reach out to the family for two very important reasons:

First, the family may very well be left without professional support or guidance in what is often a state of acute personal shock or distress. Many people do not seek help--they don't know where to turn.

Second, informed parents are probably the most valuable prevention resource available to the suicidal adolescent.

Remember, a prior attempt is the strongest predictor of suicide. The goal of extending support to the parents is to help them to a place where they can intervene appropriately to prevent this young person from attempting suicide again. Education and information are vitally important to family members and close friends who find themselves in a position to observe the at-risk individual.

The following steps can help support and engage parents:

1. Invite the parents' perspective. State what you have noticed in their child's behavior (rather than the results of your assessment) and ask how that fits with what they have observed.

2. Advise parents to remove lethal means from the home while the child is possibly suicidal, just as you would advise taking car keys from a youth who had been drinking.

3. Comment on how scary this behavior is and how it complicates the life of everyone who cares about this young person.

4. Acknowledge the parents' emotional state, including anger, if present.

5. Acknowledge that no one can do this alone-appreciate their presence.

6. Listen for myths of suicide that may be blocking the parent from taking action.

7. Explore reluctance to accept a mental health referral, address those issues, explain what to expect.

8. Align yourself with the parent if possible…explore how and where youth get this idea…without in any way minimizing the behavior.

RECOMMENDATIONS FOR FAMILIES

If you're concerned that a member of your household may be suicidal, there are steps you can take to help keep them safe.

Three practical steps:

1. Call the National Suicide Prevention Lifeline, 1-800-273-TALK (1-800-273-8255) for support and to find out about resources in your area. You can also urge the family member to call the hotline him or herself for support. It's accessible around the clock.

2. Reduce easy access to dangerous substances at home. That includes:

   - Firearms - Because firearms are the most lethal among suicide methods, it is particularly important that you remove them until things improve at home, or, second best, lock them very securely. Please see below for further information on removing and storing firearms.

   - Medications - Don't keep lethal doses at home. Your doctor, pharmacist, or the poison control center (1-800-222-1222) may be able to help you determine safe quantities for the medicines you need to keep on hand. Please see below for more information on how to dispose of excess medications safely. Be particularly aware of keeping prescription painkillers (such as oxycodone and methadone) under lock and key both because of their lethality and their potential for abuse.

   - Alcohol - Alcohol can both increase the chance that a person makes an unwise choice, like attempting suicide, and increase the lethality of a drug overdose. Keep only small quantities at home.

3. There are also steps you can take to help a family member who is feeling suicidal or has recently attempted suicide. Please visit the websites listed below for more information.

References

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The Jason Foundation. (2017). *Facts.* Retrieved from The Jason Foundation: The Parent Resource Program: http://prp.jasonfoundation.com/facts/youth-suicide-statistics/

The Trevor Project. (2017). *Education Model School Policy.* Retrieved from The Trevor Project: http://www.thetrevorproject.org/pages/modelschoolpolicy