TEMPLE CITY UNIFIED SCHOOL DISTRICT

Suicide Prevention Policy

PROCEDURAL MANUAL

Summer 2024 (rev.)

Table of Contents

PURPOSE 4

SCOPE 5

TCUSD SUICIDE TASK FORCE AND SCHOOL SITE TEAMS 5

YOUTH SUICIDE STATISTICS 6

DEFINITIONS 7

RISK FACTORS 9

- Behavioral Health Issues/Disorders 9
- Personal Characteristics 9
- Adverse/Stressful Life Circumstances 9
- Risky Behaviors 10
- Environmental Factors 10

SIGNS AND CONCERNS 11

- Suicide Threats: Either Direct or Indirect Statements 11
- Previous Suicide Attempts 11
- Preoccupation or Obsession with Death or Suicide 11
- Depression 11
- Final Arrangements 12
- Other Signs 12

PROTECTIVE FACTORS 12

- Individual Characteristics and Behaviors 12
- Family and Other Social Support 13
- School 13
- Mental Health and Healthcare Providers and Caregivers 13
- Access to Means 13

PREVENTION 14

INTERVENTION 16

POSTVENTION 20

EMERGENCY NUMBERS 24

- Other District Contacts 24

TCUSD COMMUNITY REFERRALS 25

HOTLINES 26

STUDENT RISK ASSESSMENT (CAT EVALUATION) 27

CRISIS ASSESSMENT TEAM (CAT) PROTOCOL 30

PSYCHIATRIC MOBILE RESPONSE TEAM (PMRT) CONTACT 31

PARENT CONTACT 32

LEVEL 3/PARENT DECLINES RECOMMENDATION OF TEAM 32

PARENT CONTACT ACKNOWLEDGEMENT FORM 33

CAT RE-ENTRY PROTOCOL 34

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF INFORMATION 35

SUPPORTING PARENTS THROUGH THEIR CHILD'S SUICIDAL CRISIS 37

RECOMMENDATIONS FOR FAMILIES 38
REFERENCES 39

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." In TCUSD we have devised programs to help our students build resiliency and feel safe to talk to trusting adults in a time of need.

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 individuals in regular contact with students.*

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(to be determined at the end of the school year for the following school year)
- District Administrator Director Student Services / Director of Special Education Services
- School Site Administrator Principal or designee
- 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 (to be determined at the end of the school year for the following school year)
- Elementary School Teacher (to be determined at the end of the school year for the following school year)
- Parent Representative (to be determined at the end of the school year for the following school year)

School Site Suicide Prevention: Intervention and Postvention teams are developed at each school site and will consist of at least a school principal, a school psychologist, a school counselor, a teacher, and a parent. These teams will oversee the implementation of preventative education. Representatives of the team will also work with the District Task Force to provide suicide intervention when a student is referred. The school site team 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 appropriate postvention plan for the situation in conjunction with the District Task Force.

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 LGBTQ+ youth and 2 times greater for questioning youth than that ofstraight youth.
- Suicide attempts by LGBTQ+ youth and questioning youth are 4 to 6 times more likely to result in injury, poisoning, oroverdose that requires treatment from a doctor or nurse, compared to their straight peers. (The Trevor Project, 2017)

Definitions

- **At Risk (At Promise)** – 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.
- **Metal 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 tokill 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 attendance at a place of worship
- 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 understanding of positive social norms: 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 will designate a suicide prevention site team to act as a point of contact and support for the school when dealing with issues relating to suicide prevention and policy implementation. All staff members will report to the site team students they believe to be at elevated risk for suicide to the school's suicide prevention team. (The Trevor Project, 2017)
2. Staff Professional Development:
    a. At least annually all 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 either 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 or from outside agencies. Staff training can be adjusted year-to-year based on previous professional development activities and emerging best practices. (see Risk Management)
    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
        - Site teams review 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 https://calschls.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 setting, such as foster care
- Youth who have suffered traumatic experiences

(California Department of Education, 2017)

3. Student Suicide Prevention Education: consistent socio-emotional learning (SEL) lessons provided by counselors, PBIS teams and site administration
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. Suicide Ideation Screener
    a. 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 be asked to 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, Pacific Clinics, Care Solace and Hazel Health.
            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 Crisis Team or administrator will contact the parent or guardian of the student and will inform the parent

of the steps that will be taken by the crisis team. Parents will be asked to come to campus at the appropriate time determined by the team. Once they arrive on campus one member of the team will inform the parents why their child is at risk for suicide.

ii. 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.

iii. 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.

iv. For a student who is identified as low to moderate risk 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 Medi-Cal, a referral can be made to the Asian Pacific Family Center or the Pacific Clinics Counseling Center.

v. 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 / caregivers what 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, school 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. Use prepared list of possible questions and information for the family
    c. Check sibling matches throughout the district.
    d. Contact the family: Student Services Director will support the site administrator who 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. District administration (responsible for coordinating communication)
    b. School Site Crisis Team (see page 21)
    c. District taskforce as defined by this policy - (engage phone tree)
3. Mobilize the School Site Crisis Team (roles defined – see page 21)
    a. Review information and assess impact
        i. Review records and prepare support for 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. Implement the 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 (see "After a suicide/Toolkit pg 54)
        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. Established a plan to notify parents in conjunction with District Communication Coordinator and or Student Services Director
    f. Define Triage Procedures
        i. Identify a lead member – site administrator or designee
        ii. Identify a location (each site designates a Safe Space at the start of the school year)
        iii. Site Office Managers will request substitute teachers 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
    vi. Use form letter to inform parents that student was seen – include CareSolace and other resources in letter
  g. Initiate Support Services
    i. Adult escorts for students to safe rooms
    ii. 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 or unable to control crying – offer quiet space or safe room
    iii. Services can include individual and small group counseling as needed
    iv. District administration will manage messaging to community.
  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 (hard and digital copies to be made available)
    ii. Crisis team will review suicide warning signs and procedures for reporting students who generate concern
  i. Document:
    i. Brief information will be documented in Aeries
    ii. Detailed information and forms will be stored in confidential student file
  j. Monitor and Manage
    i. District and site administrators, District taskforce and site crisis team will continue to monitor the situation as it develops and will adapt action plan
    ii. Maintain communication with the appropriate parties
    iii. Teams will debrief after initial mobilization and as needed thereafter.

4. External Communication: Superintendent or designee 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. Remind parents that school officials are not able to monitor student social media accounts but if a concern occurs, inform school administration or school counselor immediately.
  c. Educate students on warning signs and things that should be reported to staff members that they see on social media

   d. Inform students and parents where to find additional resources https://www.dougy.org
6. Memorialization Procedures
   a. Meet with family and students to provide suggestions of how they can be memorialized. Offer list of suggestions
      i. Safe place room
      ii. Class discussion before removing the student's belongings or desk
      iii. A walk for Suicide Awareness - participate in to help
      iv. Spontaneous memorial - a location that would make all students comfortable - maybe not in a place all students can walk by – may be off campus
      v. Mental health day following a death by suicide
      vi. Article in school newspaper raising awareness on suicide prevention strategies
      vii. Donations or Fundraisers
   b. Time frames for memorials - create a time frame no more than five days after service. Online memorials 30-60 days. Providing a time frame up front
   c. Notes and memorabilia can be given to the family
   d. No official memorials on school campus due to it being a reminder
7. School Site Teams
   a. Cloverly
      i. Administrator
      ii. Site School Counselor
      iii. School Psychologist
      iv. Office Staff - Communication
      v. 1 Middle School
      vi. 1 Elementary School
      vii. 1 High School
      viii. MFT/LCSW
   b. Emperor
      i. Administrator
      ii. Site School Counselor
      iii. School Psychologist
      iv. Office Staff - Communication
      v. 1 Middle School
      vi. 1 Elementary School
      vii. 1 High School
      viii. MFT/LCSW
   c. La Rosa
      i. Administrator
      ii. Site School Counselor
      iii. School Psychologist
      iv. Office Staff - Communication
      v. 1 Middle School
      vi. 1 Elementary School
      vii. 1 High School

viii. MFT/LCSW

d. Longden
    i. Administrator
    ii. 2 Site School Counselors
    iii. School Psychologist
    iv. Office Staff - Communication
    v. 1 Middle School
    vi. 1 High School
    vii. MFT/LCSW
e. Oak
    i. Administrator
    ii. Two School Counselor
    iii. MFT/LCSW
    iv. School Psychologist
    v. Office Staff - communication
    vi. LVN
    vii. 3 High School
f. TCHS
    i. Administrator
    ii. Two School Counselor
    iii. MFT/LCSW
    iv. School Psychologist
    v. Office Staff - communication
    vi. LVN
    vii. 1 Middle School Counselor
    viii. 1 Longden Counselor
g. DDSLC
    i. Administrator
    ii. Counselor
    iii. MFT/LCSW
    iv. 3 High School Counselors
    v. LVN
    vi. Office Staff - communication
h. Virtual Academy
    i. Drop-in Center with Counselors Available
    ii. Virtual Drop in link sent out and created

References for Postvention Section:
(Mena, 2017)
(The Trevor Project, 2017)
(Substance Abuse and Mental Health Services Administration, 2012)

Emergency Numbers

District **9700 Las Tunas Drive, Temple City, CA 91780**

District Office 626-548-5000
Superintendent 626-548-5002
Chief Business Officer (CBO) 626-548-5018
Director, Student Services 626-548-5226
Director, Special Education 626-548-5009
Facilities 626-548-5115
Personnel Service 626-548-5125
Educational Services 626-548-5122
District Nurse 626-548-5066

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

American Red Cross 626-289-4414
Department of Child and Family Services 800-540-4000

Other District Contacts

Cloverly Elementary School 626-548-5092
5476 Cloverly Ave, Temple City, CA 91780 (Fax)626-548-5095
Emperor Elementary School 626-548-5084
6415 North Muscatel Ave, San Gabriel, CA 91780 (Fax)626-548-5090
La Rosa Elementary School 626-548-5076
9301 East Lemon Ave, Temple City, CA 91780 (Fax)626-548-5081
Longden Elementary School 626-548-5068
9501 Wendon Street, Temple City, CA 91780 (Fax)626-548-5175
Oak Ave Intermediate School 626-548-5170
6623 Oak Ave, Temple City, CA 91780 (Fax)626-548-5170
Temple City High School 626-548-5040
9501 East Lemon Ave, Temple City, CA 91780 (Fax)626-574-3239
Dr. Doug Sears Learning Center 626-548-5113
9501 East Lemon Ave, Temple City, CA 91780 (Fax)626-548-5118
Adult / Community Education Program 626-548-5050
9501 East Lemon Ave, Temple City, CA 91780 (Fax)626-548-5118

TCUSD Community Referrals

Fuller Psychologist & Family Services
1800 N. Oakland Avenue
Pasadena, CA 91101
Sliding Scale
626-548-5555

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)
626-357-3258
http://www.pacificclinics.org/

Asian Pacific Family Center
9353 Valley Blvd.
Rosemead, CA 91770
Sliding Scale / Medi-Cal / Insurance
626-287-2988

Asian Youth Center (AYC)
100 W. Clary Avenue
San Gabriel, CA 91776
Sliding Scale
626-309-0717
https://www.asianyouthcenter.org

Santa Anita Family Services
605 South Myrtle
Monrovia, CA 91016
Sliding Scale
626-359-9358

La Vie Counseling Services
50 Sierra Madre Villa, Suite #110
Pasadena, CA 91107
800-483-9591 (Toll Free)

Foothill Family Services
118 South Oak Knoll Avenue,
Pasadena, CA 91101
Sliding Scale / Medi-Cal
626-795-6907
https://www.foothillfamily.org/

Arroyo Counseling Services
595 E. Colorado Blvd.,
Pasadena, CA 91101
626-793-8833

California State University, Los Angeles
Michael Carter - Family Counseling
(Free family counseling / Free parking)
323-343-4438

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.
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 800-799-7233

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

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

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

Temple City Unified School District
Student Services
Crisis Assessment Team
Suicide Ideation Screener

Student Name ____________ Grade ____ Date of Birth ____________ Student # ____________ Date ____________

Evaluator 1 ____________________ Evaluator 2 ____________________

Administrator Involved ______________________________

1. Circumstances preceding referral for suicide risk assessment/summary of reason for concern (please attach any letters, assignments, etc…):

2. Is there an Aeries entry indicating a previous risk assessment was completed?

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

4. 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**?

5. 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**?

6. 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)?

7. Means: do you have access now to whatever you need to carry out your plans?
   If yes: Where?

8. 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 does not 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?

9. Preoccupation or history of past suicidal thoughts, including any prior hospitalizations.
   a) Have you ever thought of 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, how student attempted, and what happened.
   c) Have you been hospitalized in the past?

10. Are there thoughts of hurting other people?

11. Support
    a) Do you have someone in your life who you can turn to for support?
       - ☐ No, Feels isolated
       - ☐ Yes. Who? ____
    b) Have you talked to them about how you are feeling?
       - ☐ Yes
       - ☐ No
12. Will the student contract with you?

Plan of Action:

____________________________		____________________________	
Signature/Title 1	Date	Signature/Title 2	Date

	PAST MONTH
Ask questions 1 and 2.	
1. Have you wished that you could go to sleep and never wake up or that you were dead?	
2. Have you thought about killing yourself?	
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.	
3. Did you think about ways you could kill yourself?	
4. Some people think about killing themselves but know they would NEVER do it. Others think about killing themselves and think that they might do something. **Was there a time when you thought about killing yourself and it was something you MIGHT do, even if you weren't completely sure?**	
5. Did you make a plan for how you would kill yourself (things like when, how, and where) and, even if you weren't completely sure when you made this plan, was it something that you thought you MIGHT do?	
Always ask question 6	
6. Have you EVER tried to kill yourself, started to do something to kill yourself or done anything to get ready to kill yourself?	
If YES, was this in the past 3 months?	
Examples: took pills, tried to shoot yourself, cut yourself or hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, wrote, or sent a goodbye message, did research on the internet about killing yourself, or got what you needed to kill yourself, etc.	

- Level 1
- Level 2
- Level 3

Temple City Unified School District
Student Services
Crisis Team
Protocol

Suicide Indicators observed in student

Parent/Friend/Student and/or teacher make

referral Administrator/Counselor/Nurse/Psychologist

Suicide Ideation Screener

Decision Making

Level 1

- No recent or current suicidalthoughts or suicide risk behavior
- No previous history of ideationor intent
- Recent or current nonspecificthoughts of death
- Recent or fleeting, but notlasting thoughts of suicide
- Recent or current self-injuriousbehavior

PLAN: Denies plans to hurt self

- Call parent/guardian
- Enforce to family they are responsible for monitoring theirchild
- Provide referrals
- Counseling, if applicable
- Safety Plan, if applicable

Level 2

- No recent or current desire todie or harm self
- Recently or current feelings that one would be better off dead
- Recently or currently wants tohurt self, as opposed to dying
- Recently has wanted to die

PLAN: Detailed plan in the past,not at present

- Contact Parents (no message): **MAKE CONTACT**
- Initiate a Safety Contract
- Meeting with parents
- Sign Parent/Acknowledgement of Notification
- Enforce to family they are responsible for the child and forreferrals
- Provide Referrals

Level 3

- Has thoughts and a plan
- Has previous thoughts
- Has previous plans
- Means to carry out plan

PLAN: Plan for self-injury could result in serious harm and could/would be lethal.

- Refusal to contract
- No plan, but timeframe hasbeen planned
- Suicide note, but no admittedplan
- Depression and firearmaccessibility
- Lost will to live

- Voluntary/Involuntary Hold
- Contact Parents (no message)
- Parents, in rare circumstances, cantransport to hospital
- If parents cannot be contacted/ detriment - TC Sheriff can transport ona hold
- PMRT/PET 1-800-854-7771
- TC Sheriff MET 626-285-7171
- Obtain Release of Information forcontact with therapist/hospital
- If parents transport student, sign Parent Acknowledgment of Notification

RE-ENTRY

- Hospital provides counseling referrals
- Ensure with parents student is linked to services especially related to stressors on risk assessment form

1-800-854-7771 ACCESS Hotline

626-258-2004 Service Area 3 Direct Line
(Direct line is for mandated reporters only)

When contacting ACCESS Hotline or Direct # please have this information ready:

- ☐ Obtain copy of Medi-Cal or Insurance Card (if available)
- ☐ SSN (if available)
- ☐ Presenting Problem (stressors)
- ☐ Treatment (is client in therapy, medication hx, and prior hospitalizations) - This is where you can also add if they are involved with another agency (FSP, DCFS, WRAP). Parents are informed by the WRAP/ FSP team to contact them first in an emergency. They develop an emergency plan with the family. However, in time of crisis they may not remember who to call or they may have tried but no answer. Obtain the information - Name and contact information. PMRT will contact them directly and determine who will go out and take the call. It is not the reporters/and or family's responsibility once PMRT receives the call. If you encounter a problem with this, ask to speak to the supervisor.
- ☐ Face Sheet - Ensure that all of the student's contact information is current (address, phone numbers, etc.…)
- ☐ Ensure you give PMRT a good contact # for them to reach you. You may provide administrator's # as a secondary contact to be reached, you can provide clerk's front desk # and ensure clerk has your whereabouts.
  ***Calling Parents: Parents have to be contacted and the timing of the contact is up to the discretion of the school. However, the PMRT team prefers that they are contacted when the team contacts you they are en route. However, we know that student's will often contact their caregivers through texts, etc. When calling parents, this may be a good time to ask them their SSN and insurance information.
- ☐ DO NOT LEAVE THE STUDENT ALONE!!!!
- ☐ SEARCH student: Administration to search student's belongings.
- ☐ Due to confidentiality laws and FERPA, the documentation must be kept in a separate file. Document on Aeries the following: "SIS completed by ___________(assessor) for more information."

Temple City Unified School District
Student Services
Crisis Team
Parent Contact

Student Name ______ Grade ______ Date of Birth ______ Student # ______ Date of Report ______

1. Contact Parents:______________________________________(time/team member)

   Question 1-Is the parent available? ____

   Question 2-Is the parent cooperative? _____________________________________

   Question 3-Does the parent have information that will help the team to assess the risk?

   ____

   ____

   ____

   Question 4-What mental health/health insurance does the family have?

   ____

2. Determine if the student is safe to go home:

Level 3/parent available and cooperative

a) Appropriate community referral provided (e.g. Kaiser, PMRT)?_yes______no
b) PMRT/TCSD MET contacted?____yes______no
c) Law enforcement contacted to transport if appropriate?________yes_no
d) Student safe to transport via parent?__yes______no ****this would be considered last resort***

Level 3/parent unavailable

a) PMRT or TCSD MET contacted for transport to agency?__yes______no
b) What is the plan to contact parents? ____

____

Level 3/parent declines recommendation of team

a) If reluctance is based on negligence, contact DCFS?_yes______no
b) Contact law enforcement and/or PMRT/TCSD MET for transport?_yes______no

Level 1/parent declines recommendation of team

a) Parent/student provided with hotline numbers and referrals?_yes______no
b) Parent has signed form indicating that they were notified about threat?________yes__no
c) Determine whether DCFS should be contacted

Level 1/parent cooperative

a) Parent/student provided with hotline numbers and referrals?_yes______no
b) Parent has signed form indicating they were notified about threat?________yes______no

Student asks that parent not be notified

a) Is student 18 years old, low risk, rational and able to make clear decisions?_yes______no
b) Will student be in more danger if released to parent?_yes______no
c) Contact Child Protective Services / DCFS__yes______no
d) Call law enforcement for transport if high risk__yes______no

Suicide Intervention
Parent Acknowledgment of Notification

(Confidential - Do not place in cumulative file)

Date: _

I/we_____________________the parent/guardian of____________________________________,
ID # ______________ were involved in a conference with members of the school crisis team, on_
_______________________________________.

We have been notified that our child has expressed suicidal thoughts and/or possible self-harm. In addition, I/we have been notified that:

____

____

____

____

____

We have been further advised to seek immediate psychological/psychiatric consultation. The following referrals were provided to us:

1. Pacific Clinics 1(877) 722-2737 or (626) 357-3258
2. Helpline Youth Counseling (562) 864-3722
3. CareSolace (888) 515-0595
4. Our private health insurance
5. For emergencies, Call 911, the Psychiatric Mobile Response Team 800-854-7771 or TCSD (626) 285-7171
6. From any phone dial 211 for the L.A. County Information Line for Resources/Referrals
7. Suicide Hotline 1-877-727-4747

________________________________ ________________________________

Parent or Legal Guardian Crisis Team Member

________________________________ ________________________________

Parent or Legal Guardian Crisis Team Member

Conference with Assessor - Must receive notification from hospital (via parent/ guardian)

- ☐ Have parent escort student back to school first morning following hospitalization and conduct re- entry meeting. Remind parent at the time of hospitalization.
- ☐ Obtain summary discharge from hospital and have parent sign a release of information form.
- ☐ Document on Aeries that a CAT re-entry meeting completed.
- ☐ Collaborate with members of crisis team.
- ☐ Provide interventions/resources:
  - ☐ Modify academic programming as appropriate
  - ☐ Identify on-going counseling resources at school or in the community (Obtain a new release of information to speak with current therapist to confirm linkage.)
  - ☐ Discover if student is on medications and follow up with student regarding medication compliance with parent consent.
  - ☐ Notify student's teachers as appropriate (must obtain permission from parent and student)
  - ☐ Can assistance regarding stressors be addressed? i.e. finances, housing, transportation
  - ☐ Provide an anytime pass
- ☐ Monitor student to make certain no bullying takes place in the classroom as many students may know the student was hospitalized and word can spread through social networking.
- ☐ Monitor social networking sites with cooperation of the parent.
- ☐ Identify circle of adults at school and at home.
- ☐ Check in frequently during the first month the student returns to school (if appropriate).

Temple City Unified School District
Student Services
Authorization for Use and/or Disclosure 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: ______
Health care provider address:	School address:
Health care provider Telephone / Fax	School 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: (Check all that apply) 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 Relation to Student ______ Date ______

Temple City Unified School District
Student Services
Crisis Team
Safety and Support

____________________	________	____________	__________	________________
Student Name	Grade	Date of Birth	Student #	Date of Report

I ____, agree that I will not attempt to harm/kill myself either accidentally or on purpose. I agree that if at any time I begin to experience thoughts of harming/killing myself I will do the following:

Step 1: Warning Signs (when will I know I need to use safety

____

Step 2: Things I can do to take my mind off my problems

____

Step 3: People and social settings that provide distraction:
Emergency Contact Information:
Name: ________________________________Daytime phone ___________________________

Name: ________________________________Daytime phone ___________________________

Step 4: Professionals or agencies I can contact during a crisis.

1. For immediate help call 911
2. Therapist Name: ____________________________________Phone: __________________
3. Call the 24 hour crisis hotline **1-800-784-2433**
4. Teen Line 1800 TLC TEEN or 1-800-852-8336 hours 6 p.m. - 10 p.m. (toll free in California only)
5. Psychiatric Mobile Response Team 1-800-854-7771 or Temple City Sheriff Mental Health Evaluation Team 1-626-285-7171
6. Additional Resources: ____

Step 5: Making the Environment Safe
1. Parent/Guardian support by reducing risks such as having a 24 hour watch, check in.
2. Remove all dangerous objects-dependent on their plan: (pills, knives, guns, razors, ropes, belts, etc.)
3. If the support plan is not helpful or sufficient, I will contact 911 or go to the nearest hospital ____________________________________.

I have read and understand the terms and conditions stated above. I agree to fully abide by this contract.

____________________________________	______________________________
Student Signature	Date
____________________________________	______________________________
Assessor Signature/Title	Date
____________________________________	______________________________
Parent/Support Signature (if applicable)	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.

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 are 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 - Do not 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

California Department of Education. (2017, June 8). *Youth Suicide Prevention.* Retrieved from California Department of Education: http://www.cde.ca.gov/ls/cg/mh/suicideprevres.asp

Mena, E. (June 2017). LAUSD Postvention: Protocol for Responding to a Student Death By Suicide PowerPoint. Los Angeles, CA.

Substance Abuse and Mental Health Services Administration. (2012). *Preventing Suicide: A Toolkit for High Schools.* Rockville, Maryland: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

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