



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item: 10.1h

Meeting Date: November 1, 2018

Subject: Approve Board Policy (BP) 5141.52 Suicide Prevention

- ☐ Information Item Only
- ☒ Approval on Consent Agenda
- ☐ Conference (for discussion only)
- ☐ Conference/First Reading
- ☐ Conference/Action
- ☐ Action
- ☐ Public Hearing

Division: Student Support and Health Services (SSHS) Department

Recommendation: Adoption of the revised Student Suicide Prevention Board Policy at the BOE Mtg. - November 1, 2018.

Background/Rationale: California Education Code (EC) Section 215, as added by Assembly Bill 2246, mandates that the Governing Board of any local educational agency (LEA) that serves pupils in grades 7-12, inclusive, adopt a policy on pupil suicide prevention, intervention, and postvention. The policy shall specifically address the needs of high-risk groups, including suicide awareness and prevention training for teachers, students, and parents.

In Sacramento County over 20% of high school students report seriously considering suicide.

Knowing the warning signs for suicide and how to get help can help save lives. Staff that interact with youth are on the “front-line” in noticing warning signs of suicide and how to refer for help when needed.

Financial Considerations: Grant funding has been secured to provide mandated training to staff. Training for parents and community members has been available for the past 4 years through free Youth Mental Health First Aid classes, and will continue to be offered throughout the year. Staff will continue working with the Academic Department to implement training for students in 7-12th grades.

LCAP Goal(s): Safe, Emotionally Healthy and Engaged Students

Documents Attached:

1. Student Suicide Prevention Board Policy BP 5141.52 (redline version)
2. Student Suicide Prevention Board Policy BP 5141.52 (DRAFT-clean version)

Estimated Time of Presentation: N/A

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Approved by: Jorge A. Aguilar, Superintendent

Sacramento City USD

Board Policy

Suicide Prevention

BP 5141.52

Students

~~The Governing Board recognizes that suicide is a major cause of death among youth and that all suicide threats must be taken seriously. The Superintendent or designee shall establish procedures to be followed when a suicide attempt, threat or disclosure is reported. The district shall also provide students, parents/guardians and staff with education that helps them recognize the warning signs of severe emotional distress and take preventive measures to help potentially suicidal students.~~

~~The Superintendent or designee shall incorporate suicide prevention instruction into the curriculum.~~

~~The Superintendent or designee shall also offer parent education or information on the youth suicide problem and the district's suicide prevention curriculum.~~

~~Suicide prevention training for certificated and classified staff shall be designed to help staff recognize sudden changes in students' appearance, personality or behavior which may indicate suicidal intentions, help students of all ages develop a positive self image and a realistic attitude towards potential accomplishments, identify helpful community resources, and follow procedures established by the Superintendent or designee for intervening when a student attempts, threatens or discloses the desire to commit suicide. The training shall be offered under the direction of a trained district employee/nurse or in cooperation with one or more community mental health agencies.~~

(cf. 1020 - Youth Services)

(cf. 4131 - Staff Development)

(cf. 4231 - Staff Development)

(cf. 4331 - Staff Development)

(cf. 6164.2 - Guidance/Counseling Services)

~~Staff shall report suicidal threats or statements to the principal or designee, who shall report the threats or statements to the student's parents/guardians unless such report is prohibited by or inconsistent with the law. These statements shall be subject to laws governing student privacy.~~

(cf. 5141 - Health Care and Emergencies)

Legal Reference:

EDUCATION CODE

49602 Confidentiality of student information
49604 Suicide prevention training for school counselors
WELFARE AND INSTITUTIONS CODE
5698 Emotionally disturbed youth; legislative intent

~~Management Resources:~~

~~CDE PUBLICATIONS~~

~~Suicide Prevention Program for California Schools, 1987~~

~~Health Framework for California Public Schools, 1994~~

Policy SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

adopted: November 16, 1998 Sacramento, California

revised: April 15, 2002

Sacramento City Unified School District Board Policy

Student Suicide Prevention Policy BP 5141.52

The Governing Board of SCUSD recognizes that suicide is the second leading cause of preventable death among youth and that an even greater amount of youth consider and attempt suicide (17 percent and over 8 percent of high school students, respectively) (Centers for Disease Control and Prevention, 2015).

The possibility of suicidal ideation and suicide requires vigilant attention from our district staff. As a result, we are ethically responsible for providing an appropriate and timely response in preventing suicide attempts and suicides. We also are committed to creating safe and nurturing campuses that minimize suicidal ideation in students, especially those students most at risk.

Recognizing that it is the duty of the district to protect the health, safety, and welfare of its students, this policy aims to safeguard students in grades K-12 and staff against self-harm, suicide attempts and deaths, and other trauma associated with suicide. This includes ensuring adequate supports for students, staff, and families affected by suicide attempts and loss. The emotional wellness of students greatly impacts school attendance and educational success; therefore, this policy shall be paired with other policies that support the emotional and behavioral wellness of students.

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

In an attempt to reduce suicidal behavior and its impact on students and families, the Superintendent or Designee shall develop strategies for suicide prevention, intervention, and postvention, as well as strategies for identifying mental health challenges frequently associated with suicidal thinking and behavior.

The Superintendent or Designee shall develop and implement preventive strategies and intervention procedures that include the following:

Overall Strategic Plan for Suicide Prevention

The Superintendent or Designee shall involve district-employed mental health professionals (e.g., school counselors, nurses, psychologists, social workers), administrators, other district staff members, parents/guardians/caregivers, students, local

health agencies and professionals, law enforcement, and community organizations in planning, implementing, and evaluating the district's strategies for suicide prevention and intervention.

To ensure the policies regarding suicide prevention are properly adopted, implemented, and updated, the district shall appoint the Student Support & Health Services Department to serve as the suicide prevention point of contact for the district. In addition, each school shall identify at least one staff member to serve as the liaison to the district's suicide prevention point of contact, and coordinate and implement suicide prevention activities on their specific campus. This policy shall be reviewed and revised as needed in conjunction with the previously mentioned community stakeholders.

I. Prevention

A. Suicide Prevention Promotion

All materials and resources used by SCUSD in suicide prevention and awareness efforts will be reviewed by designated SCUSD staff and partners to ensure they align with best practices for safe messaging.

B. Staff Training and Education

SCUSD approved training shall be provided for all school district staff in all job categories as well as other adults on campus who regularly interact with students or are in a position to recognize the risk factors and warning signs of suicide.

1. Initial/New-Hire Training:

- All suicide prevention trainings shall be offered under the direction of district-employed mental health professionals (e.g., school counselors, nurses, psychologists, or social workers) who have received advanced training specific to suicide. Staff training can be adjusted year-to-year based on previous professional development activities and emerging best practices.
- At a minimum, all staff shall participate in annual training on the core components of suicide prevention (identification of suicide risk factors and warning signs, prevention, intervention, referral, and postvention) New hire orientation shall include general suicide prevention training. Core components of the general suicide prevention training shall include:
 - Suicide risk factors, warning signs, and protective factors;
 - How to talk with a student about thoughts of suicide;

- o 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 an immediate referral for a suicide risk assessment; and
- o Emphasis on reducing stigma associated with mental illness and that early prevention and intervention can drastically reduce the risk of suicide.

2. Annual Staff Training

- In addition to initial orientations to the core components of suicide prevention, ongoing annual staff professional development will include the following:
 - o The impact of traumatic stress on emotional and mental health;
 - o Common misconceptions about suicide;
 - o School, district and community suicide prevention resources;
 - o Appropriate messaging about suicide (correct terminology, safe messaging guidelines, stigma reduction);
 - o The factors associated with suicide (risk factors, warning signs, protective factors);
 - o How to identify a student who may be at risk of suicide;
 - o How to talk with a student who is demonstrating emotional distress or is suicidal;
 - o How to appropriately respond and link the student to supports based on district guidelines;
 - o District-approved procedures for responding to suicide risk;
 - o District-approved procedures for supporting a student returning to school after exhibiting suicidal behavior;
 - o Responding after a suicide occurs (see Postvention section).
- The professional development will include additional information regarding groups of students empirically determined to be at elevated risk for suicide, which includes, but are not limited to, the following groups of students:
 - o Affected by suicide;

- o With a history of suicidal ideation or attempts;
- o With disabilities, mental illness, or substance abuse disorders;
- o Who express, or are perceived to express, diverse sexual orientations and/or gender identities;
- o Experiencing housing instability;
- o In the child welfare system;
- o Experiencing immigration related stress; and/or
- o Who have suffered traumatic experiences, including bullying, discrimination or harassment.

C. Advanced Specialized Staff Training (Assessment)

Additional professional development in suicide risk assessment and crisis intervention shall be provided to district-employed mental health professionals (school counselors, nurses, psychologists, and social workers) on a recurring basis.

D. Employee Qualifications and Scope of Services

SCUSD staff must act only within the authorization and scope of their active job classification, credential or license. It is expected that staff be able to identify suicide risk factors and warning signs, and follow the SCUSD suicide risk assessment procedures to connect students to district-employed mental health professionals for further assessment and intervention.

Any volunteers or organizations working within SCUSD are expected to act within the scope of their job classification, credential or license.

E. Parents, Guardians, and Caregivers Participation and Education

- To the extent possible, parents/guardians/caregivers should be included in all suicide prevention efforts. At a minimum, schools shall share with parents/guardians/caregivers the SCUSD suicide prevention policy and procedures.
- This suicide prevention policy shall be prominently displayed on the SCUSD website and included in the Student & Parent Handbook.
- Parents/guardians/caregivers should be invited to provide input on the

implementation of this policy.

- All parents/guardians/caregivers should have access to culturally and linguistically appropriate, evidence-based suicide prevention training resources and/or information that addresses the following:
 - Suicide risk factors, warning signs, and protective factors;
 - How to talk with a student about thoughts of suicide;
 - How to respond appropriately to a student who has suicidal thoughts;
 - Address stigma that prevents students and families from seeking and accessing help;
 - How to work with the school to communicate and address their student's mental health needs;
 - List of community resources available to support and intervene.

F. Student Participation and Education

Under the supervision of district-employed mental health professionals (MHP), and following consultation with county and community mental health agencies, students in grades 7 through 12 shall:

- Receive developmentally and linguistically appropriate, culturally relevant, student-centered education about the warning signs of mental health challenges and emotional distress;
- Receive developmentally appropriate guidance regarding the district's suicide prevention, intervention, and referral procedures;

The content of the education shall be delivered at least annually, and shall include:

- Coping strategies for dealing with stress 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 at-risk peers for support;
- Emphasis on reducing the stigma associated with mental illness and the fact that early prevention and intervention can drastically reduce the risk of suicide.

Student-focused suicide prevention education shall be incorporated into classroom curricula (e.g., health classes, school orientation classes, science, and physical education).

SCUSD encourages the development and implementation of programs and/or activities on campus that raise awareness about mental wellness and suicide prevention (e.g., Mental Health Awareness Weeks, Peer Counseling Programs, and National Alliance on Mental Illness on Campus High School Clubs).

II. Assessment, Intervention, Referral

A. Suicide Risk Assessment & Intervention Procedures

Role of all district staff

1. SCUSD staff who are concerned that a student is exhibiting a potential suicide risk and/or self-injury must immediately contact the principal or designee. (If suicide risk is active and immediate, follow school protocols for calling 911, including a secondary call to the Safe Schools Office/School Resource Officer [SRO] Sergeant).
2. Staff must keep student under constant adult supervision until suicide risk assessment has been completed.
3. The principal or designee shall immediately contact a certified district-employed Mental Health Professional (MHP) that is certified in the SCUSD approved suicide assessment tools and is assigned to that site.
4. If no certified professional is available at the school site, the principal or designee will contact the Student Support & Health Services department staff (listed in the current SCUSD Suicide Risk Assessment Procedures) to identify a certified district-employed MHP to complete the assessment.
5. Staff will not release a student exhibiting potential suicide risk without a suicide risk assessment or plan for obtaining an assessment. If the student is exhibiting imminent danger to self or others, the student should be immediately transported to a hospital or mental health treatment center by a school resource officer, local law enforcement, and/or parent/caregiver.
6. If the parent/guardian/adult caregiver refuses to take the student for necessary follow-up care at an emergency room or mental health treatment center, staff must report the removal/refusal to child protective services and/or law enforcement.
7. Staff will maintain confidentiality of student as appropriate prior to, during, and after suicide risk assessment is completed. Information regarding student mental health

shall only be shared as is necessary for safety.

Role of SCUSD Suicide Assessment Certified District Employed Mental Health Professional

1. Certified district- employed MHPs trained in suicide risk assessment will administer the district approved suicide risk assessment tool.
2. If the student is deemed to be at risk of suicide or self-injury, the suicide assessment professional will contact the parent/guardian/caregiver (if perceived safe to do so) and principal to discuss the situation and develop a plan to ensure the student's safety. Both the student and parent/guardian/caregiver will at a minimum be provided with a safety plan that includes but is not limited to the following information:
 - Culturally and linguistically appropriate resources for counseling and mental health services
 - Local suicide prevention hotline number
 - Sacramento County Intake Stabilization Unit contact information
 - Additional resources and follow-up as appropriate
3. No disclosure shall be made to the student's parent/guardian/caregiver when there is reasonable cause to believe that the disclosure would result in a clear and present danger to the health, safety, or welfare of the student. In the case of non-disclosure to parent/guardian/caregiver, staff should consult with another certified district employed mental health professional, and must report safety/welfare concerns to child protective services and/or law enforcement. Documentation of this decision should be made on the suicide risk assessment disposition summary.
4. If the student is assessed to be at imminent risk of suicide or self-injury, the certified district employed mental health professional is to remain with the student, ensuring safety until an appropriate disposition plan can be developed that includes the provision of adequate supervision. It is recommended that there be at least two staff present with the student (including the mental health professional) until the student is transferred to appropriate care. If the student refuses supervision, staff will follow school protocol for calling 911, including a secondary call to the Safe Schools Office/ SRO Sergeant.
5. For all students assessed for suicide risk or risk of self-harm the certified district employed MHP should make contact with the student's parent/guardian/caregiver after the assessment to inform them of the outcome and safety plan (e.g. sent to Sac Co. Intake Stabilization Unit or Emergency Room, connected to therapist, returned to class, completed a safety plan, etc.).

Role of Parent, Guardian, Caregiver

Information about school, district, and community-based supports should be

disseminated to all parents/guardians/caregivers, so they know how to respond to a crisis and are knowledgeable about the resources available.

Role of Student

Students shall be encouraged to notify a staff member when they are experiencing emotional distress or suicidal ideation, or when they suspect or have knowledge of another student's emotional distress, suicidal ideation, or attempt. Confidentiality shall be maintained by school staff whenever possible. SCUSD will inform students of school-based and community based supports.

B. Intervention Plan for In-School Suicide Attempts

If a suicide attempt is made during the school day on campus, it is important to remember that the health and safety of the student and those around them is critical. The following steps should be implemented:

- Follow school protocol for calling 911, including a secondary call to the Safe Schools Office/SRO Sergeant, and provide as much information about any suicide note, medications taken, and access to weapons, if applicable;
- Remain calm. Remember the student is overwhelmed, confused, and emotionally distressed;
- Move all other students out of the immediate area and assess for any other students in need of support;
- Immediately contact the administrator or district employed mental health professional staff;
- If needed, provide medical first aid until a medical professional is available;
- Parents/guardians/caregivers should be contacted as soon as possible (if perceived as safe to do so);
- Do not send the student away or leave them alone, including accompanying them to the restroom;
- Provide comfort to the student. Listen and encourage the student to talk, if this helps calm them;
- Be comfortable with moments of silence as you and the student will need time to process the situation;
- Review options and resources of people who can help;
- Offer help, and be respectful, but do not promise confidentiality; and

- Student shall only be released to parents/guardians/caregivers or to a person who is qualified and trained to provide help.

C. Intervention Plan for Out-of-School Suicide Attempts

If a suicide attempt by a student is outside of SCUSD property, it is crucial that SCUSD protects the privacy of the student and maintain a confidential record of the actions taken to intervene, support, and protect the student. The following steps should be implemented:

- Designated staff should contact the parents/guardians/caregivers and offer support to the family;
- Discuss with the family options for response to the attempt. Obtain permission from the parents/guardians/caregivers to share information to ensure the facts regarding the crisis are correct while protecting confidentiality of student and minimizing rumors;
- Contact SCUSD Communications Department to respond to school-wide communications and media inquiries; and
- Provide care and determine appropriate support to affected students (see Postvention section).

D. Referral for Mental Health Services

Each school shall follow these steps:

- After a mental health referral is made for a student, district staff shall verify with the parent/guardian/caregiver that follow-up treatment has been accessed. It is recommended a re-entry meeting be held to develop a plan for supporting the student and incorporating any guidance from treatment providers (see Postvention section).
- If parents/guardians/caregivers refuse or neglect to access treatment for a student who has been identified to be at-risk for suicide or in emotional distress, the appropriate district staff member will meet with the parents/guardians/caregivers to identify barriers to treatment (e.g. cultural stigma, financial issues) and work towards reducing barriers, understanding the importance of care, and supporting access to services. District staff will follow mandated reporting laws as they apply.

III. Postvention

A. Re-Entry to School After a Suicide Threat or Attempt

A student who threatened or attempted suicide is at a higher risk for suicide in the

months following the crisis. An appropriate re-entry process, including a re-entry meeting, is an important component of suicide prevention. Involving students in planning for their return to school provides them with a sense of control, personal responsibility, and empowerment.

- Obtain a written release of information signed by parents/guardians/caregivers to coordinate care with treating providers, if possible;
- Inform the student's teachers about possible days of absences, while maintaining student confidentiality;
- Consider accommodations for student to make up work. Be understanding that assignments may add stress to the student and consider excusing missed assignments;
- If student has not been linked to mental health services in the community, district employed mental health professionals will make a referral with parent/guardian/caregiver permission.
- District employed mental health professionals should maintain ongoing contact with student to monitor their actions and mood; and
- Determine if the student's condition warrants ongoing supports through a Student Study/Success Team (SST) plan, a 504 Accommodation Plan or special education services through an Individual Education Plan (IEP).

B. Responding After a Death by Suicide

A death by suicide in the school community (whether by a student or staff member) can have devastating consequences on students and staff. SCUSD shall ensure that each school site follows the SCUSD Mental Health Crisis Response Procedures which includes the following steps:

- Contact the SCUSD Mental Health Crisis Response Coordinator to develop a school-wide postvention response plan;
- No information shall be released about the death until the school site administrator consults with the Safe Schools Office or SRO Sergeant;
- Identify a staff member to contact deceased's family to offer support;
- Contact SCUSD Communications Department to develop a communication plan for all school stakeholders;
- Coordinate an all-staff meeting, to include:

- o Informing staff about the death and what information is relevant and which you have permission to disclose;
 - o Emotional support and resources available to staff and students, including community and school based resources available;
 - o Talking points for staff to notify students; and
 - o Informing staff on how to refer students for support/assessment.
- Identify students significantly affected by the death and other students at risk of imitative behavior;
 - Identify students affected by suicide death but not at risk of imitative behavior;
 - Communicate with the larger school community about the suicide death;
 - Requests for memorials must be approved by the Crisis Response Team, including Communications Chief, Crisis Team Lead, and Safe Schools Office/SRO Sergeant. Responses should be handled in a thoughtful way and their impact on the surrounding community and other students should be considered;
 - SCUSD Communications Department will identify staff member to communicate regarding the death, utilizing current reporting guidelines on Suicide.Org Web site at www.reportingonsuicide.org. Research has proven that sensationalized media coverage can lead to contagious suicidal behaviors.
 - Utilize and respond to social media outlets by identifying and monitoring what platforms students are using to respond to death by suicide.
 - Include long-term suicide postvention responses:
 - Consider important dates (e.g. anniversary of death, deceased birthday, graduation, or other significant event) and how these will be addressed;
 - Offer support to any siblings, close friends, teachers, and/or students of deceased that may be in need.

(cf. 1020 - Youth Services)

(cf. 4131 - Staff Development)

(cf. 4231 - Staff Development)

(cf. 4331 - Staff Development)

(cf. 6164.2 - Guidance/Counseling Services)

(cf. 5141 - Health Care and Emergencies)

Legal Reference:

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49602 Confidentiality of student information

49604 Suicide prevention training for school counselors

WELFARE AND INSTITUTIONS CODE

5698 Emotionally disturbed youth; legislative intent

Management Resources:

CDE PUBLICATIONS

AB 2246 Suicide Prevention Model Policy, posted 5/09/2017

Suicide Prevention Program for California Schools, 1987

Health Framework for California Public Schools, 1994

Policy SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

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