

# LOS ANGELES COUNTY SUICIDE PREVENTION NETWORK



## Youth Suicide Prevention Workplan (K-12)

FY 2019/20 to FY 2024/25

This workplan outlines the goals and objectives set forth by the Youth Workgroup, a public private partnership of organizations committed to preventing youth suicide in Los Angeles County. The Youth Workgroup is a subcommittee of the Los Angeles County Suicide Prevention Network (LASPN). The work plan compliments the larger suicide prevention strategic plan developed by the LASPN and supports the following guiding principles:



**Implementing a peer and community-based approach to suicide prevention will support a long term vision of zero suicides in Los Angeles County by...**

- ✓ **Strengthening** protective factors and promoting well-being and connectedness through education, outreach, and stigma reduction.
- ✓ **Promoting early help-seeking** because people know the warning signs, resources, and are confident to intervene or get help for themselves.
- ✓ **Providing a safe and compassionate response** during and after a crisis by focusing on stabilization and linkage to services in the least restrictive setting.
- ✓ **Supporting** individuals, families, schools and communities with short and long term response after a suicide attempt or death.

[www.LASuicidePreventionNetwork.org](http://www.LASuicidePreventionNetwork.org)

This workplan identifies a series of goals and objectives, as well as three core activities. The workplan is organized around the **Suicidal Crisis Path**, a model that intends to integrate multiple theoretical approaches and frameworks within the context of an individual's suicidal experience. On the far left we begin with the general population and towards the far right, what supports need to be to identify interventions and supports for youth at higher risk, experiencing suicide ideation or a suicidal crisis and nd towards the far right, what supports need to be in place to support youth, staff and the entire school community after a suicide death. In doing so, the purpose is to match intervention approaches with the timing, risk factors, and protective factors that would be the mechanisms to prevent a suicide from happening. (Lezine, D.A. & Whitaker, N.J.)

**Activity 1:** On an annual basis review youth suicide death, attempt, ideation, and school connectedness data, as available, to inform suicide prevention strategic planning efforts.

- A1:** Partner with Los Angeles County Department of Public Health and the Suicide Prevention Subcommittee of the Child Death Review Committee to obtain data and review on an annual basis.
- A2:** Review CaISCHL Survey on an annual basis (Healthy Kids), and as resources permit review other pertinent data collected by school districts.
- A3:** Explore funding and strategies to increase district participation in CaISCHL Survey (Healthy Kids).
- A4:** As resources permit, create a "Suicide Prevention Report Card" highlighting available data and efforts that are taking place across the county.

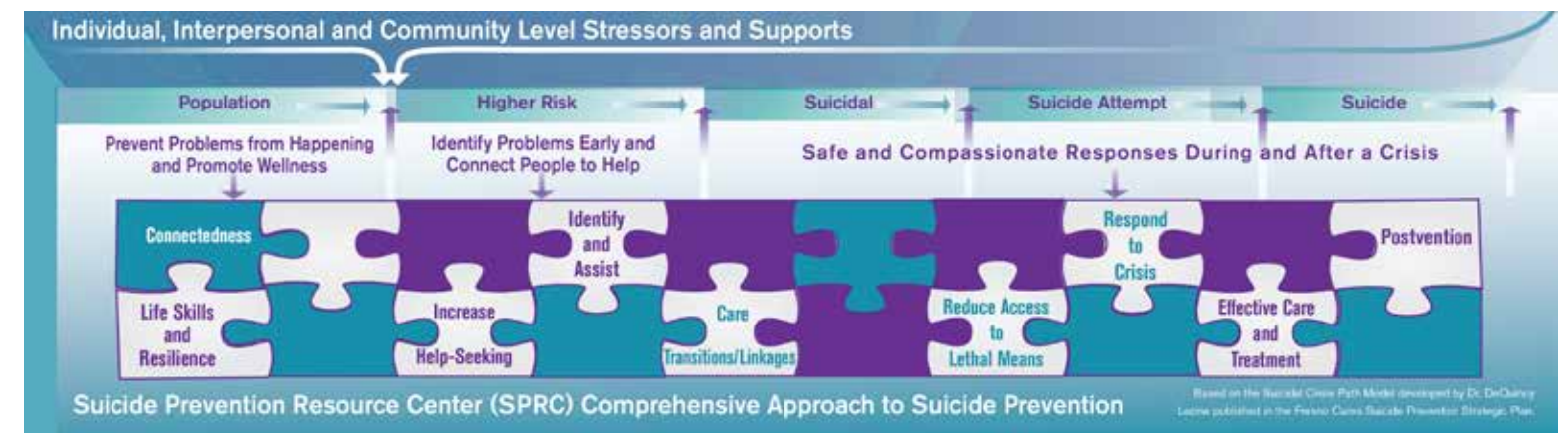
**Activity 2:** Assist districts with implementing comprehensive and effective suicide prevention strategies including upstream prevention, policies and procedures for risk assessment and continuity of care, professional development, youth engagement, parent engagement, and postvention after a suicide death on campus.

- A1:** Offer trainings to districts about implementation of suicide prevention polices and procedures (e.g. AB 2246 and AB 1767) on an annual basis.
- A2:** Establish criteria for having and implementing a comprehensive suicide prevention policy.

**Activity 3:** Integrate suicide prevention into existing initiatives and establish linkages for collective impact.

- A1:** Identify and prioritize, meet with program staff, and develop a strategy for how to integrate suicide prevention.
- A2:** Identify related coalitions and networks and integrate suicide prevention into their conversation by attending meetings, sharing resources, and inviting representatives to present at Youth Workgroup meetings.

Framework for Suicide Prevention and Suicidal Crisis Path Model



## Prevention

Promotion of mental health includes a comprehensive approach to wellness. Students need to be taught what mental health is and given the skills to achieve it, including the social-emotional skills needed for mental and physical well-being. These are defined in the [Health Education Content Standards for California Public Schools](#). Two evidence-based strategies, Social Emotional Learning (SEL) and Mindfulness, enhance youth academic achievement and wellness, decrease risky behaviors, and improve relationships with peers and teachers. Each uses a different approach to achieve these outcomes (Lantieri, Zakrzewski, 2015). The SEL framework promotes intra-personal, interpersonal and cognitive competencies. Mindfulness promotes self-regulation and coping skills, which builds on the skills learned through SEL.

**Why This Matters:** The skills and strategies that children and teens gain through SEL have been shown to increase protective factors and reduce risk factors associated with suicide (AAS & SPTS, 2012). Effective SEL develops skills in problem solving, conflict resolution, nonviolent ways of handling disputes as well as a sense of connectedness all of which serve as protective factors for youth against suicide and other self-destructive behaviors during transitions or crises. Further, by implementing SEL in schools, students, teachers, and administrators are more aware of and skilled in identifying and responding to mental health issues when the behavior first presents itself.

### Goal 1:

**By the end of the 2024/2025 school year, youth in Los Angeles County are engaged with programs and activities that foster connectedness, build life and coping skills, promote, promote problem-solving and strengthen resilience. Based on 2017-18 suicide ideation data on the Healthy Kids survey, the goal is to reduce the proportion of students who have seriously considered suicide in the past 12 months to 15% or less in districts across Los Angeles County by 2025.**

**Objective 1.1:** By the end of the 2024/2025 school year, a minimum of 25% of schools have a peer-based club, program, wellness center, or are actively promoting Teen Line on campus.

- Gather a baseline of existing peer-based clubs implemented on school campuses.
- Compile and review a list of recommended peer-based clubs and wellness centers and share with schools and districts.
- Provide schools and districts with information about Teen Line to share with staff, students and parents.

**Objective 1.2:** By the end of the 2024/2025 school year, a minimum of 25% of schools implement at least one effective program or strategy intended to reduce risk and strengthen protective factors suitable to meet the needs of their student body.

- Compile a list of evidence-based or promising programs that aim to reduce risk factors and increase protective factors, including what schools in LA County are using and review with stakeholders by September 2020.
- Share with districts and schools county-wide.

**Objective 1.3:** By the end of the 2024/2025 fiscal year, some staff in every school are trained in Social Emotional Learning (SEL) teaching techniques, and implement research-based SEL strategies.

- Compile a list of school and community-based SEL strategies.
- Create a plan to promote and raise awareness of SEL programs across the county with schools and parents, peer-led youth groups, and CBOS.
- Create a train-the-trainer for staff in youth groups and after school programs to implement SEL.
- Create strategy to ensure credentialing candidates are trained in SEL learning and teaching.

## Early Intervention

Friends, family, educators and school staff, including, but not limited to, coaches, cafeteria workers, janitorial staff, are trained to recognize warning signs of suicide and connect young people to help.

**Why This Matters:** Research shows that young people turn to their peers and family for assistance, but fewer than 25% of peers tell an adult about a friend's problem. Additionally, about 1 in 5 youth experience a mental health challenge, but on average young people wait 6 to 8 years to get help from the first time they experience symptoms. One major reason that prevents young people from getting help is the fear of what others may think, how this will impact their future, and simply not taking their mental health seriously. A California 2011 study found that people reporting knowledge of at least one warning sign were significantly more likely to agree that they felt confident that they could discuss suicide with someone they care about. And people who knew where they could seek help for a friend or family member were 7.8 times more likely to agree that they felt confident.

## Evaluation

*Baseline data will be established by the district survey administered April –August 2019 in partnership by LACOE and DMH. A follow-up survey will be administered in the Spring of 2022 and the Fall of 2024.*

## Goal 2:

**By the end of the 2024/2025 school year, 100% of Los Angeles County school districts will have trainings and programs in place to prepare school staff, teachers, students and parents to recognize warning signs for suicide and know where and how to refer youth to help.**

**Objective 2.1:** By the end of the 2024/2025 fiscal year, 100% of public, private and charter school districts that respond to the district survey, will answer “yes” that they provide some type of suicide prevention training to all staff on an annual basis.

- Obtain baseline of current practices by public districts by September 2019 through district survey, and by June 2021 for private and charter districts.
- Share information about available trainings with districts.

**Objective 2.2:** By the end of the 2024/2025 fiscal year, 100% of public, private and charter school districts that respond to the district survey, will answer "yes" that they provide suicide prevention informational events and resources to parents on an annual basis.

- Obtain baseline of current practices by public districts by September 2019 through district survey, and by June 2021 for private and charter districts.
- Share information about available suicide prevention educational materials in various languages for parents with districts and encourage promotion.
- Provide districts, schools, and Parent Teacher Associations with information about Teen Line as a resource for their children.
- Share information about effective suicide prevention parent event formats with districts.

**Objective 2.3:** By the end of the 2024/2025 school year, schools in districts with above average suicide ideation, as identified by the Healthy Kids Survey or other data, implement at least one youth suicide prevention program on an ongoing basis.

- Obtain baseline of current practices by public school districts by September 2019 through district survey, and by June 2021 for private and charter districts.
- Compile a list of evidence-based or promising suicide prevention youth engagement programs and review with school and youth stakeholders.
- On an annual basis provide information to implement the free Directing Change Youth Suicide Prevention Program to schools. As resources permit, provide mini grants to schools, prioritizing schools with no existing youth engagement programs.

## Crisis Intervention- Before, During and After a Suicide Attempt

Intervention protocols to assist students before, in and after a crisis involving suicidal thoughts or behaviors are a critical component of both district and school responses. These protocols aid school personnel in intervening effectively with suicidal students, providing for effective re-entry into the school community after a suicide attempt, as well as facilitating parent engagement in continuity of care.

**Why This Matters:** A prior suicide attempt is one of the primary risk factors for a second attempt. Risk is elevated particularly in the first few weeks and month following an attempt.

A study published by JAMA Pediatrics in April 2019, indicated that the number of children and teens in the United States who visited emergency rooms for suicidal thoughts and suicide attempts doubled between 2007 and 2015. The average age of a child at the time of evaluation was 13, and 43% of the visits were in children between 5 and 11. In addition, when an individual is assessed as at high risk for suicide, existing practices (transports, holds, wait times) often add additional trauma and reduce likelihood of treatment linkage for those at-risk in an effort to minimize liability and ensure the safety of the person.

- In 2014, 2,824 youth were seen in the ER or hospitalized after a suicide attempt in Los Angeles County. The majority were female.
- A review of the literature suggests multiple contacts with patients discharged from psychiatric hospitalization or emergency departments after a suicide attempt or ideation may prevent future suicidal. Yes, studies estimate that fewer than half of suicidal patients admitted to inpatient psychiatric units or treated in emergency departments receive aftercare.

## Goal 3:

By the end of the 2024/2025 fiscal year, every school district, as part of their suicide prevention policy and administrative regulations, will have procedures in place for supporting students following a suicide attempt or expressed suicide ideation that aims to de-escalate and stabilize in the least restrictive setting. Long-term, this will mean that more youth will be assessed accurately reflecting their level of risk and as a result less youth will be exposed to avoidable trauma of transports and hospitalizations.

### Evaluation

*Baseline data will be established by the district survey administered April – August 2019 in partnership by LACOE and DMH. A follow-up survey will be administered in the Spring of 2022 and the Fall of 2024*

**Objective 3.1:** By the end of the 2024/2025 fiscal year, 100% of public, private and charter school districts that respond to the LACOE district survey, will answer “yes” that they 1) provide specialized staff with training in effective risk assessment and safety planning protocols on an annual basis, 2) that they are utilizing a reliable and effective screening tool, and 3) that they have a section addressing suicide prevention as part of their crisis intervention plan or board approved School Safety Plan.

- Obtain baseline of current practices by public districts by September 2019 through district survey, and by June 2021 for private and charter districts.
- Identify and develop a hand-out with the key factors of an effective screening tool and share with districts by December 2020.
- Develop a template to assist districts with collecting data on risk assessment outcomes and how to review for trends by December 2020.
- Review guidelines for best practices around record keeping and sharing of information pertaining to student safety while adhering to the guidelines of the Family Educational Rights and Privacy Act (FERPA). Share this information in technical assistance and any related trainings offered to districts.
- Offer a minimum of two risk assessment trainings to districts by December 2021.

**Objective 3.2:** By the end of the 2024/2025 school year, 100% of public, private and charter school districts that respond to the LACOE district survey, will answer “yes” that they have a re-entry and support plan in place, including support for the student and family, following a hospitalization, suicide attempt or risk assessment identifying significant risk.

- Obtain baseline of current practices by public districts by September 2019 through district survey and by June 2021 for private and charter districts.
- Identify and develop a hand-out with the key elements of a strong re-entry plan and share with districts by June 2021.

**Objective 3.3:** By the end of the 2024/2025 school year, a minimum of 50 school-based mental health professionals will have received training in Cognitive Behavioral Therapy (CBT-SP) specializing in managing suicide risk. Long-term every district will have access to school-based mental health professionals trained in CBT, specialized in managing suicide risk.

- Develop a training plan to increase the number of school-based mental health professionals trained in Cognitive Behavioral Therapy (CBT) specialized in managing suicide risk by December 2020.

**Objective 3.4:** By the end of the 2024/2025 school year, the Family Intervention for Suicide Prevention (FISP) or similar intervention, will have been adapted for a school-setting, implemented and evaluated in at least one public school district.

- Develop an implementation model to adapt the Family Intervention for Suicide Prevention (FISP) or similar intervention, for a school setting by December 2020.
- Develop an implementation model to adapt the Family Intervention for Suicide Prevention (FISP) or similar intervention, for a school setting by December 2020.

## Postvention- After a Suicide Death on Campus

Postvention is defined as an organized response after a suicide death with three main goals:

- Promote healing and support to students and staff impacted by a suicide death
- Mitigate other negative effects of exposure to suicide, including the risk of contagion
- Prevent suicide among people who are at high risk after exposure to suicide.

Just as no two grief experiences after a suicide death are the same, no one means of offering support after suicide will help everyone who may be impacted by the death. Postvention includes a range of strategies, from immediate response after a suicide death to ongoing support for loss survivors

**Why This Matters:** When a student dies of suicide, schools face a particular challenge to identify and support those students who are deeply affected by their loss. Generally, loss to suicide causes shock, confusion or denial and questioning “why”; a roller coaster of emotions - anxiety, panic, numbness, helplessness, anger and guilt to name a few. Though this does not seem to be part of a school’s “mission to educate”, the disruption caused by such a loss and the possibility of the phenomenon of contagion (see “Suicide Contagion and Clusters” in this Toolkit) in teens is real and needs to be addressed by schools. Teens are “at increased risk to develop Major Depression, Post-traumatic Stress Disorder, and suicidal ideation following the suicide or suicide attempt of a peer”.

Exposure to suicide can also increase the chance of experiencing complicated grief (Abbott & Zakriski, 2014, & Melhem et al., 2004). The “risk of suicide in adolescents following the death of a peer by suicide increases by two to four times higher than other age groups”(Abbott & Zakriski, 2014). Peers who were close to a student who died of suicide endorsed the belief that suicide is not preventable. Peers who were subject to repeated suicides (clusters) were more likely to believe suicide was normal (Abbott & Zakriski, 2014 & Brent et al., 1993) In addition, the stigma of suicide can make the grief process and bereavement harder for suicide loss survivors (Abbott & Zakriski, 2014). For all these reasons it is vital that schools provide support for grieving school communities after a suicide in their community.

(Courtesy of [www.Heardalliance.org](http://www.Heardalliance.org))

### Evaluation

Baseline data will be established by the suicide prevention policy district survey administered April –August 2019 in partnership by LACOE and DMH. A follow-up survey will be administered in the Spring of 2022 and the Fall of 2024. This goal will be measured by participants who answer “yes” to the question that they have a plan for how to handle a suicide death on campus.

## Goal 4:

**By the end of the 2024/2025 fiscal year, 100% of Los Angeles County school districts will have a comprehensive district plan on file for how to handle a suicide death on campus, as well as individual postvention plans for each of the campuses in their district.**

A comprehensive district postvention plan will include a plan for how to offer immediate and long term support to students and staff, as well as the following components

- 1) Additional support staff on campus to assist with event,
- 2) Communication template to notify staff,
- 3) Communication template to notify students,
- 4) Criteria for dealing with memorials;
- 5) Effective messaging about suicide to the news media.

### Activities:

- Obtain baseline of current practices by public districts by September 2019 through district survey, and by June 2020 for private and charter districts.
- Create and distribute postvention checklist, templates, resources, effective messaging guidelines, and communication tools to districts by December 2020.
- Offer a minimum of two postvention trainings to districts by June 2020.
- Host trainings for districts on effective messaging for suicide prevention.

### Helpful Resource

◆ **After a Suicide: A Toolkit for Schools. (2nd edition)**

Published by the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center, the toolkit provides practical tips, resources, templates and a check list to help schools prepare a postvention plan. Website: <https://www.sprc.org/sites/default/files/resource-program/AfteraSuicideToolkitforSchools.pdf>

◆ **K-12 Toolkit for Mental Health Promotion and Suicide Prevention-Section on Postvention.**

The Postvention section of the toolkit offers resources for administrators, educators, parents/caregivers, and youth, as well as specific resources for supporting youth with complicated grief. Website: <http://www.heardalliance.org/help-toolkit/%20>

◆ **Children, Teens and Suicide Loss.** Published by the American Foundation for Suicide Prevention, this flipbook with information and resources for how to support youth after a suicide loss. Website: <https://afsp.org/wp-content/flipbooks/childrenteenssuicideloss/inc/pdf/flipbook.pdf>

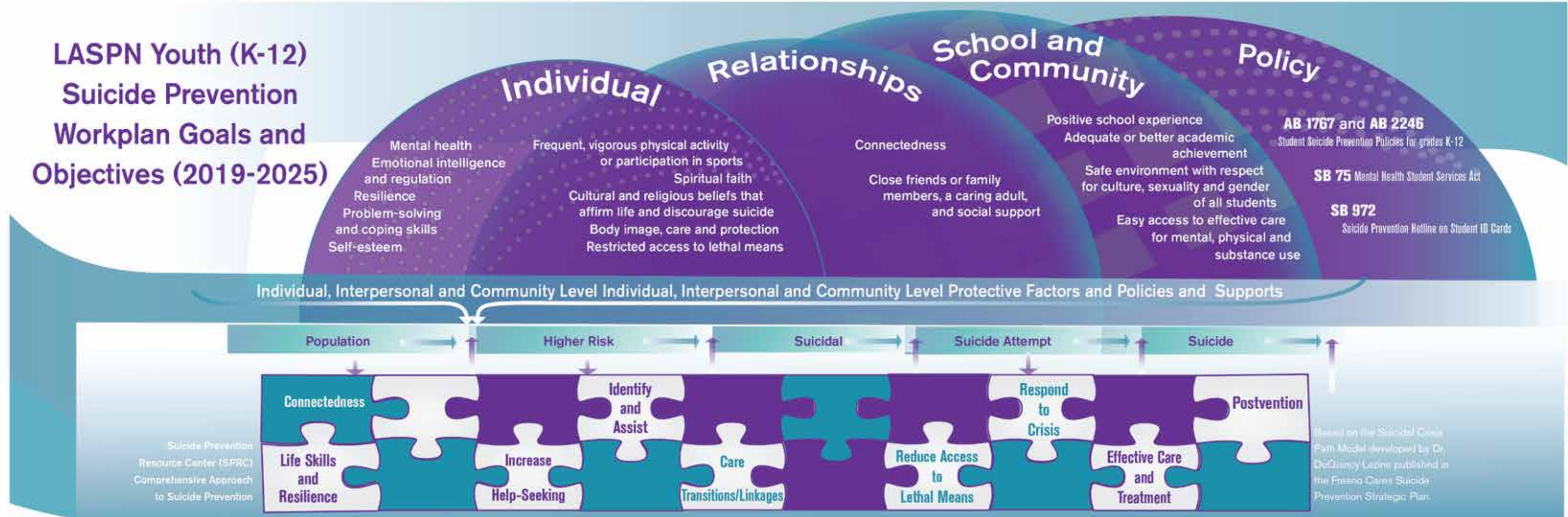
◆ **Online Training: Resilient Together: Coping with Loss at School.**

To help school districts become better prepared, school psychology experts Richard Lieberman, MA, NCSF, and Scott Poland, Ed.D., collaborated with Kognito to develop a 40-minute online professional development simulation for teachers and administrators to become better prepared for responding to a death in the school community. Website: <https://kognito.com/products/resilient-together-coping-with-loss-at-school>

◆ **In-Person Postvention Training: Preparing for After a Suicide on Campus.**

Offered by the Directing Change Program, this is a half-day training designed to provide district staff with hands-on professional development to prepare policies and procedures for after a suicide attempt and death at one of their campuses. The training includes an overview of the principles of postvention, staffing considerations, activities to craft communications to staff and students, messaging and how to respond to the media, and establishing criteria to deal with memorials. Website: [www.DirectingChangeCA.org](http://www.DirectingChangeCA.org)

# LASPN Youth (K-12) Suicide Prevention Workplan Goals and Objectives (2019-2025)



**Activity 1:** On an annual basis review youth suicide death, attempt, ideation, and school connectedness data, as available, to inform suicide prevention strategic planning efforts.

**Activity 2:** Assist districts with implementing comprehensive and effective suicide prevention strategies including upstream prevention, policies and procedures for risk assessment and continuity of care, professional development, youth engagement, parent engagement, and postvention after a suicide death on campus.

**Activity 3:** Integrate suicide prevention into existing initiatives and establish linkages for collective impact.

## Prevention

**Goal:** By the end of the 2024/2025 school year, youth in Los Angeles County are engaged with programs and activities that foster connectedness, build life and coping skills, promote, promote problem-solving and strengthen resilience. Based on 2017-18 suicide ideation data on the Healthy Kids survey, the goal is to reduce the proportion of students who have seriously considered suicide in the past 12 months to 15% or less in districts across Los Angeles County by 2025.

**Objective 1:** By the end of the 2024/2025 school year, a minimum of 25% of schools have a peer-based club, program, wellness center, or are actively promoting Teen Line on campus.

**Objective 2:** By the end of the 2024/2025 school year, a minimum of 25% of schools implement at least one effective program or strategy intended to reduce risk and strengthen protective factors suitable to meet the needs of their student body.

**Objective 3:** By the end of the 2024/2025 fiscal year, some staff in every school are trained in Social Emotional Learning (SEL) teaching techniques, and implement research-based SEL strategies.

## Early Intervention

**Goal:** By the end of the 2024/2025 school year, 100% of Los Angeles County school districts will have trainings and programs in place to prepare school staff, teachers, students and parents to recognize warning signs for suicide and know where and how to refer youth to help.

**objective 1:** By the end of the 2024/2025 fiscal year, 100% of public, private and charter school districts that respond to the LACOE district survey, will answer “yes” that they provide some type of suicide prevention training to all staff on an annual basis.

**objective 2:** By the end of the 2024/2025 fiscal year, 100% of public, private and charter school districts that respond to the LACOE district survey, will answer “yes” that highlight more matching program/club to need and data.

**objective 3:** By the end of the 2024/2025 school year, schools in districts with above average suicide ideation, as identified by the Healthy Kids Survey or other data, implement at least one youth suicide prevention program on an ongoing basis.

## Crisis Intervention Before, During and After a Suicide Attempt

**Goal:** By the end of the 2024/2025 fiscal year, every school district, as part of their suicide prevention policy and administrative regulations, will have procedures in place for supporting students following a suicide attempt or expressed suicide ideation that aims to de-escalate and stabilize in the least restrictive setting. Long-term, this will mean that more youth will be assessed accurately reflecting their level of risk and as a result less youth will be exposed to avoidable trauma of transports and hospitalizations.

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**objective 2:** By the end of the 2024/2025 school year, 100% of public, private and charter school districts that respond to the LACOE district survey, will answer “yes” that they have a re-entry and support plan in place, including support for the student and family, following a hospitalization, suicide attempt or risk assessment identifying significant risk.

**objective 3:** By the end of the 2024/2025 school year, a minimum of 50 school-based mental health professionals will have received training in Cognitive Behavioral Therapy (CBT-SP) specializing in managing suicide risk. Long-term every district will have access to school-based mental health professionals trained in CBT, specialized in managing suicide risk.

**objective 4:** By the end of the 2024/2025 school year, the Family Intervention for Suicide Prevention (FISP), will have been adapted for a school-setting, implemented and evaluated in at least one public school district.

## Postvention- After a Suicide Death on Campus

**Goal:** By the end of the 2024/2025 fiscal year, 100% of Los Angeles County school districts will have a comprehensive district plan on file for how to handle a suicide death on campus, as well as individual postvention plans for each of the campuses in their district.

- 1) Additional support staff on campus to assist with event,
- 2) Communication template to notify staff,
- 3) Communication template to notify students,
- 4) Criteria for dealing with memorials;
- 5) Effective messaging about suicide to the news media.

## A Snapshot of Existing Policies, Resources, Programs and Initiatives

**AB 2246** mandates that the Governing Board of any LEA that serves pupils in grades seven to twelve, inclusive, adopt a policy on pupil suicide prevention, intervention, and postvention.

**AB 1767** expanded the existing bill to include any LEA that serves pupils in kindergarten and grades 1 to 6. **SB 972** requires public, charter, and private schools that serves pupils from 7 - 12 and higher education to print the National Suicide Prevention Hotline telephone number on student identification cards.

**Suicide Prevention: A Toolkit for Schools:** This publication from the Substance Abuse and Mental Health Services Administration (SAMHSA) was created to assist high schools and school districts in designing and implementing strategies to prevent suicide and promote behavioral health. It includes tools to implement a multi-faceted suicide prevention program that responds to the needs and cultures of students.

[www.store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669](http://www.store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669)

**K-12 Toolkit for Mental Health Promotion and Suicide Prevention.** This Toolkit has drawn on evidence based national and state youth suicide prevention guidelines, including those issued by the Substance Abuse and Mental Health Services Administration (SAMHSA), the American Foundation for Suicide Prevention (AFSP), the Suicide Prevention Resource Center (SPRC), the University of South Florida (USF), and the states of California and Maine, among others.

[www.heardalliance.org](http://www.heardalliance.org)

**Department of Mental Health, Partners in Suicide Prevention Team (PSP Team)** is an innovative Team through the Los Angeles County Department of Mental Health (DMH), Prevention and Outcomes Division – Family and Community Partnerships unit. The PSP Team offers community education, provides best-practice training models in suicide prevention, and provides linkage and referrals to age appropriate services. The PSP team is available to offer suicide prevention trainings to district and schools, as well as support outreach and crisis services. LACDMH Training Menu: [www.lasuicidepreventionnetwork.org/find-your-role/](http://www.lasuicidepreventionnetwork.org/find-your-role/)

**Community Schools Initiative** is an evidence-based school improvement framework that recognizes the role of family and community as key stakeholders who can collaborate with educators to address external factors that influence student achievement such as family circumstances, traumatic events, poverty and health outcomes, while incorporating cultural differences, and student engagement. Four pillars: 1) integrated student supports, 2) collaborative leadership and practice, 3) family and community engagement, 4) collaborative leadership and practice.

**Trauma Informed Practice Initiative** is a partnership between the Los Angeles County Department of Mental Health and the UCLA Center of Excellence to develop a trauma-based curriculum and support implementation of CSI model which integrates trauma-informed parent engagement, early childhood supports, tiered prevention curriculum, and cross services training.

**The Los Angeles County Office of Education (LACOE) and the Center for Distance and Online Learning (CDOL)** are assisting 80 school districts, several charter networks and private schools, countywide, in the development and implementation of comprehensive policies in suicide prevention, intervention, and postvention. **Community Health & Safe Schools (CHSS) Unit** The CHSS Unit of the Los Angeles County Office of Education provides a broad range of programs, activities, and support services for community agencies, school districts, schools, and the community-at large. Services include health services, mental health, child abuse and neglect, Special Education and Section 504, school crisis intervention, youth suicide prevention, safe schools planning, cyberbullying/bullying, classroom and behavior management, counseling, and Positive Behavior Interventions and Supports (PBIS).

**The Suicide Prevention Ongoing Resiliency Training (SPORT2 ) project** focuses on aligning district practices and policies with AB 2246, Multi-Tiered System of Support (MTSS), and Positive Behavioral Intervention and Supports (PBIS). This will be accomplished through ongoing in-person and online trainings offered to districts. Additionally, CDOL offers **Technology Enhanced Arts Learning (TEAL)** which focuses on arts integration, social-emotional learning, and trauma-informed practices to build

capacity in arts education utilizing the same successful blended learning format to build capacity.

The Los Angeles County Office of Education (LACOE) also manages the **Los Angeles County Youth Suicide Prevention Project** website: [www.preventsuicide.lacoe.edu/](http://www.preventsuicide.lacoe.edu/)

**Parks After Dark** turns parks in neighborhoods with high crime rates and economic hardship, into vibrant community centers. Participating county parks stay open late during summer evening hours, when crime rates are the highest and youth have fewer social and recreational opportunities. Participating parks provide a variety of free activities for community members of all ages. [www.parks.lacounty.gov/](http://www.parks.lacounty.gov/)

**The ICAN Multi-Agency Child Death Review Team** is comprised of representatives of the Department of Coroner, Los Angeles Police and Sheriff's Departments, District Attorney's Office, Los Angeles City Attorney's Office, Office of County Counsel, Department of Children and Family Services, Department of Health Services, County Office of Education, Department of Mental Health, California Department of Social Services and, representatives from the medical community. An annual report published includes an in-depth look at youth who died by suicide. Website: [www.ican4kids.org/child-death-review-team.html](http://www.ican4kids.org/child-death-review-team.html)

**SHIELDS for Families.** SHIELDS for Families is a non-profit organization in South Los Angeles County. Programs promote family reunification and support families remaining intact in the community. Their TAY and school-based programs provide mental health screening, crisis intervention, group therapy, outreach, parental involvement programs, Life Skills Groups, and after school activities to promote student connectedness. Website: [www.shieldsforfamilies.org](http://www.shieldsforfamilies.org)

**Brave Trails.** Brave Trails mission is to help transform LGBTQ youth and families into leaders through summer camp and innovative programming including workshops, adventure and artistic programming, service projects, peer connections, and positive role models to create a safe space where youth can thrive. Website: [www.bravetrails.org](http://www.bravetrails.org)

**Additional Suicide Prevention Resources can be found at**  
[www.lasuicidepreventionnetwork.org](http://www.lasuicidepreventionnetwork.org)

**Cognitive Behavior Therapy-Suicide Prevention (CBT-SP)** is a manualized cognitive behavioral treatment for adolescents who recently attempted suicide (≤90 days). Although CBT-SP was implemented with suicide attempt survivors, the theoretical approach and strategies may also apply to adolescents who experience episodes of acute suicide ideation. The primary goals of this intervention are to reduce suicidal risk factors, enhance coping and to prevent suicidal behavior. CBT-SP is designed to help adolescents use more effective means of coping when faced with their stressors and problems that trigger suicidal crises. Parents meet with the therapist for family sessions focused specifically on suicide risk reduction strategies. More information: [www.sprc.org/resources-programs/cognitive-therapy-suicide-prevention](http://www.sprc.org/resources-programs/cognitive-therapy-suicide-prevention)

**Teen Line,** Teen Line is a confidential hotline for teenagers which operates every evening from 6:00 p.m. to 10:00 p.m. PST. The Teen Line volunteers who answer the calls, emails and texts are Southern California teenagers who have received specialized training. In addition to operating the crisis line, Teen Line supports teens through the Teen Talk App, outreach, education and trainings. Call 310.855.4673 from 6 p.m. to 10 p.m. daily or Text TEEN to 839863 from 6 p.m. to 9 p.m. daily. Website: [www.teenlineonline.org](http://www.teenlineonline.org)

**Family Intervention for Suicide Prevention (FISP).** This is a cognitive-behavioral family treatment aims to enhance safety and functioning for youths after a suicide attempt, self-harm, or a suicidal episode. The FISP was originally designed as an enhanced mental health intervention in the Emergency Department. It has been adapted for use in other clinical settings and as part of the SAFETY program, an outpatient treatment for youths struggling with suicidal and/or self-harm tendencies. In partnership with Dr. Bear and Dr. Lau, Dr. Asarnow at UCLA and her colleague, Dr. David Goldston at Duke University have initiated efforts to support schools in integrating FISP in their routine practice.

**The ASAP Center,** located in Los Angeles, The ASAP Center is part of the National Child Traumatic Stress Network (NCTSN), with the mission to raise the standard of care and increase access to services for children and families who experience or witness traumatic events. The Center provides training to health and mental health care professionals in state of the art treatments for self-harm, suicide prevention, substance abuse, and depression among youth. Website: <https://www.asapnctsn.org>



## A Snapshot of Existing Policies, Resources, Programs and Initiatives

### Didi Hirsch Suicide Prevention Center

Didi Hirsch Mental Health Services provides free mental health, substance use and suicide prevention services at 10 centers and nearly 100 schools and community settings. Suicide prevention services including staffing of the 24/7 bilingual crisis line, crisis chat and text, bereavement survivor support groups, community education and outreach, attempt survivor support groups, school and first responder trainings, research, and crisis services as part of the Suicide Response Team. Website: [www.didihirsch.org](http://www.didihirsch.org)

### American Foundation for Suicide Prevention

The Los Angeles Chapter of the American Foundation of Suicide Prevention provides education, outreach and trainings in schools, in health care settings and in communities. AFSP's annual Out of the Darkness Walks raise awareness and funds to invest in new research, create educational programs, advocate for public policy, and support survivors of suicide loss. Website: [www.afsp.org](http://www.afsp.org)

### Parents and Friends of Lesbians and Gays (PFLAG)

PFLAG Los Angeles provides support, education and advocacy for local families and individuals dealing with issues of sexual orientation and gender identity. Website: [www.pflagla.org](http://www.pflagla.org)

### Los Angeles LGBT Center

The Los Angeles LGBT Center has cared for, championed and celebrated LGBT individuals and families in Los Angeles and beyond for over 50 years. Website: [www.lalgbtcenter.org](http://www.lalgbtcenter.org)

### Statewide and National Resources

#### What I Wish My Parents Knew

Initially developed by the community served by Poway Unified School District, this parent engagement model engages youth in designing and co-facilitating district-wide parent events focused on topics, including suicide prevention and mental health, that matter to youth. (No cost. Available at [www.DirectingChangeCA.org](http://www.DirectingChangeCA.org)

**Directing Change Program & Film Contest.** An evidence-based youth mental health promotion and suicide prevention program where youth research and apply knowledge about mental health, suicide prevention, warning signs, how to get help, and how to help a friend to the creation of short films that are then used to raise awareness and promote conversations in schools, families and communities. (No cost. Middle School, High School and Higher Education. Lesson plans and information available at [www.DirectingChangeCA.org](http://www.DirectingChangeCA.org)

**Ending the Silence Program.** Ending the Silence (ETS) is a mental health education and stigma reduction program designed specifically for high school and young adult audiences provided by the National Alliance on Mental Illness California. During a one-hour presentation delivered during a class period, the trained two-person team provides education on mental health and personal testimony from a young person living well with a mental health condition. Website: [www.nami.org/Find-Support/NAMI-Programs/NAMI-Ending-the-Silence](http://www.nami.org/Find-Support/NAMI-Programs/NAMI-Ending-the-Silence)

**NAMI on Campus High Schools.** NAMI on campus High School (NCHS) is a mental health awareness club for student and teachers on high school campuses. The peer-led clubs (supported by an adult advisor) brings mental health awareness to campus. Website: [www.namica.org/programs/education/nami-on-campus/namion-campus-high-school](http://www.namica.org/programs/education/nami-on-campus/namion-campus-high-school)

**Trevor Project.** The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24. Trevor hotline: **1.866.488.7386**  
Trevor Chat-Available 7 days a week (12pm-6pm PST/3pm-9pm EST)  
Trevor Text: Text "**Trevor**" to **1.202.304.1200**  
Available Tuesday-Friday (12pm-6pm PT/3pm-9pm EST) [www.thetrevorproject.org](http://www.thetrevorproject.org)

**Know the Signs.** Outreach and educational materials including posters, brochures and tent cards, can be viewed and download in English, Spanish and many other languages by visiting [www.EMMResourceCenter.org](http://www.EMMResourceCenter.org). The campaign website is available in English and Spanish and provides interactive content about warnings signs, how to start a conversation with a person at risk and resources. Websites: [www.suicideispreventable.org](http://www.suicideispreventable.org) [www.elsuicidiodoesprevenible.org](http://www.elsuicidiodoesprevenible.org)

**Navigating Social and Emotional Learning from the Inside Out— Looking Inside and Across 25 Leading SEL Programs: A Practical Resource for Schools:** [www.cde.ca.gov/eo/in/documents/selresourcesguide.pdf](http://www.cde.ca.gov/eo/in/documents/selresourcesguide.pdf)

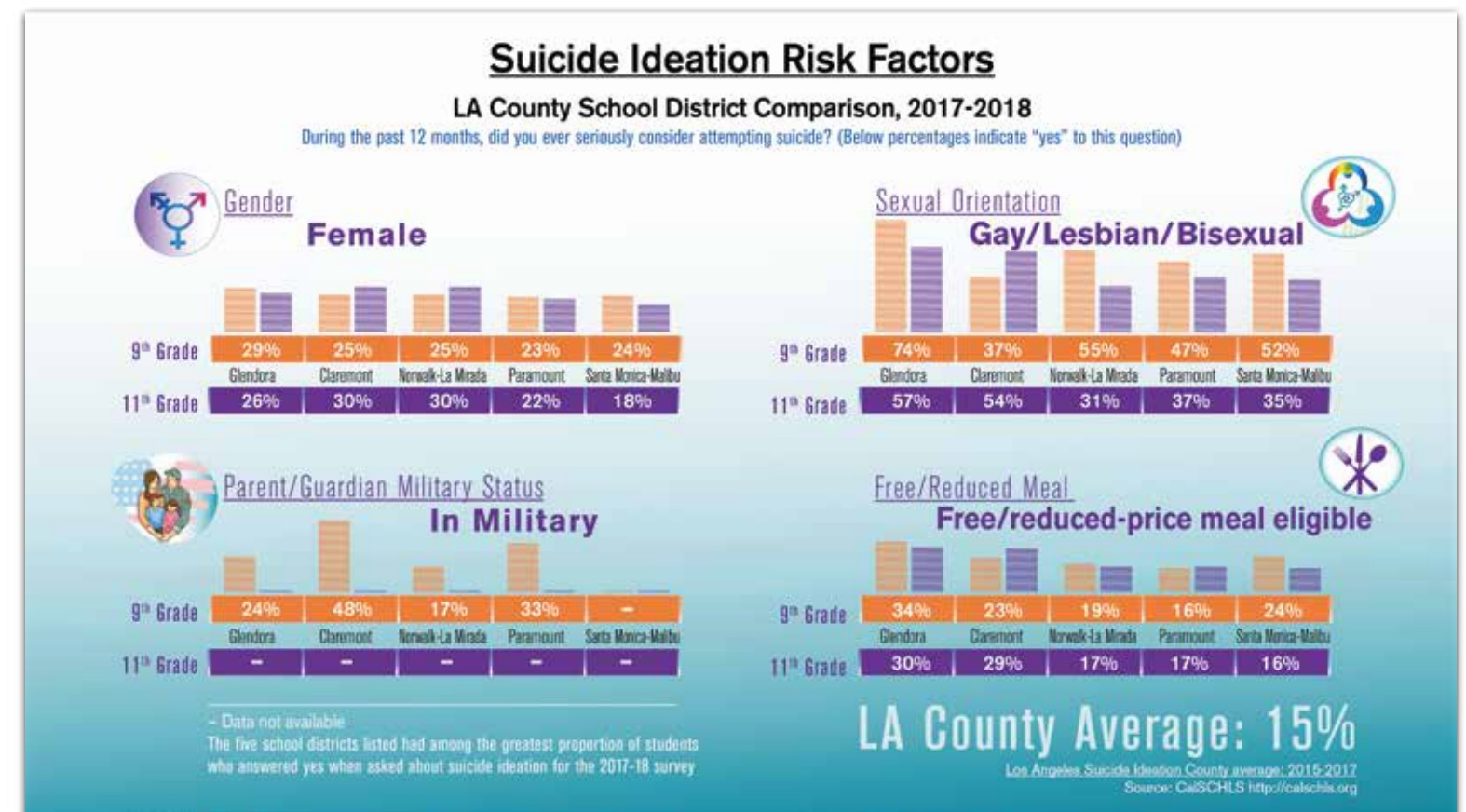
**The Collaborative for Academic, Social and Emotional Learning (CASEL)** CASEL's District resource center offers guidance, tools and resources to support high quality SEL implementation. Website: [www.case.org](http://www.case.org)

**Each Mind Matters.** Each Mind Matters is California's Mental Health Movement and was created to unite people and organizations across the state who share a vision of improved mental health and equality. A variety of educational resources in many different languages are available on the website. Websites: [www.eachmindmatters.org](http://www.eachmindmatters.org) [www.sanamente.org](http://www.sanamente.org) [www.EMMResourceCenter.org](http://www.EMMResourceCenter.org)

**Suicide Prevention Resource Center.** The Suicide Prevention Resource Center (SPRC) is an online resources that provides accurate data, up-to-date research, and knowledge of effective strategies and interventions. Website: [www.sprc.org](http://www.sprc.org)

**Bring Change to Mind Student Clubs.** Clubs give teens a platform to share their voices and raise awareness around mental health. Website: [www.bringchange2mind.org/get-involved/high-school-program/](http://www.bringchange2mind.org/get-involved/high-school-program/)

## Los Angeles County School Risk Factor Comparison by District for School Year 2017-2018.



### Describing the Problem of Suicide Ideation, Attempts and Death for Youth Ages 0-18 in Los Angeles County.

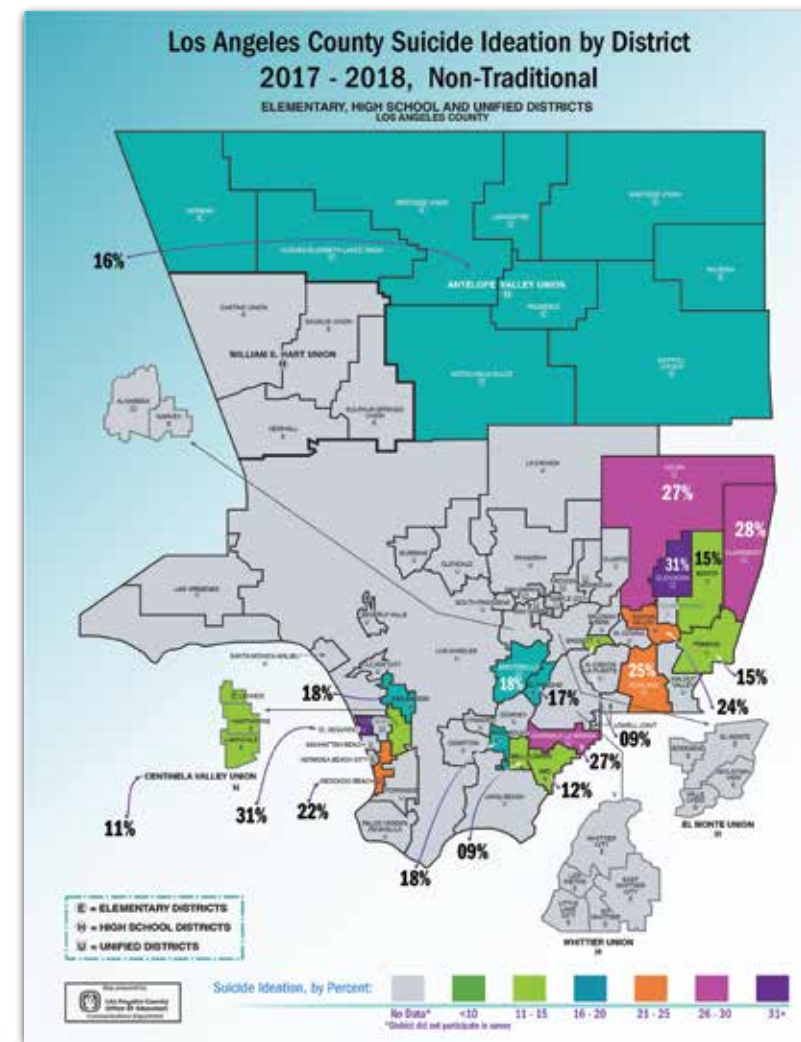
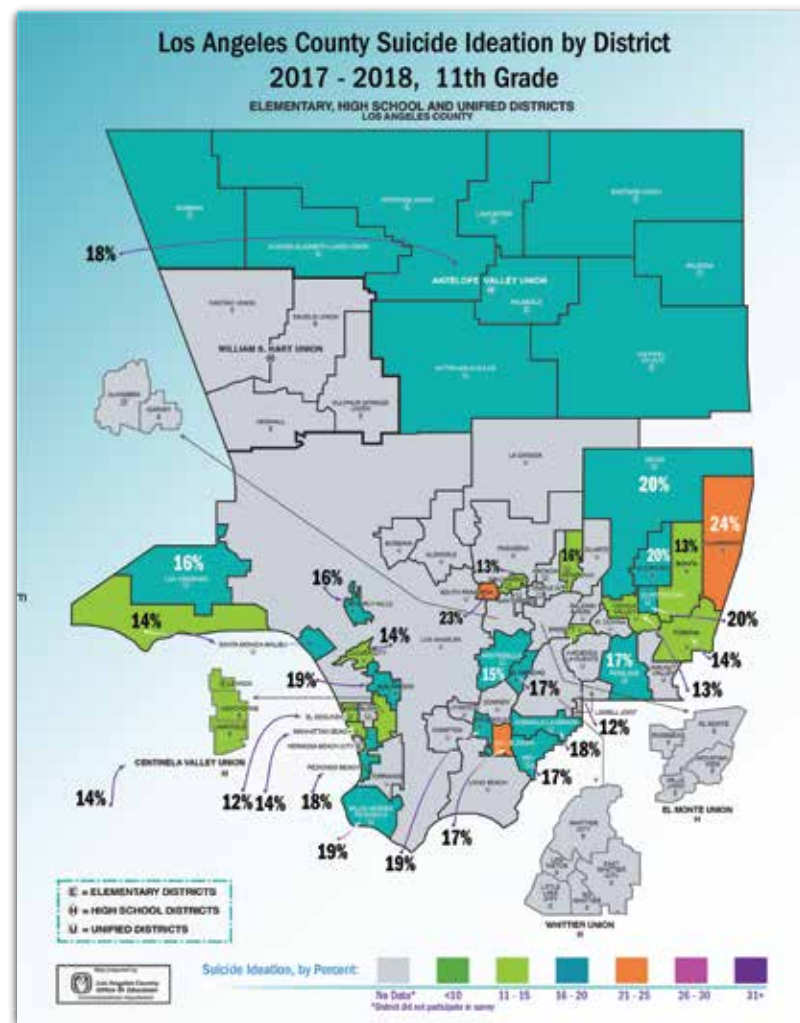
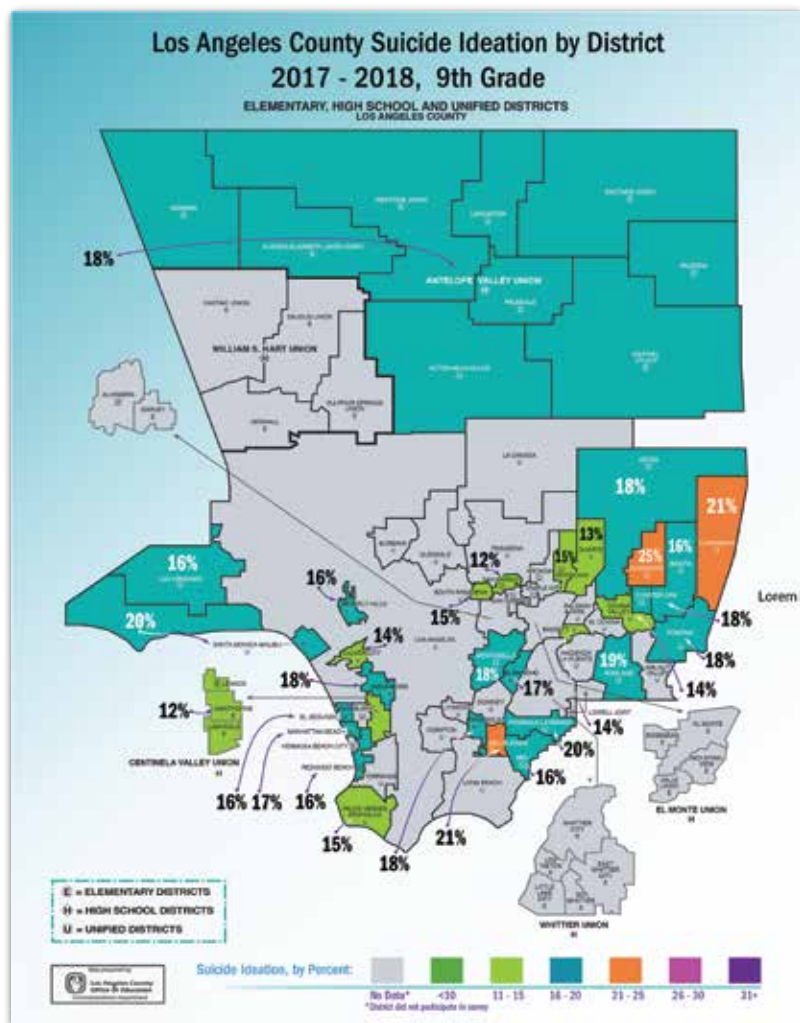
As outlined under Activity 1 in this Work Plan, the LASPN workgroup is committed to a data driven approach to guide goals and objectives. As available, data provided by the Los Angeles County Department of Public Health, the Suicide Prevention Subcommittee of the Child Death Review Team, and CalSCHL (Healthy Kids Survey) will be reviewed on an annual basis.

**Suicide Ideation** data is reviewed for school districts that participate in the CalSCHL (Healthy Kids Survey). For fiscal year 2017/18, 50 out of 80 Los Angeles County public school districts participated. The workgroup looked at responses to the question: In the last 12 months, I have seriously considered suicide for 9th and 11th grade students. **On average, 15% of Los Angeles County 9th and 11th graders have thought about suicide in the previous 12 months.** Overall, girls express suicide ideation at higher percentages than boys in either 9th or 11th grades. Among schools districts with highest suicide ideation, students who are female, identify as bisexual, have a military guardian or parent, and or qualify for free/reduced meals express suicide ideation at higher percentages than their peers.

**Suicide Attempt** data is reviewed from available public health data (Epicenter). **In 2014, 2,824 youth ages 0-18 were seen in the ER or hospitalized after a suicide attempt in Los Angeles County.** The majority were female and attempts documented in the ER have been rising for girls in the last three years. Most youth attempts occur between 14 and 18 years of age with those aged 16 having the largest numbers of attempts. The most common method to attempt suicide is poisoning.

**Suicide Death** data is reviewed from the annual report published by the Inter Agency Council on Child Abuse and Neglect (ICAN) which reviews child deaths in Los Angeles County. A subcommittee reviews suicide prevention related deaths. **In 2017, 27 youth took their own lives. This is an increase of 48% in the number of suicides for youth from the prior year.** It also represents the

highest number of youth suicides occurring in Los Angeles County in a year. Three quarters (74%) of the youth deaths by suicide were male and 26% female; 56% of the youth who ended their own lives experienced a recent relationship loss or conflict with a peer, boyfriend/girlfriend or a family member prior to their suicide; 41% had a conflict with a parent(s) within hours or a day prior to the suicide; 41% had a documented mental health diagnosis with 22% were receiving mental health services at the time of death; 22% had had been hospitalized for a prior attempt, 26% of the youth had prior known attempts. Of the youth who died by suicide in 2017, family dysfunction at the time of the youth's suicide was noted in 33% of the suicides. 56% of the victim's families had contact with either DCFS or Probation at some time in the youth's life. 26% of the youth had a history of substance abuse.





## The Hero In Each of Us: Finding Your Role in Suicide Prevention

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The Los Angeles County Suicide Prevention Network (LASPN) is a group of mental health professionals, advocates, survivors, providers, researchers, and representatives from various agencies and organizations working together to decrease the numbers of suicides in Los Angeles County. Our mission is to promote public and professional awareness, education, training, and engagement regarding suicide and suicide prevention, intervention, and postvention in Los Angeles County. Through the collaboration of the various members of the Network, the LASPN is working to leverage the talent and resources available locally to work towards comprehensive suicide prevention.

To get involved with the LASPN, please visit:  
[www.LASuicidePreventionNetwork.org](http://www.LASuicidePreventionNetwork.org)

### **Workgroup Members:**

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