



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

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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 position to recognize the warning signs of suicide and to offer appropriate referral and/or assistance. **According to National Center for Health Statistics, the number of suicide persons aged 10-19 nearly tripled 2009 to 2017 (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 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 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 for

Overall Strategic Plan for Suicide Prevention

The Superintendent or Designee shall involve ~~employment~~ mental health professionals (e.g., school counselors, nurses, psychologists, social workers), administrators, other district staff members, parents/guardians/caregivers, students, health agencies and professional ~~law enforcement~~ and community organizations in planning, implementing, and evaluating the district's strategies for suicide prevention 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

include general suicide prevention training

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 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

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-harm must immediately contact the designated staff member. If suicide risk is urgent and immediate (i.e. student has indicated immediate plan for suicide/self-harm or suicide) or recently attempted, 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 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 SCSUD Area Specialist.
 - a. The Area Specialist will identify the SCSUD health professional who will conduct the suicide risk assessment.
2. If the student is present at school, staff must keep student 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.

Sacramento County Intake Stabilization Unit contact information
Additional resources and follow-up as appropriate

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 at risk for suicide and an immediate referral for a suicide risk assessment; and

parents/ guardians/ caregivers to the SCU SD suicide prevention policy and procedures.

This suicide prevention policy shall be prominently displayed on the SCU SD 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 our all and linguistically appropriate, evidence-based suicide prevention training resources and information that addresses the following:

- 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;
- o Address stigma that prevents students and families from seeking and accessing help;
- o How to work with the school to communicate and address their student's mental health needs;
- o List of community resources available to support and intervene.

3. The school administrator or designee shall immediately contact a district employment health professional (i.e. school counselor, nurse, psychologist or worker) that is certified in SBPS's suicide assessment tools and is assigned to the school site. Only district employment health professional 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 principal or designee will contact the Student Support & Health Services department staff (listed in the current SCU SD Suicide Risk Assessment Procedure) 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 4(a) 6(t) 12(6n) 2(-3(a) 10(n) 1

Remain calm Remember the student is overwhelmed and confused and emotionally distressed

Follow school protocol for calling 911, including a secondary call to the Safe Schools Direct and provide as much information about any suicide note, medication 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 employment 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;

If necessary, refer to the student's crisis plan (see 70(f)-81(i) 6 (ng) p. 0 (ent e) 17 ent (d) 6 [(l) 2 (f) 2 buced 10 (y) 1 d) 10 (d) (ai) 6 (du) Revi ew opt ions and resources of people who

If student has not been linked to mental health services in the community,

Requests for memorials must be approved by the Crisis Response Team, including Communications Chief and Crisis Team Lead. Responses should

r e v i s e d A p r i l 15, 2002
r e v i s e d N o v e m b e r 1, 2018
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