



Putting
Children
First

Sacramento City Unified School District BOARD OF EDUCATION SPECIAL MEETING

Board of Education Members

Christina Pritchett, President (Trustee Area 3)
Lisa Murawski, Vice President (Trustee Area 1)
Darrel Woo, Second Vice President (Trustee Area 6)
Leticia Garcia (Trustee Area 2)
Jamee Villa (Trustee Area 4)
Chinua Rhodes (Trustee Area 5)
Lavinia Grace Phillips (Trustee Area 7)
Isa Sheikh, Student Member

Monday, May 3, 2021
5:30 p.m.

Serna Center
Community Conference Rooms
5735 47th Avenue
Sacramento, CA 95824

AMENDED

AGENDA

2020/21-35

5:30 p.m. 1.0 OPEN SESSION / CALL TO ORDER / ROLL CALL

5:35 p.m. 2.0 PUBLIC COMMENT FOR OPEN SESSION

NOTICE OF PUBLIC COMMENT AND DEADLINE FOR SUBMISSION:

Public comment may be (1) emailed to publiccomment@scusd.edu; or (2) submitted in writing, identifying the matter number and the name of the public member at the URL <https://tinyurl.com/SCUSDcommentsspecialMay3>; or (3) using the same URL, submitting a request for oral comment. Regardless of the method by which public comment is submitted, the submission deadline shall be no later than noon, May 3. Individual public comment shall be presented to the Board orally for no more than two minutes, or other time determined by the Board on each agenda item. Public comments submitted in writing will not be read aloud, but will be provided to the Board in advance of the meeting and posted on the District's website. The Board shall limit the total time for public comment on each agenda item, including communications and organizational reports, to 15 minutes in length. With Board consent, the President may increase or decrease the length of time allowed for public comment, depending on the agenda item and the number of public comments.

5:45 p.m. 3.0 SPECIAL PRESENTATION

3.1 Adopt Proposal for PIQE to Conduct Family Survey
(Leticia Garcia)

Action
10 minute presentation
10 minute discussion

5:55 p.m. 4.0 PUBLIC HEARING

4.1 Public Hearing: Adopt Revision of Board Policy 5113,

First Reading

6:05 p.m.

4.2 *Public Hearing: Adopt Revision of Board Policy 5141.52, Suicide Prevention (Raoul Bozio)*

First Reading

5 minute presentation

5 minute discussion

6:15 p.m.

5.0 ADJOURNMENT

NOTE: The Sacramento City Unified School District encourages those with disabilities to participate fully in the public meeting process. If you need a disability-related modification or accommodation, including auxiliary aids or services, to participate in the public meeting, please contact the Board of Education Office at (916) 643-9314 at least 24 hours before the scheduled Board of Education meeting so that we may make every reasonable effort to accommodate you. [Government Code § 54953.2; Americans with Disabilities Act of 1990, § 202 (42 U.S.C. §12132)] Any public records distributed to the Board of Education less than 24 hours in advance of the meeting and relating to an open session item are available for public inspection at 5735 47th Avenue at the Front Desk Counter and on the District's website at www.scusd.edu



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 3.1

Meeting Date: May 3, 2021

Subject: Adopt Proposal for PIQE to Conduct Family Survey

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

Division: Board of Education

Recommendation: Approve Accepting Proposal for PIQE to Conduct Family Survey.

Background/Rationale: The Board of Education has identified a need to improve understanding of and communication with its families and constituents. As such, the Board approved formation of an ad hoc committee to evaluate needed outreach to families and constituents. The ad hoc committee recommends that in collaboration with the SCUSD Board of Education, the group Parent Institute for Quality Education (PIQE) conduct a parent survey of the families identified by the district in selected schools in Sacramento City Unified School District. The ad hoc committee will present its recommendation that 100 surveys be conducted for a cost of \$20,000 along with their recommendations on target areas, schools, and survey questions. They will also outline specific next steps for staff and seek Board authorization of this path, understanding that the PIQE contract itself will follow on a future board meeting.

Documents Attached:

1. PIQE Proposal to Be Provided at Board Meeting

<p>Estimated Time of Presentation: 10 minutes Submitted by: Board Member Garcia Approved by: Jorge A. Aguilar, Superintendent</p>
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Project Overview: In collaboration with the SCUSD Board of Education, Parent Institute for Quality Education (PIQE) proposes to conduct a parent survey of the families identified by the district in selected schools in Sacramento City Unified School District. Working with SCUSD Board of Education, PIQE will:

- Develop survey questions to understand the needs and priorities of families in Sacramento City Unified School District. Survey questions will be approved by the designated staff from SCUSD and/or Board of Education representative. They survey questions could be share with other partners as requested.
- Conduct the survey with the identified parent populations within the 7 Trustee Areas of SCUSD through intensive outreach efforts including phone calls, personalized text messaging, and email.
- Analyze the survey results and provide a report.

In partnership with the SCUSD Board of Education, PIQE will need the following:

- The designated schools for the parent surveys to be conducted.
- Be provided with the family contact information for outreach efforts.
- Introduction to school administrators to assist with initial outreach efforts with families from selected schools.

Project Timeline:

April 26 – April 30: SCUSD Board of Education determines target outreach area, family population, and partner schools (e.g. schools, number of families, grade span) .

April 26 - May 7: Develop parent survey in collaboration with SCUSD Board of Education.

May 3: SCUSD provides family contact information from school rosters.

May 10 – May 21: Conduct parent survey.

May 28: Submit survey results and analysis to SCUSD Board of Education.

Develop parent survey		\$5,000
Outreach and survey (over two-weeks)	2,000 parents (200-400 surveys)	\$40,000
Analysis and report of survey results		\$5,000

Total Cost: \$50,000



Develop parent survey		\$5,000
Outreach and survey (over two-weeks)	1,000 parents (100-200 surveys)	\$20,000
Analysis and report of survey results		\$5,000

Total Cost: \$30,000

Updated Project Timeline:

April 26 – April 30: SCUSD Board of Education determines target outreach area, family population, and partner schools (e.g. schools, number of families, grade span) .

April 29 – May 4: Develop parent survey in collaboration with SCUSD Board of Education.

May 4: SCUSD provides family contact information from school rosters.

May 7 – May 13: Conduct parent survey.

May 18: Submit survey results to SCUSD Board of Education.

Develop parent survey		\$5,000
Outreach and survey (over one week) May 10-14	500 parents (50-100 surveys)	\$10,000
Analysis and report of survey results		\$5,000

Total Cost: \$20,000



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 4.1

Meeting Date: May 3, 2021

Subject: Public Hearing: Adopt Revision of Board Policy 5113, Absences and Excuses

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

Division: Legal Services

Recommendation: Approve revision to Board Policy 5113.

Background/Rationale: Education Code 48205 establishes the conditions under which students may be lawfully absent from school, including personal illness or injury. District students face mental health challenges throughout their education. In order to recognize the mental health issues of students and help reduce stigmatizing attitudes of prejudice and exclusion, revisions to the policies concerning absences and excuses are necessary and specifically, the definition of “health reasons” in the context of excused absences. No prior updates to BP 5113 have occurred since its adoption in 2002. Such updates and enactment include language in the CSBA Gamut model policies. The District plans to adopt AR 6173, which includes language in the CSBA Gamut model regulations.

Documents Attached:

1. BP 5113 (Redlines)
2. AR 5113

<p>Estimated Time of Presentation: 5 Minutes Submitted by: Raoul Bozio, In House Counsel Approved by: Jorge A. Aguilar, Superintendent</p>

Board of Education Executive Summary

Legal Department

Revision to Board Policy (BP) 5113 and Adoption of Administrative Regulation (AR) 5113: Absences and Excuses
May 3, 2021



I. Overview/History of Department or Program

California Education Code 48205 establishes the conditions under which students may be lawfully absent from school, including personal illness or injury.

The U.S. Department of Health and Human Services' Office of Disease Prevention and Health Promotion closely links mental health and physical health. The 2008 federal Mental Health Parity and Addiction Equity Act (MHPAEA) put care and treatment of mental health and substance use disorders on equal footing – or “parity” – with physical health care.

The recent California Healthy Kids Survey of District students indicated that on average one in five students has considered suicide in the past 12 months. Striving for Zero, California's Strategic Plan for Suicide Prevention urges all Californians to play a role in suicide prevention and promoting health and wellness.

The current version of Board Policy 5113 was adopted in 2002 and has not yet since been revised. The proposed revisions to Board Policy 5113 are based on the updates provided by the California School Boards Association (CSBA). Further, the revised board policy now recognizes the mental health issues of students and helps to reduce stigmatizing attitudes of prejudice and exclusion by including mental health reasons in the context of excused absences under Education Code 48205.

The District plans upon the revision of Board Policy 5113 to adopt the enclosed administrative regulation concerning absences and excuses. AR 5113 is based on the updates provided by the CSBA and follows the Education Code. AR 5113 furthermore addresses excusing absences for illness or medical appointments (physical and/or mental health).

II. Driving Governance:

Pursuant to Education Code 48205(a):

- (a) Notwithstanding Section 48200, a pupil shall be excused from school when the absence is:
 - (1) Due to the pupil's illness.
 - (2) Due to quarantine under the direction of a county or city health officer.
 - (3) For the purpose of having medical, dental, optometrical, or chiropractic services rendered.
 - (4) For the purpose of attending the funeral services of a member of the pupil's immediate family, so long as the absence is not more than one day if the service is conducted in California and not more than three days if the service is conducted outside California.

Board of Education Executive Summary

Legal Department

Revision to Board Policy (BP) 5113 and Adoption of Administrative Regulation (AR) 5113: Absences and Excuses
May 3, 2021



- (5) For the purpose of jury duty in the manner provided for by law.
- (6) Due to the illness or medical appointment during school hours of a child of whom the pupil is the custodial parent, including absences to care for a sick child for which the school shall not require a note from a doctor.
- (7) For justifiable personal reasons, including, but not limited to, an appearance in court, attendance at a funeral service, observance of a holiday or ceremony of the pupil's religion, attendance at religious retreats, attendance at an employment conference, or attendance at an educational conference on the legislative or judicial process offered by a nonprofit organization when the pupil's absence is requested in writing by the parent or guardian and approved by the principal or a designated representative pursuant to uniform standards established by the governing board.
- (8) For the purpose of serving as a member of a precinct board for an election pursuant to Section 12302 of the Elections Code.
- (9) For the purpose of spending time with a member of the pupil's immediate family who is an active duty member of the uniformed services, as defined in Section 49701, and has been called to duty for, is on leave from, or has immediately returned from, deployment to a combat zone or combat support position. Absences granted pursuant to this paragraph shall be granted for a period of time to be determined at the discretion of the superintendent of the school district.
- (10) For the purpose of attending the pupil's naturalization ceremony to become a United States citizen.
- (11) Authorized at the discretion of a school administrator, as described in subdivision (c) of Section 48260.

Board Resolution 3174, passed on December 10, 2020, provides "that the Superintendent review all relevant Board policies and SCUSD regulations and explore the possibilities and impact of explicitly permitting excused mental health days[.]"

III. Budget:

The proposed policy is intended to create practices that permit the excusal of mental health days.

IV. Goals, Objectives and Measures:

Pursuant to the District's core beliefs under Board Policy 0100, the District believes "that all people excel in an environment that is SAFE, and offers everyone UNLIMITED OPPORTUNITIES for continuous growth and PERSONAL SUCCESS." As such, the goal is for the District to establish sound policy that recognizes the mental health issues of students and help reduce stigmatizing attitudes of prejudice and exclusion.

Board of Education Executive Summary

Legal Department

Revision to Board Policy (BP) 5113 and Adoption of Administrative Regulation (AR) 5113: Absences and Excuses
May 3, 2021



V. Major Initiatives:

This absences and excuses policy is critical to promote students' health and wellness.

VI. Results:

Approval of revision to Board Policy 5113 and adopt Administrative Regulation 5113. Ensure compliance with Education Code.

VII. Lessons Learned/Next Steps:

Next Steps following adoption of revised Board Policy 5113 concerning absences include adopting Administrative Regulation 5113. Information and correspondences concerning this matter have previously been shared with the District. Further updates will be provided as necessary.

Sacramento City USD
Board Policy
BP 5113
Students

Absences And Excuses

The Governing Board believes that regular attendance plays an important role in student achievement. The Board shall work with parents/guardians and students to ensure their compliance with all state attendance laws and may use appropriate legal means to correct problems of chronic absence or truancy.

(cf. 5112.1 - Exemptions from Attendance)
(cf. 5112.2 - Exclusions from Attendance)
(cf. 5113.1 - Chronic Absence and Truancy)
(cf. 5121 - Grades/Evaluation of Student Achievement)
(cf. 6154 - Homework/Makeup Work)

Absence from school shall be excused only for physical and/or mental health reasons, family emergencies, and justifiable personal reasons, as permitted by law, Board policy, and administrative regulation. (Education Code 48205)

Board Resolution 3174 passed on Dec. 10, 2020 resolved that the Sacramento City Unified School District Board of Education understands the definition of "health reasons" in the context of excused absences under California Education Code 48205 as including mental health reasons.

Student absence for religious instruction or participation in religious exercises away from school property may be considered excused subject to law and administrative regulation. (Education Code 46014)

Inasmuch as school attendance and class participation are integral to students' learning experiences, parents/guardians and students shall be encouraged to schedule mental and physical medical and other appointments during non-school hours if reasonably possible.

Site level attendance teams will take note of students with a pattern of absences. Students who are absent for mental and physical health related reasons will receive outreach and supportive interventions.

The U.S. Department of Health and Human Services' Office of Disease Prevention and Health Promotion closely links mental health and physical health; and the 2008 federal Mental Health Parity and Addiction Equity Act (MHPAEA) put care and treatment of mental health and substance use disorders on equal footing – or “parity” – with physical health care

Students shall not be absent from school without their parents/guardians' knowledge or consent, except in cases of medical emergency or, as authorized pursuant to Education Code 46010.1, for a confidential medical appointment.

The Board shall, by resolution entered into its minutes, approve reasonable methods that may be used to verify student absences due to illness or quarantine. (5 CCR 421)

Legal Reference:

EDUCATION CODE

1740 Employment of personnel to supervise attendance (county superintendent)

37201 School month

37223 Weekend classes

41601 Reports of average daily attendance

42238-42250.1 Apportionments

46000 Records (attendance)

46010-46014 Absences

46100-46119 Attendance in kindergarten and elementary schools

46140-46147 Attendance in junior high and high schools

48200-48208 Children ages 6-18 (compulsory full-time attendance)

48210-48216 Exclusions from attendance

48225.5 Work permit; excused absence; entertainment or allied industries

48240-48246 Supervisors of attendance

48260-48273 Truants

48292 Filing complaint against parent

48320-48324 School attendance review boards

48340-48341 Improvement of student attendance

48980 Parental notifications

49067 Unexcused absences as cause of failing grade

49701 Provisions of the interstate compact on educational opportunities for military children

ELECTIONS CODE

12302 Student participation on precinct boards

FAMILY CODE

6920-6929 Consent by minor for medical treatment

VEHICLE CODE

13202.7 Driving privileges; minors; suspension or delay for habitual truancy

WELFARE AND INSTITUTIONS CODE

601-601.4 Habitually truant minors

11253.5 Compulsory school attendance

CODE OF REGULATIONS, TITLE 5

306 Explanation of absence

420-421 Record of verification of absence due to illness and other causes

ATTORNEY GENERAL OPINIONS

87 Ops.Cal.Atty.Gen. 168 (2004)

66 Ops.Cal.Atty.Gen. 244 (1983)

COURT DECISIONS

American Academy of Pediatrics et al v. Lungren et al (1997) 16 Cal.4th 307

Management Resources:

CSBA PUBLICATIONS

Improving Student Achievement by Addressing Chronic Absence, Policy Brief, December 2010

WEB SITES

CSBA: <http://www.csba.org>

(11/99 11/11) 3/17

Sacramento City USD
Administrative Regulation
AR 5113
Students

Absences And Excuses
Excused Absences

Subject to any applicable limitation, condition, or other requirement specified in law, a student's absence shall be excused for any of the following reasons:

1. Personal illness (Education Code 48205)
2. Quarantine under the direction of a county or city health officer (Education Code 48205)

(cf. 5112.2 - Exclusions from Attendance)

3. Medical, dental, optometrical, or chiropractic appointment (Education Code 48205)
4. Attendance at funeral services for a member of the student's immediate family (Education Code 48205)

Such absence shall be limited to one day if the service is conducted in California or three days if the service is conducted out of state. (Education Code 48205)

5. Jury duty in the manner provided by law (Education Code 48205)
6. Illness or medical(including physical and/or mental health) appointment of a child to whom the student is the custodial parent (Education Code 48205)

(cf. 5146 - Married/Pregnant/Parenting Students)

7. Upon advance written request by the parent/guardian and the approval of the principal or designee, justifiable personal reasons including, but not limited to: (Education Code 48205)
 - a. Appearance in court
 - b. Attendance at a funeral service

- c. Observance of a religious holiday or ceremony
- d. Attendance at religious retreats for no more than four hours per semester
- e. Attendance at an employment conference
- f. Attendance at an educational conference on the legislative or judicial process offered by a nonprofit organization

8. Service as a member of a precinct board for an election pursuant to Elections Code 12302 (Education Code 48205)

(cf. 6142.3 - Civic Education)

9. To spend time with an immediate family member who is an active duty member of the uniformed services, as defined in Education Code 49701, and has been called to duty for deployment to a combat zone or a combat support position or is on leave from or has immediately returned from such deployment (Education Code 48205)

Such absence shall be granted for a period of time to be determined at the discretion of the Superintendent or designee. (Education Code 48205)

(cf. 6173.2 - Education of Children of Military Families)

10. Attendance at a naturalization ceremony to become a United States citizen (Education Code 48205)

11. Participation in religious exercises or to receive moral and religious instruction at the student's place of worship or other suitable place away from school (Education Code 46014)

(cf. 6141.2 - Recognition of Religious Beliefs and Customs)

Absence for student participation in religious exercises or instruction shall not be considered an absence for the purpose of computing average daily attendance if the student attends at least the minimum school day as specified in AR 6112 - School Day, and is not excused from school for this purpose on more than four days per school month. (Education Code 46014)

(cf. 6112 - School Day)

12. Work in the entertainment or allied industry (Education Code 48225.5)

Such absence shall be excused provided that the student holds a work permit authorizing such work and is absent for a period of not more than five consecutive days and up to five absences per school year. (Education Code 48225.5)

13. Participation with a nonprofit performing arts organization in a performance for a public school audience (Education Code 48225.5)

A student may be excused for up to five such absences per school year provided that the student's parent/guardian provides a written explanation of such absence to the school. (Education Code 48225.5)

14. Other reasons authorized at the discretion of the principal or designee based on the student's specific circumstances (Education Code 48205, 48260)

For the purpose of the absences described above, immediate family means the student's parent/guardian, brother or sister, grandparent, or any other relative living in the student's household. (Education Code 48205)

Method of Verification

Student absence to care for a child for whom the student is the custodial parent shall not require a physician's note. (Education Code 48205)

For other absences, the student shall, upon returning to school following the absence, present a satisfactory explanation verifying the reason for the absence. Absences shall be verified by the student's parent/guardian, other person having charge or control of the student, or the student if age 18 or older. (Education Code 46012; 5 CCR 306)

When an absence is planned, the principal or designee shall be notified prior to the date of the absence when possible.

The following methods may be used to verify student absences:

1. Written note, fax, email, text, or voice mail from parent/guardian or parent representative.

2. Conversation, in person or by telephone, between the verifying employee and the student's parent/guardian or parent representative. The employee shall subsequently record the following:

- a. Name of student
- b. Name of parent/guardian or parent representative
- c. Name of verifying employee
- d. Date(s) of absence
- e. Reason for absence

(cf. 5113.11 - Attendance Supervision)

3. Visit to the student's home by the verifying employee, or any other reasonable method which establishes the fact that the student was absent for the reasons stated. The employee shall document the verification and include the information specified in item #2 above.

4. Physician's verification.

a. When excusing students for confidential medical services or verifying such appointments, district staff shall not ask the purpose of such appointments but may request a note from the medical office to confirm the time of the appointment.

b. If a student shows a pattern of chronic absenteeism due to illness, district staff may require physician verification of any further student absences.

(cf. 5113.1 - Chronic Absence and Truancy)

Parental Notifications

At the beginning of each school year, the Superintendent or designee shall:

1. Notify parents/guardians of the right to excuse a student from school in order to participate in religious exercises or to receive moral and religious instruction at their places of

worship, or at other suitable places away from school property designated by a religious group, church, or denomination (Education Code 46014, 48980)

2. Notify students in grades 7-12 and the parents/guardians of all students enrolled in the district that school authorities may excuse any student from school to obtain confidential medical services without the consent of the student's parent/guardian (Education Code 46010.1)

3. Notify parents/guardians that a student shall not have a grade reduced or lose academic credit for any excused absence if missed assignments and tests that can reasonably be provided are satisfactorily completed within a reasonable period of time. Such notice shall include the full text of Education Code 48205. (Education Code 48980)

(cf. 5121 - Grades/Evaluation of Student Achievement)

(cf. 5145.6 - Parental Notifications)

(cf. 6154 - Homework/Makeup Work)

(11/11 3/17) 12/18



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 4.2

Meeting Date: May 3, 2021

Subject: Public Hearing: Adopt Revision of Board Policy 5141.52, Suicide Prevention

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

Division: Legal Services

Recommendation: Approve revision to Board Policy 5141.52.

Background/Rationale: Education Code 215 mandates that the board of any district serving students in grades 7-12 adopt a policy on student suicide prevention, intervention, and postvention (i.e., intervention conducted after a suicide) with specified components. As provided by California law, revisions to the policies concerning suicide prevention are necessary. No prior updates to BP 6173 have occurred since 2018. Such updates have been developed in consultation with school and community stakeholders, school-employed mental health professionals, suicide prevention experts, and the county health plan per Education Code 215.

Documents Attached:

1. BP 5141.52 (Redlines)
2. BP 5141.52 (Clean)

<p>Estimated Time of Presentation: 5 Minutes Submitted by: Raoul Bozio, In House Counsel Approved by: Jorge A. Aguilar, Superintendent</p>

Board of Education Executive Summary

Legal Department

Revision to Board Policy (BP) 5141.52: Suicide Prevention Policy

May 3, 2021



I. Overview/History of Department or Program

Education Code 215 mandates that the board of any district serving students in grades 7-12 adopt a policy on student suicide prevention, intervention, and postvention (i.e., intervention conducted after a suicide) with specified components. As provided by California law, revisions to the policies concerning suicide prevention are necessary.

The current version of Board Policy 5141.52 was adopted in 2018 and has not yet since been revised. The proposed revisions to Board Policy 5141.52 have been developed in consultation with school and community stakeholders, school-employed mental health professionals, suicide prevention experts, and the county health plan per Education Code 215. Further, the revised board policy now complies with the language provided in Education 215 and serves students in grades K-12. Indeed, the revised board policy reflects that the “policy aims to safeguard students in grades K-12 and staff against self-harm, suicide attempts and deaths, and other trauma associated with suicide.”

II. Driving Governance:

Pursuant to Education Code 215(a)(1):

The governing board or body of a local educational agency that serves pupils in grades 7 to 12, inclusive, shall, before the beginning of the 2017–18 school year, adopt, at a regularly scheduled meeting, a policy on pupil suicide prevention in grades 7 to 12, inclusive. The policy shall be developed in consultation with school and community stakeholders, school-employed mental health professionals, and suicide prevention experts and shall, at a minimum, address procedures relating to suicide prevention, intervention, and postvention.

III. Budget:

The proposed policy is intended to safeguard students and staff within the District against self-harm, suicide attempts, and deaths, and other trauma associated with suicide.

IV. Goals, Objectives and Measures:

Pursuant to the District’s core beliefs under Board Policy 0100, the District believes “that all people excel in an environment that is SAFE, and offers everyone UNLIMITED OPPORTUNITIES for continuous growth and PERSONAL SUCCESS.” As such, the goal is for the District to establish sound policy that ensures adequate support for the emotional and behavioral wellness of students, provides strategies for suicide prevention, and provides support for students, staff, and families affected by suicide attempts and loss.

V. Major Initiatives:

This suicide prevention policy is critical to save lives and create healthy and strong individuals, families, and communities.

Board of Education Executive Summary

Legal Department

Revision to Board Policy (BP) 5141.52: Suicide Prevention Policy
May 3, 2021



VI. Results:

Approval of revision to Board Policy 5141.52. Ensure compliance with the Education Code.

VII. Lessons Learned/Next Steps:

Adoption of revised Board Policy 5141.52 concerning suicide prevention. Information and correspondences concerning this matter have previously been shared with the District. Further updates will be provided as necessary.

Sacramento City Unified School District Board Policy

Student Suicide Prevention Policy BP 5141.52

The Governing Board of SCUSD recognizes that suicide is a leading cause of death among youth and that school personnel who regularly interact with students are often in a position to recognize the warning signs of suicide and to offer appropriate referral and/or assistance. **According to National Center for Health Statistics the suicide rate for persons aged 10-19 nearly tripled 2009 to 2019 (NCHS, 2019; CDC 2019).** In an effort to reduce suicidal behavior and its impact on students and families, the Superintendent or designee shall develop measures and strategies for suicide prevention, intervention, and postvention.

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.

Suicide is preventable and everyone has a role to play to save lives and create healthy and strong individuals, families, and communities. Suicide prevention requires a comprehensive public health approach (CDC, 2019). 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:

- o Suicide risk factors, warning signs, and protective factors;
- o 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:
 - Affected by suicide;
 - With a history of suicidal ideation or attempts;
 - With disabilities, mental illness, or substance abuse disorders;
 - Who express, or are perceived to express, diverse sexual orientations and/or gender identities;
 - Experiencing housing instability;
 - In the child welfare system;
 - Experiencing immigration related stress; and/or
 - 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 all grades (Kindergarten through 12th) 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. Any staff who are concerned that a student is showing warning signs of potential suicide risk or self-injury must immediately contact the school administrator or designee. If suicide risk is urgent and immediate (i.e. student has indicated immediate plan for suicide /self-injury or recently attempted self-harm or suicide), call 911 and provide current location of the student.
 - a. 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 parent/caregiver and if not available by local law enforcement.
 - b. If this concern is after hours and the school administrator is not available - staff must provide crisis hotline numbers to the student and contact the parent/guardian. If a safe adult cannot be reached, call Law Enforcement and request the Mobile Crisis Response Team complete a Welfare Check.
 - c. If this concern is during Expanded Learning Program and after 5:00 PM, Expanded Learning Program staff will contact their assigned SCUSD Area Specialist.
 - a. The Area Specialist will identify the SCUSD mental health professional who will conduct the suicide risk assessment.
2. If the student is in-person at school, staff must keep student under **constant** adult supervision until suicide risk assessment has been completed. Staff will not release a student exhibiting potential suicide risk without a suicide risk assessment and/or consultation with a trained district employed mental health professional.

3. The school administrator or designee shall immediately contact a district employed mental health professional (i.e. school counselor, nurse, psychologist, or social worker) that is certified in SCUSD-approved suicide assessment tools and is assigned to the school site. **Only district employed mental health professionals** trained in the district approved suicide risk assessment tool can complete a suicide risk assessment.

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. In the event that a parent/guardian/adult caregiver wants to remove the student prior to completion of an assessment, or 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 the school administrator or designee and assess whether mandated reporting requirements require a referral to child protective services and/or law enforcement..

6. Staff will maintain confidentiality of the student as appropriate prior to, during, and after suicide risk assessment process. Information regarding student mental health shall only be shared as is necessary for the safety of the student (i.e. school administrator, district mental health professional, parent/guardian). Do not share with staff where it is not in the best interest of the student or relevant.

Role of SCUSD Suicide Assessment Certified District Employed Mental Health Professional

1. **Upon notification that a student was identified as being at risk of suicide as described above, district employed mental health professionals must complete and document all parts of a suicide risk assessment, which include:**
 - a. Administration of the district approved suicide risk assessment tool
 - b. Safety Plan
 - c. Disposition Summary

Document actions taken per assigned department's policies and procedures.

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 as well as follow

MHP department documentation procedures .

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.

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 Director 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
- Students 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 inquires; 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 ~~Director 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:
 - Informing staff about the death and what information is relevant and which you have permission to disclose;
 - Emotional support and resources available to staff and students, including community and school based resources available;
 - Talking points for staff to notify students; and
 - 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 ~~Director~~ /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:

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

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

adopted: November 16, 1998 Sacramento, California

revised: April 15, 2002

revised: November 1, 2018

revised: TBD

Sacramento City Unified School District Board Policy

Student Suicide Prevention Policy BP 5141.52

The Governing Board of SCUSD recognizes that suicide is a leading cause of death among youth and that school personnel who regularly interact with students are often in a position to recognize the warning signs of suicide and to offer appropriate referral and/or assistance. According to National Center for Health Statistics the suicide rate for persons aged 10-19 nearly tripled 2009 to 2019 (NCHS, 2019; CDC 2019). In an effort to reduce suicidal behavior and its impact on students and families, the Superintendent or designee shall develop measures and strategies for suicide prevention, intervention, and postvention.

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.

Suicide is preventable and everyone has a role to play to save lives and create healthy and strong individuals, families, and communities. Suicide prevention requires a comprehensive public health approach (CDC, 2019). 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, 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:

- o Suicide risk factors, warning signs, and protective factors;
- o 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:
 - Affected by suicide;
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 - With disabilities, mental illness, or substance abuse disorders;
 - Who express, or are perceived to express, diverse sexual orientations and/or gender identities;
 - Experiencing housing instability;
 - In the child welfare system;
 - Experiencing immigration related stress; and/or
 - 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.

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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 all grades (Kindergarten through 12th) 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. Any staff who are concerned that a student is showing warning signs of potential suicide risk or self-injury must immediately contact the school administrator or designee. If suicide risk is urgent and immediate (i.e. student has indicated immediate plan for suicide /self-injury or recently attempted self-harm or suicide), call 911 and provide current location of the student.
 - a. 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 parent/caregiver and if not available by local law enforcement.
 - b. If this concern is after hours and the school administrator is not available - staff must provide crisis hotline numbers to the student and contact the parent/guardian. If a safe adult cannot be reached, call Law Enforcement and request the Mobile Crisis Response Team complete a Welfare Check.
 - c. If this concern is during Expanded Learning Program and after 5:00 PM, Expanded Learning Program staff will contact their assigned SCUSD Area Specialist.
 - a. The Area Specialist will identify the SCUSD mental health professional who will conduct the suicide risk assessment.
2. If the student is in-person at school, staff must keep student under **constant** adult supervision until suicide risk assessment has been completed. Staff will not release a student exhibiting potential suicide risk without a suicide risk assessment and/or consultation with a trained district employed mental health professional.

3. The school administrator or designee shall immediately contact a district employed mental health professional (i.e. school counselor, nurse, psychologist, or social worker) that is certified in SCUSD-approved suicide assessment tools and is assigned to the school site. Only district employed mental health professionals trained in the district approved suicide risk assessment tool can complete a suicide risk assessment.

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. In the event that a parent/guardian/adult caregiver wants to remove the student prior to completion of an assessment, or 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 the school administrator or designee and assess whether mandated reporting requirements require a referral to child protective services and/or law enforcement..

6. Staff will maintain confidentiality of the student as appropriate prior to, during, and after suicide risk assessment process. Information regarding student mental health shall only be shared as is necessary for the safety of the student (i.e. school administrator, district mental health professional, parent/guardian). Do not share with staff where it is not in the best interest of the student or relevant.

Role of SCUSD Suicide Assessment Certified District Employed Mental Health Professional

1. Upon notification that a student was identified as being at risk of suicide as described above, district employed mental health professionals must complete and document all parts of a suicide risk assessment, which include:
 - a. Administration of the district approved suicide risk assessment tool
 - b. Safety Plan
 - c. Disposition Summary

Document actions taken per assigned department's policies and procedures.

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 as well as follow

MHP department documentation procedures .

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.

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.

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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:

- Remain calm. Remember the student is overwhelmed, confused, and emotionally distressed;
- Follow school protocol for calling 911, including a secondary call to the Safe Schools Director, and provide as much information about any suicide note, medications taken, and access to weapons, if applicable;
- 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
- Students 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 inquires; 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;
- 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:
 - Informing staff about the death and what information is relevant and which you have permission to disclose;
 - Emotional support and resources available to staff and students, including community and school based resources available;
 - Talking points for staff to notify students; and
 - 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, and Crisis Team Lead. 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:

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

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

Suicide Prevention Program for California Schools, 1987

Health Framework for California Public Schools, 1994

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