



# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 11.2

**Meeting Date:** May 20, 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><b>Submitted by:</b> Raoul Bozio, In House Counsel <b>Approved by:</b> Jorge A. Aguilar, Superintendent</p>
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**Board of Education Executive Summary**

**Legal Department**

Revision to Board Policy (BP) 5141.52

# Board of Education Executive Summary

## Legal Department

Revision to Board Policy (BP) 5141.52: Suicide Prevention Policy  
May 20, 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

## **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),

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

### **C. Advanced Specialized Staff Training (Assessment)**

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

### **D. Employee Qualifications and Scope of Services**

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

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

### **E. Parents, Guardians, and Caregivers Participation and Education**

- ” To the extent possible, parents/guardians/caregivers should be included in all suicide prevention efforts. At a minimum, schools shall share with





- ” 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 SCSUD 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**

1. Upon notification described above, di

- ” 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 c





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:
  - o Informing staff about the death and what information is relevant and which you have permission to disclose;
  - o Emotional support and resources available to staff and students, including community and school based resources available;
  - o Talking points for staff to notify students; and
  - o Informing staff on how to refer students for support/assessment.
- ” Identify students significantly affected by the death and other students at risk of imitative behavior;
- ” Identify students affected by suicide death but not at risk of imitative behavior;

- ” Communicate with the larger school community about the suicide death;
- ” Requests for memorials must be approved by the Crisis Response Team, including Communications Chief, Crisis Team Lead, and Safe Schools Office ~~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](http://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





# 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.”

## 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 so.94 -1.1Be.9 0 l6.1(sw)16(ar)7( 2hie r)70 l6 -(pus)4( )10haouns





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:
  - 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.

#### 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

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







#### 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

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