



Suicide Prevention Policy

Created with support, collaboration and resources from Ednovate staff and parents, Bright Star Schools, KIPP LA, The Trevor Project, Los Angeles Unified School District Crisis Team, the Los Angeles Police Department, Los Angeles County Office of Education, CharterSafe, Matthew Silverman Memorial Foundation, Keenan Associates and Young, Minney & Corr, LLP

Table of Contents

[Introduction](#)

[A. Staff Development](#)

[B. Employee Qualifications and Scope of Services](#)

[C. Parents, Guardians, and Caregivers Participation and Education](#)

[D. Student Participation and Education](#)

[E. Supporting Students during or after a Mental Health Crisis](#)

[F. Intervention and Emergency Procedures](#)

[Team Roles and Communication](#)

[Emergency Response Teams](#)

[Emergency Response Teams Flowchart](#)

[On Campus Suicidal Ideation](#)

[On Campus Suicide Attempt or Threat](#)

[Off Campus Suicide Attempt or Threat](#)

[Off Campus Suicidal Ideation](#)

[G. Responding After a Suicide Death \(Postvention\)](#)

[H. Documentation](#)

[I. Resources](#)

[J. Attachments](#)

Introduction

Suicide is the third leading cause of death among young people ages 10-19. For every young person who dies by suicide, an estimated 100-200 youth make suicide attempts. Recent research indicates that up to one in ten young people will engage in self-harming behaviors, and that this figure is higher among specific at risk populations.

Because it is impossible to predict when a crisis will occur, preparedness is necessary. In response, Ednovate has developed policies and procedures to prevent, assess the risk of, intervene in, and respond to youth suicidal behavior. Youth suicide is preventable, and school staff can play an important role in preventing self-harm and also in supporting students, peers and parents of students currently engaging in self-harm.

The purpose of this policy is to protect the health and well-being of all Ednovate students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicidal ideation and suicide. Ednovate:

1. recognizes that physical, behavioral, and emotional health is an integral component of a student's educational outcomes,
2. further recognizes that suicide is a leading cause of death among young people,
3. has an ethical responsibility to take a proactive approach in preventing deaths by suicide, and
4. acknowledges the school's role in providing an environment which is sensitive to individual and societal factors that place youth at greater risk for suicide and one which helps to foster positive youth development.

As emphasized in the National Strategy on Suicide Prevention, preventing suicide depends not only on suicide prevention policies, but also on a holistic approach that promotes healthy lifestyles, families, and communities. Thus, this policy is intended to be paired with other policies and efforts that support the emotional and behavioral well-being of youth.

In compliance with Education Code section 215, this policy has been developed in consultation with Ednovate and community stakeholders, Ednovate school-employed mental health professionals, administrators, teachers, other school staff members, parents/guardians/caregivers, local health professionals, law enforcement, and community organizations

in planning, implementing, and evaluating Ednovate's strategies for suicide prevention and intervention. Ednovate must continue to work in conjunction with local government agencies, community-based organizations, and other community supports to identify additional resources.

To ensure the policies regarding suicide prevention are properly adopted, implemented, and updated, each school shall appoint a primary and secondary suicide prevention liaison (there can be more than two) to serve as the suicide prevention points of contact for the school. This policy shall be reviewed and revised as indicated, at least annually in conjunction with the previously mentioned community stakeholders.

A. Staff Development

Training shall be provided for all school staff members. It may also be provided, when appropriate, for other adults on campus (such as substitutes and intermittent staff, volunteers, interns, tutors, coaches, and afterschool staff).

Ednovate, along with its partners, has carefully reviewed available staff training to ensure it promotes the mental health model of suicide prevention and does not encourage the use of the stress model to explain suicide.

Training:

- All suicide prevention trainings shall be offered under the direction of mental health professionals (e.g., school counselors, school psychologists, other public entity professionals, such as psychologists or social workers) who have received advanced training specific to suicide. Staff training may be adjusted year-to-year based on previous professional development activities and emerging best practices.
- At least annually, all staff shall receive training on the risk factors and warning signs of suicide, suicide prevention, intervention, referral, and postvention.

- At a minimum, all staff shall participate in training on the core components of suicide prevention (identification of suicide risk factors and warning signs, prevention, intervention, referral, and postvention) at the beginning of their employment or annually. Core components of the general suicide prevention training shall include:
 - Background on suicide prevention and its significance in schools;
 - Suicide risk factors, warning signs, and protective factors;
 - How to talk with a student about thoughts of suicide;
 - How to respond appropriately 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 referring (same day) any student who is identified to be at risk of suicide for assessment while staying under constant monitoring by a staff member;
 - Training on all relevant procedures in the Suicide Prevention Policy;
 - Training for the Suicide Prevention Liaisons on how to differentiate between low, medium and high risk situations and when to call the corresponding emergency teams;
 - Emphasis on reducing stigma associated with mental illness and that early prevention and intervention can drastically reduce the risk of suicide;
 - Training on the stress model- Ednovate does not use the stress model to explain suicide;
 - Reviewing the 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 Web site at <http://cal-schls.wested.org/> and <https://www.cdc.gov/violenceprevention/suicide/statistics/index.html>;
 - 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 and/ or mental illness;
 - Youth with a history of suicide ideation or attempts;
 - Youth with disabilities, mental illness, substance abuse disorders, or who are on medication for mental 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;
 - Youth who have immigrated;
 - Youth who have been bullied;
- In addition to initial orientations to the core components of suicide prevention, ongoing annual staff professional development for all staff may include the following components:
 - The impact of traumatic stress on emotional and mental health for students;
 - How to identify youth who may be at risk of suicide;
 - How to identify youth who have experienced and/or are currently experiencing trauma;
 - Common misconceptions about suicide;
 - School and community suicide prevention resources;
 - Appropriate messaging about suicide (correct terminology, safe messaging guidelines);
 - The factors associated with suicide (risk factors, warning signs, protective factors);
 - How to talk to parents about mental health issues;
 - Appropriate ways to interact with a youth who is demonstrating emotional distress or is suicidal. Specifically, how to talk with a student about their thoughts of suicide and (based on Ednovate guidelines) how to respond to such thinking; how to talk with a student about thoughts of suicide and appropriately respond and provide support based on Ednovate guidelines;
 - Ednovate-approved procedures for responding to suicide risk (including multi-tiered systems of support and referrals). Such procedures should emphasize that the suicidal student should be constantly supervised until a suicide risk assessment is completed;
 - Ednovate-approved procedures for responding to the aftermath of suicidal behavior (suicidal behavior postvention);
 - Resources regarding youth suicide prevention;
 - Emphasis on stigma reduction and the fact that early prevention and intervention can drastically reduce the risk of suicide;

- Emphasis that any student who is identified to be at risk of suicide is to be immediately referred (same day) for assessment while being constantly monitored by a staff member.
- The impact of traumatic stress on emotional and mental health for staff.

B. Employee Qualifications and Scope of Services

Employees of Ednovate must act only within the authorization and scope of their credential or license. While it is expected that school professionals are able to identify suicide risk factors and warning signs, and to prevent the immediate risk of a suicidal behavior, treatment of suicidal ideation is typically beyond the scope of services offered in the school setting. In addition, treatment of the mental health challenges often associated with suicidal thinking typically requires mental health resources beyond what schools are able to provide.

C. Parents, Guardians, and Caregivers Participation and Education

Parents and guardians play a key role in youth suicide prevention. Parents/ guardians need to be informed and actively involved in decisions regarding their child's welfare. Parents and guardians who learn the warning signs and risk factors for suicide are better equipped to connect their children with professional help when necessary. Parents/ guardians should take every statement regarding suicide and wish to die seriously and avoid assuming that a child is simply seeking attention.

Parents and guardians can also contribute to important protective factors – conditions that reduce vulnerability to suicidal behavior – for vulnerable youth populations such as LGBTQ youth. Feeling accepted by parents or guardians is a critical protective factor for vulnerable youth populations. Educators can help to protect vulnerable youth by ensuring that parents

and guardians have resources about family acceptance and the essential role it plays in youth health.

Parents and guardians will be engaged through the following efforts:

- Schools shall share this Policy with parents/guardians/caregivers by notifying them where a complete copy of the policy is available;
- This suicide prevention policy shall be displayed on the Ednovate website;
- Parents/guardians/caregivers were invited to provide input on the development and implementation of this policy;
- All parents/guardians/caregivers may have access to suicide prevention training that addresses the following:
 - Early indicators that a student may be under emotional distress or at risk for it;
 - Suicide risk factors, warning signs, and protective factors;
 - How to talk with a student about thoughts of suicide;
 - Depression, anxiety and other mental disorders;
 - Awareness of suicide contagion;
 - How to respond appropriately to a student who has suicidal thoughts. Such responses shall include constant supervision of any student judged to be at risk for suicide and referral for an immediate suicide risk assessment.
 - How to respond appropriately and access resources if a student has suicidal thoughts, threatens suicide or makes a suicide attempt.
 - How to have conversations with a student if a friend tried or did commit suicide.
 - General parenting skills to support adolescent youth.
 - 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 and/ or mental illness;
 - Youth with a history of suicide ideation or attempts;
 - Youth with disabilities, mental illness, substance abuse disorders, or who are on medication for mental 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;
- Youth who have immigrated;
- Youth who have been bullied.
- Parents/guardians/caregivers may be trained in the following ways:
 - Meetings with parents, students, advisors and/or school mental health professionals for training and relationship building;
 - Parent workshops;
 - Coffee with the Principal discussion;
 - Role playing to practice conversations with students;
 - Resource sharing;
 - Information pamphlets and handouts;
 - Reference materials to help parents remember what to do and what resources they can access;
 - Useful websites;
 - Contact information for clinics, training facilities, community resources and emergency response teams;
 - Regular emails with resources;
 - Articles and passages by parents who have experienced these issues.

In situations where a student is assessed at risk for suicide or has made a suicide attempt, the student's parent or guardian will be informed as soon as practicable by the principal, designee, or school mental health professional if appropriate and in the best interest of the student. Determination of notification to parents or guardian should follow a formal initial assessment to ensure that the student is not endangered by parental notification; the rationale and decision will be documented in writing when completing the [Crisis Intervention Form](#) after the incident.

If the student has exhibited any kind of suicidal behavior, the parent or guardian should be counseled on "means restriction," limiting the child's access to mechanisms for carrying out a suicide attempt. Staff will also seek parental permission to communicate with outside mental health care providers regarding their child.

D. Student Participation and Education

Messaging about suicide has an effect on suicidal thinking and behaviors. Consequently, Ednovate along with its partners has carefully reviewed and will continue to review all materials and resources used in awareness efforts to ensure they align with best practices for safe messaging about suicide. Suicide prevention strategies may include, but not be limited to, efforts to promote a positive school climate that enhances students' feelings of connectedness with Ednovate and is characterized by caring staff and harmonious interrelationships among students.

Ednovate's instructional and student support program shall promote the healthy mental, emotional, and social development of students including, but not limited to, the development of problem-solving skills, coping skills, and resilience. This may include community building and relationship building throughout the school year to promote a healthy community to foster connectedness and relationship building to foster trust so that students feel comfortable bringing up concerns with staff. The instruction shall not use the stress model to explain suicide.

Ednovate's instructional curriculum may include information about suicide prevention, as appropriate or needed, taking into consideration the grade level and age of the students. Under the supervision of an appropriately trained individual acting within the scope of her/his credential or license, students may receive developmentally appropriate, student-centered education annually on:

- Guidance regarding Ednovate's suicide prevention, intervention, and referral procedures;
- Lessons on healthy living and wellness;
- Coping strategies for dealing with stress, anxiety, depression, and trauma;
- How to recognize behaviors (warning signs) and life issues (risk factors) associated with suicide and mental health issues in oneself and others;
- Help-seeking strategies for oneself and others, including how to engage school-based and community resources and refer peers for help (safely and comfortably);
- Emphasis on reducing the stigma associated with mental illness and the fact that early prevention and intervention can drastically reduce the risk of suicide.

Students may be educated in the following ways:

- Student-focused suicide prevention education can be incorporated into classroom curricula (e.g., advisory, health classes, freshman orientation classes, science, and physical education);
- One on one meetings with the advisor and/ or counselor/ social worker;
- Self evaluations to help students develop the skills to understand if s/he is at risk or potentially experiencing mental health issues;
- Small group discussions in a safe, trusting environment like advisory;
- Bringing in outside providers and community partners to support.

Ednovate will support the creation and implementation of programs and/or activities on campus that raise awareness about mental wellness and suicide prevention (e.g., Mental Health Awareness Week, Peer Counseling, Freshman Success, and National Alliance on Mental Illness on Campus High School Clubs).

E. Supporting Students during or after a Mental Health Crisis

Students shall be encouraged through the education program and in Ednovate activities to notify a teacher, the Principal, another Ednovate administrator, psychologist, Ednovate counselor, suicide prevention liaisons, or other adult when they are experiencing thoughts of suicide or when they suspect or have knowledge of another student's suicidal intentions. Ednovate staff should treat each report seriously, calmly, and with active listening and support. Staff should be non-judgmental to students and discuss with the student, and parent/guardian, about additional resources to support the student.

F. Intervention and Emergency Procedures

This section covers intervention and emergency procedures for suicidal intentions (low, medium and high risk), a suicide attempt or threat, an off campus suicide attempt and off campus suicidal ideation.

Team Roles and Communication

Ednovate designates the following administrators to act as the primary and secondary suicide prevention liaisons at each school. There can be additional suicide prevention liaisons, but all schools will have at least two.

- In schools with a mental health professional:
 - Primary suicide prevention liaison: School Mental Health Professional (e.g. School Counselor or Social Worker)
 - Secondary suicide prevention liaison: Principal
- In schools without a mental health professional:
 - Primary suicide prevention liaison: Principal
 - Secondary suicide prevention liaison: Dean of School Culture or Assistant Principal

Emergency Response Teams

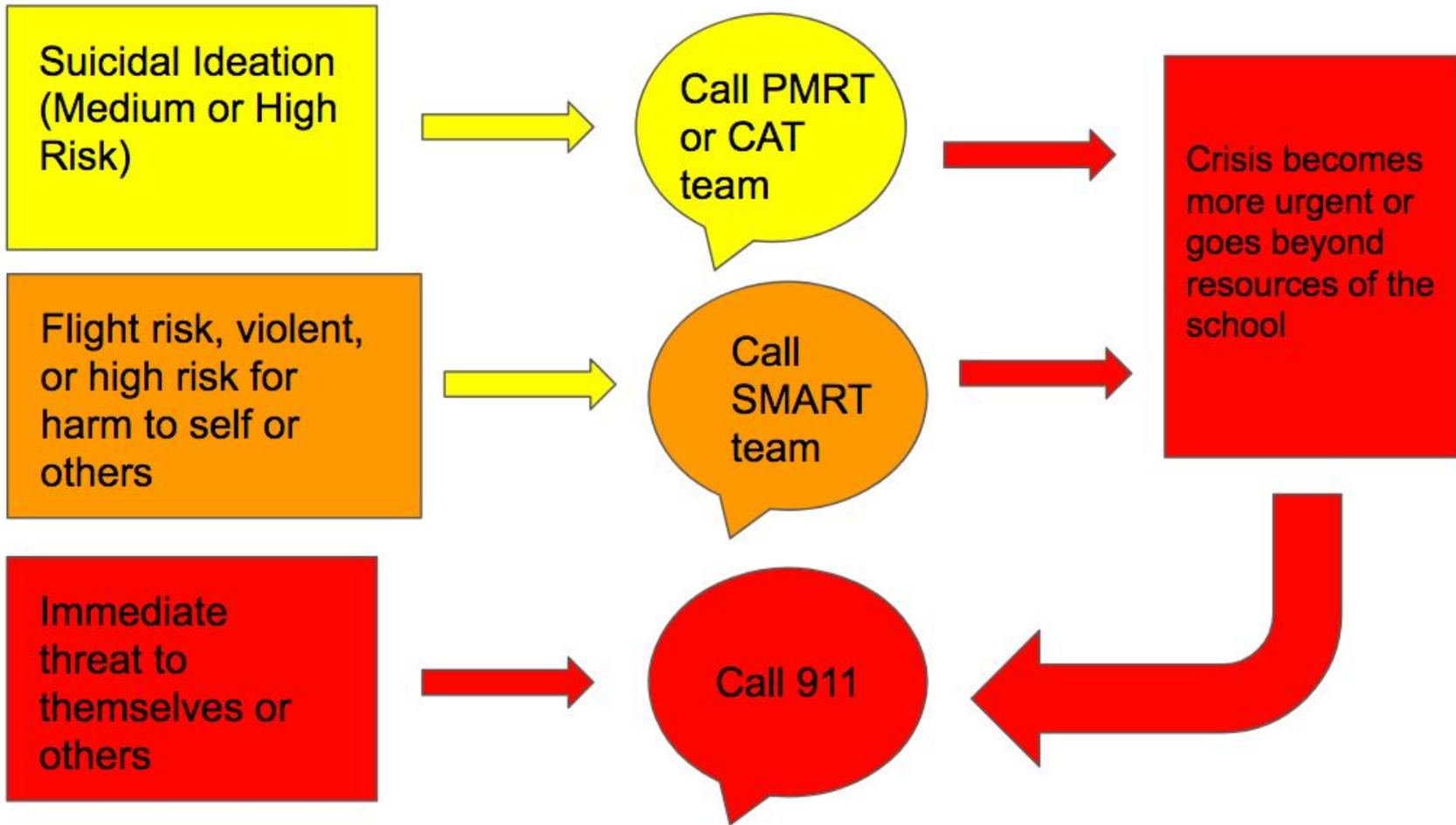
There are several emergency response teams that may provide support in a mental health crisis in Los Angeles and Orange County. These resources are also summarized here: [Suicide Prevention Policy Emergency Contacts](#). Use the below descriptions and procedures in this policy as a guide for who to call. The Principal, suicide prevention liaison or designee is responsible for making the emergency call.

If the crisis ever becomes more urgent or goes beyond the resources of the school, call 911.

Resource	Phone Number(s)	When to Call
Los Angeles: Psychiatric Mobile Response Team (PMRT)	800-854-7771	Any mental health crisis; can take time to respond depending on time of day
Orange County: Principal, suicide prevention liaison or designee calls the	866-830-6011 or 714-517-6353	Any mental health crisis; can take time to respond depending on time of day. CAT

Centralized Assessment Team (CAT)		will do a thorough assessment and determine if 5585 process is necessary and ambulance will take students to psychiatric hospital or nearest ER.
If co-located on an LAUSD campus, Los Angeles School Police (LASP)	213-625- 6631	Can support in responding and transporting the student to the hospital.
Los Angeles: Systemwide Mental Assessment Response Team (SMART)	213-996-1300 or 213-966-1344	For law enforcement and mental health response when an individual is a flight risk, violent, or high risk for harm to self or others
Emergency Response	911	If the student is presenting an immediate threat to themselves or others

Emergency Response Teams Flowchart



On Campus Suicidal Ideation

Whenever a staff member suspects or has knowledge that a student is potentially suicidal, i.e., verbalizes about suicide, presents overt risk factors such as agitation or intoxication, the act of self-harm occurs, or a student self-refers, the following steps will be taken. Please remember that each and every situation will have its own unique set of circumstances, so at all times you must act with good judgment and seek consultation.

*If the student, staff or other students are in imminent danger (has access to a gun, is on a rooftop, or in other unsafe conditions), a call shall be made to **911**.

*If at any time during this process you believe the risk has escalated, or that the parent/guardian is unwilling to comply with follow up treatment then you must re-evaluate and determine if **PMRT (800 854-7771)** or **CAT (866-830-6011 or 714-517-6353)** or **SMART (213-996-1300 or 213-966-1344)** or **911** should be called.

Low Risk	Medium or High Risk
<p>Stay with student and reassure them. Do not leave the student unattended; keep the student under continuous adult supervision until the parent/guardian and/or appropriate support agent or agency can be contacted and has the opportunity to intervene. Do not send the student away or leave him/her alone, even to go to the restroom. Providing comfort to the student, listening and allowing the student to talk and being comfortable with moments of silence. Promise privacy and help, but not promising confidentiality. Remain calm, keeping in mind the student is overwhelmed, confused, and emotionally distressed.</p>	<p>Stay with student and reassure them. Do not leave the student unattended; keep the student under continuous adult supervision until the parent/guardian and/or appropriate support agent or agency can be contacted and has the opportunity to intervene. Do not send the student away or leave him/her alone, even to go to the restroom. Providing comfort to the student, listening and allowing the student to talk and being comfortable with moments of silence. Promise privacy and help, but not promising confidentiality. Remain calm, keeping in mind the student is overwhelmed, confused, and emotionally distressed.</p>

<p>Notify all suicide prevention liaisons. The suicide prevention liaisons will notify the crisis team if additional support is needed.</p>	<p>Notify all suicide prevention liaisons. The suicide prevention liaisons will notify the crisis team if additional support is needed.</p>
<p>If student has an existing crisis plan (for example, as part of their IEP), follow that plan as well</p>	<p>If student has an existing crisis plan (for example, as part of their IEP), follow that plan as well</p>
<p>If appropriate, an administrator conducts a search of student for access to means to harm themselves or others</p>	<p>If appropriate, an administrator conducts a search of student for access to means to harm themselves or others</p>
<p>Complete the Suicide Assessment Report (Choose the option preferred and makes sense for the circumstances: Option 1 or Option 2, Option 3) to determine the risk level and follow procedures outlined below according to risk.</p>	<p>Complete the Suicide Assessment Report (Choose the option preferred and makes sense for the circumstances: Option 1 or Option 2, Option 3) to determine the risk level and follow procedures outlined below according to risk.</p>
<p>Principal, suicide prevention liaison or designee calls parent and request they come to school. Determination of notification to parents or guardian should follow a formal initial assessment to ensure that the student is not endangered by parental notification; the rationale and decision will be documented in writing when completing the Crisis Intervention Form after the incident.</p> <p>If child abuse or neglect by a parent/guardian is suspected or there is reasonable suspicion that contacting the parent/guardian may escalate the student's current level of risk, or the parent/guardian is contacted and unwilling to respond, report the incident to the appropriate Department</p>	<p>Principal, suicide prevention liaison or designee calls:</p> <ul style="list-style-type: none"> ● Los Angeles: Psychiatric Mobile Response Teams (PMRT) at 800 854-7771. <ul style="list-style-type: none"> ○ If co-located on an LAUSD campus, the Los Angeles School Police at 213-625- 6631 can also support in transporting the student to the hospital if needed. ● Orange County: Principal, suicide prevention liaison or designee calls the Centralized Assessment Team (CAT) at 866-830-6011 or 714-517-6353

<p>of Children Family Services (DCFS). This report should include information about the student's suicide risk level and any concerning ideations or behaviors. The reporting party must follow directives provided by the child protective services agency personnel.</p> <ul style="list-style-type: none"> ● LA County Child Protective Services 800-540-4000 or 213-639-4500 ● Orange County Child Protective Services 714-940-1000 or 800-207-4464 <p>(24/7 hotlines)</p>	
<p>One of the Suicide Prevention Liaisons creates Safety Plan with student and parent. That plan along with any other crisis plans or relevant sections of the student's IEP are distributed to all other parties involved in the plan.</p>	<p>Principal, suicide prevention liaison or designee calls parent and request they come to school. Determination of notification to parents or guardian should follow a formal initial assessment to ensure that the student is not endangered by parental notification; the rationale and decision will be documented in writing when completing the Crisis Intervention Form after the incident.</p> <p>If child abuse or neglect by a parent/guardian is suspected or there is reasonable suspicion that contacting the parent/guardian may escalate the student's current level of risk, or the parent/guardian is contacted and unwilling to respond, report the incident to the appropriate Department of Children Family Services (DCFS). This report should include information about the student's suicide risk level and any concerning ideations or behaviors. The reporting</p>

	<p>party must follow directives provided by the child protective services agency personnel.</p> <ul style="list-style-type: none"> ● LA County Child Protective Services 800-540-4000 or 213-639-4500 ● Orange County Child Protective Services 714-940-1000 or 800-207-4464 <p>(24/7 hotlines)</p>
<p>After a referral is made, Ednovate shall ask the parent to sign a Parent Contact Acknowledgment Form confirming that the parent/guardian will access follow up treatment. Parents/guardians may be asked to provide documentation of care for the student, which can be done with a note from the doctor or a Medical Clearance for Return to School Form from a doctor.</p> <p>If parents/guardians 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 prevention liaison(s) shall meet with the parent to identify barriers to treatment (e.g., cultural stigma, financial issues) and work to rectify the situation and build understanding of care. If follow up care is still not provided, the school may contact the Department of Child Protective Services.</p> <ul style="list-style-type: none"> ● LA County Child Protective Services 800-540-4000 or 213-639-4500 	<p>If parent (or students 18 years or older) wants to bring the student to seek emergency help instead, go over and have them sign: Release for parents to take student to ER</p>

<ul style="list-style-type: none"> • Orange County Child Protective Services 714-940-1000 or 800-207-4464 (24/7 hotlines) 	
<p>Share the Suicide Warnings document, Signs and Symptoms of Emotionally Distressed Children, and the Community Resource Guide (here) with parent and give student hotline numbers: 1-800-SUICIDE (1-800-784-2433) or 1-800-273-TALK (1-800-273-8255)</p>	<p>Wait with the student and parent until the PMRT or CAT team arrives</p>
	<p>After a referral is made, Ednovate shall ask the parent to sign a Parent Contact Acknowledgment Form confirming that the parent/guardian will access follow up treatment. Parents/guardians may be asked to provide documentation of care for the student, which can be done with a note from the doctor or a Medical Clearance for Return to School Form from a doctor.</p> <p>If parents/guardians 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 prevention liaisons shall meet with the parent to identify barriers to treatment (e.g., cultural stigma, financial issues) and work to rectify the situation and build understanding of care. If follow up care is still not provided, Ednovate may contact the Department of Child Protective Services.</p>

	<ul style="list-style-type: none"> ● LA County Child Protective Services 800-540-4000 or 213-639-4500 ● Orange County Child Protective Services 714-940-1000 or 800-207-4464 <p>(24/7 hotlines)</p>
	<p>Share the Suicide Warnings document, Signs and Symptoms of Emotionally Distressed Children, and the Community Resource Guide (here) with parent and give student hotline numbers: 1-800-SUICIDE (1-800-784-2433) or 1-800-273-TALK (1-800-273-8255)</p>
After Incident	
<p>As soon as is possible and within 24 hours, document the incident in writing: Crisis Intervention Form (all staff involved should contribute)</p>	<p>As soon as is possible and within 24 hours, document the incident in writing: Crisis Intervention Form (all staff involved should contribute)</p>
<p>Staff will ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate.</p>	<p>Staff will ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate.</p>
<p>Offer to the student and parent/guardian steps for reintegration to school. Reintegration may include obtaining a written release from the parent/guardian to speak with any health care providers; conferring with the student and parent/guardian about any specific requests on how to handle the situation; informing the student's</p>	<p>Offer to the student and parent/guardian steps for reintegration to school. Reintegration may include obtaining a written release from the parent/guardian to speak with any health care providers; conferring with the student and parent/guardian about any specific requests on how to handle the situation; informing the student's</p>

<p>teachers about possible days of absences and the student's Safety Plan; allowing accommodations for make-up work (being understanding that missed assignments may add stress to the student); appropriate staff maintaining ongoing contact with the student to monitor the student's actions and mood; and working with the parent/guardian to involve the student in an aftercare plan.</p>	<p>teachers about possible days of absences and the student's Safety Plan; allowing accommodations for make-up work (being understanding that missed assignments may add stress to the student); appropriate staff maintaining ongoing contact with the student to monitor the student's actions and mood; and working with the parent/guardian to involve the student in an aftercare plan.</p>
	<p>Upon return to school, one of the Suicide Prevention Liaisons creates Safety Plan with student. That plan along with any other crisis plans or relevant sections of the student's IEP are distributed to all other parties involved in the plan.</p>

On Campus Suicide Attempt or Threat

When a suicide attempt or threat is reported on campus or at a school-related activity, the suicide prevention liaisons and school staff shall, at a minimum:

Ensure the student's physical safety by one or more of the following, as appropriate:

1. Stay with student and reassure them. Do not leave the student unattended; keep the student under continuous adult supervision until the parent/guardian and/or appropriate support agent or agency can be contacted and has the opportunity to intervene. Do not send the student away or leave him/her alone, even to go to the restroom. Providing comfort to the student, listening and allowing the student to talk and being comfortable with moments of silence. Promise privacy and help, but not promising confidentiality. Remain calm, keeping in mind the student is overwhelmed, confused, and emotionally distressed.

2. Notify all designated suicide prevention liaisons. The suicide prevention liaisons will notify the crisis team if additional support is needed.
3. If student has an existing crisis plan (for example, as part of their IEP), follow that plan as well.
4. If appropriate, administrator conducts a search of student for access to means to harm themselves or others.
5. Principal, suicide prevention liaison or designee calls to secure immediate emergency assistance;

Resource	Phone Number(s)	When to Call
Los Angeles: Psychiatric Mobile Response Team (PMRT)	800-854-7771	Any mental health crisis; can take time to respond depending on time of day
Orange County: Principal, suicide prevention liaison or designee calls the Centralized Assessment Team (CAT) at	866-830-6011 or 714-517-6353	Any mental health crisis; can take time to respond depending on time of day. CAT will do a thorough assessment and determine if 5585 process is necessary and ambulance will take students to psychiatric hospital or nearest ER.
If co-located on an LAUSD campus, Los Angeles School Police (LASP)	213-625- 6631	Can support in responding and transporting the student to the hospital.
Los Angeles: Systemwide Mental Assessment Response Team (SMART)	213-996-1300 or 213-966-1344	For law enforcement and mental health response when an individual is a flight risk, violent, or high risk for harm to self or others
Emergency Response	911	If the student is presenting an immediate threat to themselves or others

6. First aid will be rendered until professional medical treatment and/or transportation can be received, following Ednovate emergency medical procedures.
7. Moving all other students out of the immediate area as soon as possible as appropriate.

8. Principal, suicide prevention liaison or designee calls parent and request they come to school. Determination of notification to parents or guardian should follow a formal initial assessment to ensure that the student is not endangered by parental notification; the rationale and decision will be documented in writing when completing the [Crisis Intervention Form](#) after the incident.
 - a. If child abuse or neglect by a parent/guardian is suspected or there is reasonable suspicion that contacting the parent/guardian may escalate the student's current level of risk, or the parent/guardian is contacted and unwilling to respond, report the incident to the appropriate Department of Children Family Services (DCFS). This report should include information about the student's suicide risk level and any concerning ideations or behaviors. The reporting party must follow directives provided by the child protective services agency personnel.
 - i. **LA County Child Protective Services 800-540-4000 or 213-639-4500** (24/7 hotline)
 - ii. **Orange County Child Protective Services 714-940-1000 or 800-207-4464** (24/7 hotline)
9. Alternate options for transporting student to seek emergency care:
 - a. If co-located on an LAUSD campus, the Los Angeles School Police (213-625- 6631) can also support in transporting the student to the hospital if needed.
 - b. If parent (or students 18 years or older) wants to bring the student to seek emergency help instead, go over and have them sign: [Release for parents to take student to ER](#).
 - c. When Certificated Staff Accompany a Student to the Hospital: If PMRT, CAT or law enforcement determines that the student will be transported to an emergency hospital/medical facility, the school site administrator should designate a certificated staff member to accompany the student if:
 - i. The student requests the presence of a staff member;
 - ii. The school is unable to make contact with the parent/guardian;
 - iii. Parent/guardian is unavailable to meet the student at the hospital; or
 - iv. Deemed appropriate pursuant to circumstances, such as age, developmental level, or pertinent historical student information.
10. After a referral is made, Ednovate shall ask the parent to sign a [Parent Contact Acknowledgment Form](#) confirming that the parent/guardian will access follow up treatment. Parents/guardians may be asked to provide

documentation of care for the student, which can be done with a note from the doctor or a [Medical Clearance for Return to School Form](#) from a doctor.

- a. If parents/guardians 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 prevention liaison(s) shall meet with the parent to identify barriers to treatment (e.g., cultural stigma, financial issues) and work to rectify the situation and build understanding of care. If follow up care is still not provided, Ednovate may contact the Department of Child Protective Services.
 - i. **LA County Child Protective Services 800-540-4000 or 213-639-4500** (24/7 hotline)
 - ii. **Orange County Child Protective Services 714-940-1000 or 800-207-4464** (24/7 hotline)
11. Share the Suicide Warnings document, Signs and Symptoms of Emotionally Distressed Children, and the Community Resource Guide ([here](#)) with parent and give student hotline numbers: 1-800-SUICIDE (1-800-784-2433) or 1-800-273-TALK (1-800-273-8255).
12. The school will engage as necessary the crisis team to assess whether additional steps should be taken to ensure student safety and well-being.
13. Provide access to counselors or other appropriate personnel to listen to and support students and staff who are directly or indirectly involved with the incident at Ednovate.
14. As soon as possible and within 24 hours, document the incident in writing: [Crisis Intervention Form](#) (all staff involved should contribute).
15. Staff will ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate.
16. Offer to the student and parent/guardian steps for reintegration to school. Reintegration may include obtaining a written release from the parent/guardian to speak with any health care providers; conferring with the student and parent/guardian about any specific requests on how to handle the situation; informing the student's teachers about possible days of absences; allowing accommodations for make-up work (being understanding that missed assignments may add stress to the student); appropriate staff maintaining ongoing contact with the student to monitor the student's actions and mood; and working with the parent/guardian to involve the student in an aftercare plan.

- a. Upon return to school, one of the Suicide Prevention Liaisons creates a [Safety Plan](#) with the student. That plan along with any other crisis plans or relevant sections of the student's IEP are distributed to all other parties involved in the plan.

17. Provide an opportunity for all who respond to the incident to debrief, evaluate the effectiveness of the strategies used, and make recommendations for future actions.

In the event a suicide occurs or is attempted on the Ednovate campus, the suicide prevention liaisons shall follow the crisis intervention procedures contained in the school's safety plan and in the postvention section of this policy. After consultation with the Principal or designee and the student's parent/guardian about facts that may be divulged in accordance with the laws governing confidentiality of student record information, the Principal or designee may provide students, parents/guardians, and staff with information, counseling, and/or referrals to community agencies as needed. Ednovate staff may receive assistance from Ednovate counselors or other mental health professionals in determining how best to discuss the suicide or attempted suicide with students.

Off Campus Suicide Attempt or Threat

If a staff member becomes aware of a suicide attempt or threat by a student that is in progress in an out-of-school location, the staff member will:

1. If possible, maintain contact with student and reassure them (either in person, online, or on the phone).
2. Call 911 for immediate emergency assistance.
3. Inform all suicide prevention liaisons. The suicide prevention liaisons will notify the crisis team if additional support is needed.
4. If student has an existing crisis plan (for example, as part of their IEP), follow that plan as well.
5. Principal, suicide prevention liaison or designee calls parent to inform them. Determination of notification to parents or guardian should follow a formal initial assessment to ensure that the student is not endangered by parental notification; the rationale and decision will be documented in writing when completing the [Crisis Intervention Form](#) after the incident.

- a. If child abuse or neglect by a parent/guardian is suspected or there is reasonable suspicion that contacting the parent/guardian may escalate the student’s current level of risk, or the parent/guardian is contacted and unwilling to respond, report the incident to the appropriate Department of Children Family Services (DCFS). This report should include information about the student’s suicide risk level and any concerning ideations or behaviors. The reporting party must follow directives provided by the child protective services agency personnel.
 - i. **LA County Child Protective Services 800-540-4000 or 213-639-4500** (24/7 hotline)
 - ii. **Orange County Child Protective Services 714-940-1000 or 800-207-4464** (24/7 hotline)
- 6. If additional support is needed, Principal, suicide prevention liaison or designee calls additional emergency teams:

Resource	Phone Number(s)	When to Call
Los Angeles: Psychiatric Mobile Response Team (PMRT)	800-854-7771	Any mental health crisis; can take time to respond depending on time of day
Orange County: Principal, suicide prevention liaison or designee calls the Centralized Assessment Team (CAT) at	866-830-6011 or 714-517-6353	Any mental health crisis; can take time to respond depending on time of day. CAT will do a thorough assessment and determine if 5585 process is necessary and ambulance will take students to psychiatric hospital or nearest ER.
Los Angeles: Systemwide Mental Assessment Response Team (SMART)	213-996-1300 or 213-966-1344	For law enforcement and mental health response when an individual is a flight risk, violent, or high risk for harm to self or others

- 7. After a referral is made, Ednovate shall ask the parent to sign a [Parent Contact Acknowledgment Form](#) confirming that the parent/guardian will access follow up treatment. Parents/guardians may be asked to provide

documentation of care for the student, which can be done with a note from the doctor or a [Medical Clearance for Return to School Form](#) from a doctor.

- a. If parents/guardians 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 prevention liaison(s) shall meet with the parent to identify barriers to treatment (e.g., cultural stigma, financial issues) and work to rectify the situation and build understanding of care. If follow up care is still not provided, Ednovate may contact the Department of Child Protective Services.
 - i. **LA County Child Protective Services 800-540-4000 or 213-639-4500** (24/7 hotline)
 - ii. **Orange County Child Protective Services 714-940-1000 or 800-207-4464** (24/7 hotline)
8. Share the Suicide Warnings document, Signs and Symptoms of Emotionally Distressed Children, and the Community Resource Guide ([here](#)) with parent and give student hotline numbers: 1-800-SUICIDE (1-800-784-2433) or 1-800-273-TALK (1-800-273-8255).
9. Provide access to counselors or other appropriate personnel to listen to and support students and staff who are directly or indirectly involved with the incident at Ednovate.
10. Staff will ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate.
11. As soon as possible and within 24 hours, document the incident in writing: [Crisis Intervention Form](#) (all staff involved should contribute).
12. Offer to the student and parent/guardian steps for reintegration to school. Reintegration may include obtaining a written release from the parent/guardian to speak with any health care providers; conferring with the student and parent/guardian about any specific requests on how to handle the situation; informing the student's teachers about possible days of absences; allowing accommodations for make-up work (being understanding that missed assignments may add stress to the student); appropriate staff maintaining ongoing contact with the student to monitor the student's actions and mood; and working with the parent/guardian to involve the student in an aftercare plan.
13. Provide an opportunity for all who respond to the incident to debrief, evaluate the effectiveness of the strategies used, and make recommendations for future actions, including providing resources to staff and students who may be affected by the attempt.

14. Upon return to school, Primary or Secondary Suicide Prevention Liaison creates a [Safety Plan](#) with the student. That plan along with any other crisis plans or relevant sections of the student’s IEP are distributed to all other parties involved in the plan.

Off Campus Suicidal Ideation

1. Maintain contact with the student (either in person, online, or on the phone).
2. Enlist the assistance of another person to contact the police and/or emergency medical services (below) while maintaining verbal engagement with the student.

Resource	Phone Number(s)	When to Call
Los Angeles: Psychiatric Mobile Response Team (PMRT)	800-854-7771	Any mental health crisis; can take time to respond depending on time of day
Orange County: Principal, suicide prevention liaison or designee calls the Centralized Assessment Team (CAT) at	866-830-6011 or 714-517-6353	Any mental health crisis; can take time to respond depending on time of day. CAT will do a thorough assessment and determine if 5585 process is necessary and ambulance will take students to psychiatric hospital or nearest ER.
Los Angeles: Systemwide Mental Assessment Response Team (SMART)	213-996-1300 or 213-966-1344	For law enforcement and mental health response when an individual is a flight risk, violent, or high risk for harm to self or others
Emergency Response	911	If the student is presenting an immediate threat to themselves or others

3. Inform all suicide prevention liaisons. The suicide prevention liaisons will notify the crisis team if additional support is needed.
4. If student has an existing crisis plan (for example, as part of their IEP), follow that plan as well.
5. Principal, suicide prevention liaison or designee calls parent to inform them. Determination of notification to parents or guardian should follow a formal initial assessment to ensure that the student is not endangered by parental notification; the rationale and decision will be documented in writing when completing the [Crisis Intervention Form](#) after the incident.
 - a. If child abuse or neglect by a parent/guardian is suspected or there is reasonable suspicion that contacting the parent/guardian may escalate the student's current level of risk, or the parent/guardian is contacted and unwilling to respond, report the incident to the appropriate Department of Children Family Services (DCFS). This report should include information about the student's suicide risk level and any concerning ideations or behaviors. The reporting party must follow directives provided by the child protective services agency personnel.
 - i. **LA County Child Protective Services 800-540-4000 or 213-639-4500 (24/7 hotline)**
 - ii. **Orange County Child Protective Services 714-940-1000 or 800-207-4464 (24/7 hotline)**
6. After a referral is made, Ednovate shall ask the parent to sign a [Parent Contact Acknowledgment Form](#) confirming that the parent/guardian will access follow up treatment. Parents/guardians may be asked to provide documentation of care for the student, which can be done with a note from the doctor or a [Medical Clearance for Return to School Form](#) from a doctor.
 - a. If parents/guardians 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 prevention liaison(s) shall meet with the parent to identify barriers to treatment (e.g., cultural stigma, financial issues) and work to rectify the situation and build understanding of care. If follow up care is still not provided, Ednovate may contact the Department of Child Protective Services.
 - i. **LA County Child Protective Services 800-540-4000 or 213-639-4500 (24/7 hotline)**
 - ii. **Orange County Child Protective Services 714-940-1000 or 800-207-4464 (24/7 hotline)**

7. Share the Suicide Warnings document, Signs and Symptoms of Emotionally Distressed Children, and the Community Resource Guide ([here](#)) with parent and give student hotline numbers: 1-800-SUICIDE (1-800-784-2433) or 1-800-273-TALK (1-800-273-8255).
8. Provide access to counselors or other appropriate personnel to listen to and support students and staff who are directly or indirectly involved with the incident at Ednovate.
9. As soon as possible and within 24 hours, document the incident in writing: [Crisis Intervention Form](#) (all staff involved should contribute).
10. Staff will ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate.
11. Offer to the student and parent/guardian steps for reintegration to school. Reintegration may include obtaining a written release from the parent/guardian to speak with any health care providers; conferring with the student and parent/guardian about any specific requests on how to handle the situation; informing the student's teachers about possible days of absences; allowing accommodations for make-up work (being understanding that missed assignments may add stress to the student); appropriate staff maintaining ongoing contact with the student to monitor the student's actions and mood; and working with the parent/guardian to involve the student in an aftercare plan.
12. Upon return to school, one of the Suicide Prevention Liaisons creates [Safety Plan](#) with student. That plan along with any other crisis plans or relevant sections of the student's IEP are distributed to all other parties involved in the plan.

G. Responding After a Suicide Death (Postvention)

A death by suicide in the school community (whether by a student or staff member) can have devastating consequences on the school community, including students and staff. Ednovate shall follow the below action plan for responding to a suicide death, which incorporates both immediate and long-term steps and objectives:

The suicide prevention liaisons, Principal and members of the crisis team shall:

- **Develop and Implement an Action Plan:** The crisis team will develop an action plan to guide school response following a death by suicide. A meeting of the crisis team to implement the action plan should take place immediately following news of the suicide death. The action plan may include the following steps:
 - **Confirm death and cause:** Staff will confirm the death and determine the cause of death through communication with a coroner's office, local hospital, the student's parent or guardian, or police department. Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such until after a cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parent or guardian will not permit the cause of death to be disclosed, the school will not share the cause of death but will use the opportunity to discuss suicide prevention with students.
 - **Family communication:** Identify a staff member to contact deceased's family (within 24 hours);
 - **Assess the situation:** The crisis team will meet to prepare the postvention response, to consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected. The crisis team will also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. If the death occurred during a school vacation, the need for or scale of postvention activities may be reduced
 - **Share information:** Share information that is relevant and that which you have permission to disclose. Public address system announcements and school-wide assemblies should be avoided.
 - Staff:
 - Inform the faculty that a sudden death has occurred, preferably in a staff meeting.
 - Let them know there is emotional support and resources available to the staff.
 - Prepare staff for notification of students. Write a statement for staff members to share with students. The statement should include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief.
 - Review of protocols for referring students for support/assessment;

- Resources available to students (on and off campus).
- Students and parents:
 - The school could tell students in small groups in advisory or class and let some students know individually (those who will be most affected).
 - The crisis team may prepare a letter (with the input and permission from the student's parent or guardian) to send home with students that includes facts about the death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available.
- **Avoid suicide contagion:** It should be explained in the staff meeting described above that one purpose of trying to identify and give services to other high risk students is to prevent another death. The crisis team will work with teachers to identify students who are most likely to be significantly affected by the death. In the staff meeting, the crisis team will review suicide warning signs and procedures for reporting students who generate concern.
 - Identify students significantly affected by suicide death and other students at risk of imitative behavior;
 - Identify students affected by suicide death but not at risk of imitative behavior;
- **Initiate support services:** Students identified as being more likely to be affected by the death will be assessed by a school employed mental health professional to determine the level of support needed. The crisis team will coordinate support services for students and staff in need of individual and small group counseling as needed. This support could include the support of school employed mental health professionals or external community supports (e.g. Didi Hirsch or Direct Ed). In concert with parents or guardians, crisis team members will refer to community mental health care providers to ensure a smooth transition from the crisis intervention phase to meeting underlying or ongoing mental health needs.
- **Funeral and memorials:** Consider funeral arrangements for family and school community. Develop memorial plans. It is not recommended that the school create on-campus physical memorials (e.g. photos, flowers), funeral services, or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion. It is not recommended that school is canceled for the funeral. Any school-based

memorials (e.g., small gatherings) could include a focus on how to prevent future suicides and prevention resources available.

- Respond to memorial requests in respectful and non-harmful manner; responses should be handed in a thoughtful way and their impact on other students should be considered;
 - Set a date that any memorials will be taken down to prevent the risk of it triggering any students. One to two weeks is recommended.
- **External Communication:** The Senior Associate of Development & External Affairs will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the spokesperson. The spokesperson will:
- Keep the school Principal and Ednovate CEO informed of school actions relating to the death;
 - Prepare a statement for the media including the facts of the death, postvention plans, and available resources. The statement will not include confidential information, speculation about victim motivation, means of suicide, or personal family information.
 - Only indicate that it is a suicide if: a) Both Coroner's report and Homicide investigation has been completed, b) Parent has given their permission to use the term suicide, and c) The Coroner's report is available to the public.
 - Answer all media inquiries. If a suicide is to be reported by news media, the spokesperson should encourage reporters not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase "suicide epidemic" – as this may elevate the risk of suicide contagion. The spokesperson should also encourage the media not to link bullying to suicide and not to speculate about the reason for suicide. Media should be asked to offer the community information on suicide risk factors, warning signs, and resources available to the public.
- **Long-term planning:** Include long-term suicide postvention responses:
- Consider important dates (i.e., anniversary of death, deceased birthday, graduation, or other significant event) and how these will be addressed;
 - Support siblings, close friends, teachers, and/or students of deceased;

- Consider long-term support for students and staff to continue to process.

H. Documentation

Any meetings with a student, their parents or their peers regarding self-harm should be recorded in writing including:

- Dates and times
- An action plan
- Concerns that have been raised
- Details of anyone else who has been informed

All meeting notes, forms, safety plans and other documentation should be stored securely with the school mental health professional, or Principal if there is not a school mental health professional on campus.

I. Resources

[Ednovate Suicide Prevention Resources Draft](#)

[Google folder of Ednovate resources](#)

J. Attachments

[Parents: LA Community Resources](#)

[Parents: Signs And Symptoms Of Emotionally Distressed Children](#)

[Parents: Suicide Warning Signs](#)

[Safety Plan](#)

[Suicide Assessment Report](#)

[Summary Suicide Assessment Report](#)

[Suicide Assessment Report_ Modified Order](#)

[Suicide Prevention Policy Emergency Contacts](#)

[Parent Contact Acknowledgement Form](#)

[Release for Parents to Take Student to Emergency Room](#)

[Medical Clearance for Return to School](#)

[Crisis Intervention Form](#)