

**SUICIDE PREVENTION**

**Staff Development**

Suicide prevention training shall be provided to teachers, counselors, and other district employees who interact with students at the secondary level. The training shall be offered under the direction of a district counselor/psychologist and/or in cooperation with one or more community mental health agencies.

*(cf. 4131 - Staff Development)*

*(cf. 4231 - Staff Development)*

*(cf. 4331 - Staff Development)*

Materials for training shall include how to identify appropriate mental health services at the school site and within the community, and when and how to refer youth and their families to those services. Materials also may include programs that can be completed through self-review of suitable suicide prevention materials. (Education Code 215)

Staff development shall include research and information related to the following topics:

1. The higher risk of suicide among certain groups, including, but not limited to, students who are bereaved by suicide; students with disabilities, mental illness, or substance use disorders; students who are experiencing homelessness or who are in out-of-home settings such as foster care; and students who are lesbian, gay, bisexual, transgender, or questioning youth
2. Individual risk factors such as previous suicide attempt(s) or self-harm, history of depression or mental illness, family history of suicide or violence, feelings of isolation, interpersonal conflicts, a recent severe stressor or loss, family instability, impulsivity, and other factors

*(cf. 5131.6 - Alcohol and Other Drugs)*

3. Warning signs that may indicate depression, emotional distress, or suicidal intentions, such as changes in students' personality or behavior and verbalizations of hopelessness or suicidal intent
4. Protective factors that may help to decrease a person's suicide risk, such as resiliency, problem-solving ability, access to mental health care, and positive connections to family, peers, school, and community
5. Instructional strategies for teaching the suicide prevention curriculum and promoting mental and emotional health
6. School and community resources and services, including resources and services that meet the specific needs of high-risk groups

## **SUICIDE PREVENTION (continued)**

*(cf. 5141.6 - School Health Services)*

*(cf. 6164.2 - Guidance/Counseling Services)*

7. District procedures for intervening when a student attempts, threatens, or discloses the desire to die by suicide

### **Instruction**

The district's comprehensive health education program shall promote the healthy mental, emotional, and social development of students and shall be aligned with the state content standards and curriculum framework. Suicide prevention instruction shall be incorporated into the health education curriculum at appropriate secondary grades and shall be designed to help students:

1. Identify and analyze signs of depression and self-destructive behaviors and understand how feelings of depression, loss, isolation, inadequacy, and anxiety can lead to thoughts of suicide
2. Develop coping and resiliency skills and self-esteem
3. Learn to listen, be honest, share feelings, and get help when communicating with friends who show signs of suicidal intent
4. Identify trusted adults, school resources, and/or community crisis intervention resources where youth can get help and recognize that there is no stigma associated with seeking services for mental health, substance abuse, and/or suicide prevention

*(cf. 1020 - Youth Services)*

*(cf. 5131.6 - Alcohol and Other Drugs)*

*(cf. 5141.6 - School Health Services)*

*(cf. 6142.8 - Comprehensive Health Education)*

*(cf. 6164.2 - Guidance/Counseling Services)*

### **Intervention**

Students shall be encouraged to notify a teacher, principal, counselor, or other adult when they are experiencing thoughts of suicide or when they suspect or have knowledge of another student's suicidal intentions.

Every statement regarding suicidal intent shall be taken seriously. Whenever a staff member suspects or has knowledge of a student's suicidal intentions based on the student's verbalizations or act of self-harm, he/she shall promptly notify the principal or school counselor.

**SUICIDE PREVENTION (continued)**

Although any personal information that a student discloses to a school counselor shall generally not be revealed, released, referenced, or discussed with third parties, the counselor may report to the principal or student's parents/guardians when he/she has reasonable cause to believe that disclosure is necessary to avert a clear and present danger to the health, safety, or welfare of the student. In addition, the counselor may disclose information of a personal nature to psychotherapists, other health care providers, or the school nurse for the sole purpose of referring the student for treatment. (Education Code 49602)

*(cf. 5141 - Health Care and Emergencies)*

A school employee shall act only within the authorization and scope of his/her credential or license. An employee is not authorized to diagnose or treat mental illness unless he/she is specifically licensed and employed to do so. (Education Code 215)

Whenever schools establish a peer counseling system to provide support for students, peer counselors shall receive training that includes identification of the warning signs of suicidal behavior and referral of a suicidal student to appropriate adults.

*(cf. 5138 - Conflict Resolution/Peer Mediation)*

When a suicide attempt or threat is reported, the principal or designee shall ensure student safety by taking the following actions:

1. Immediately securing medical treatment and/or mental health services as necessary
2. Notifying law enforcement and/or other emergency assistance if a suicidal act is being actively threatened
3. Keeping the student under continuous adult supervision until the parent/guardian and/or appropriate support agent or agency can be contacted and has the opportunity to intervene
4. Removing other students from the immediate area as soon as possible

*(cf. 0450 - Comprehensive Safety Plan)*

*(cf. 5141 - Health Care and Emergencies)*

The principal or designee shall document the incident in writing, including the steps that the school took in response to the suicide attempt or threat.

*(cf. 5125 - Student Records)*

**SUICIDE PREVENTION** (continued)

The Superintendent or designee shall follow up with the parent/guardian and student in a timely manner to provide referrals to appropriate services as needed. If the parent/guardian does not access treatment for the student, the Superintendent or designee may meet with the parent/guardian to identify barriers to treatment and assist the family in providing follow-up care for the student. If follow-up care is still not provided, the Superintendent or designee shall consider whether he/she is required, pursuant to laws for mandated reporters of child neglect, to refer the matter to the local child protective services agency.

*(cf. 5141.4 - Child Abuse Prevention and Reporting)*

For any student returning to school after a mental health crisis, the principal or designee and/or school counselor may meet with the parents/guardians and, if appropriate, with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school.

**Postvention**

In the event that a student dies by suicide, the Superintendent or designee shall communicate with the student's parents/guardians to offer condolences, assistance, and resources. In accordance with the laws governing confidentiality of student record information, the Superintendent or designee shall consult with the parents/guardians regarding facts that may be divulged to other students, parents/guardians, and staff.

The Superintendent or designee shall implement procedures to address students' and staff's grief and to minimize the risk of imitative suicide or suicide contagion. He/she shall provide students, parents/guardians, and staff with information, counseling, and/or referrals to community agencies as needed. School staff may receive assistance from school counselors or other mental health professionals in determining how best to discuss the suicide or attempted suicide with students.

Any response to media inquiries shall be handled by the district-designated spokesperson who shall not divulge confidential information. The district's response shall not sensationalize suicide and shall focus on the district's postvention plan and available resources.

*(cf. 1112- Media Relations)*

After any suicide or attempted suicide by a student, the Superintendent or designee shall provide an opportunity for all staff who responded to the incident to debrief, evaluate the effectiveness of the strategies used, and make recommendations for future actions.

Regulation  
approved:

**WHEATLAND SCHOOL DISTRICT**  
Wheatland, California

**SCHOOL HEALTH SERVICES**

The Governing Board recognizes that good physical and mental health is critical to a student's ability to learn and believes that all students should have access to comprehensive health services. The district may provide access to health services at or near district schools through the establishment of a school health center and/or mobile van(s) that serve multiple campuses.

The Board and the Superintendent or designee shall collaborate with local and state agencies and health care providers to assess the health needs of students in district schools and the community. Based on the results of this needs assessment and the availability of resources, the Superintendent or designee shall recommend for Board approval the types of health services to be provided by the district.

*(cf. 5131.6 - Alcohol and Other Drugs)*  
*(cf. 5131.61 - Drug Testing)*  
*(cf. 5131.62 - Tobacco)*  
*(cf. 5131.63 - Steroids)*  
*(cf. 5141 - Health Care and Emergencies)*  
*(cf. 5141.21 - Administering Medication and Monitoring Health Conditions)*  
*(cf. 5141.22 - Infectious Diseases)*  
*(cf. 5141.23 - Asthma Management)*  
*(cf. 5141.24 - Specialized Health Care Services)*  
*(cf. 5141.25 - Availability of Condoms)*  
*(cf. 5141.26 - Tuberculosis Testing)*  
*(cf. 5141.3 - Health Examinations)*  
*(cf. 5141.31 - Immunizations)*  
*(cf. 5141.32 - Health Screening for School Entry)*  
*(cf. 5141.33 - Head Lice)*  
*(cf. 5141.4 - Child Abuse Prevention and Reporting)*  
*(cf. 5141.52 - Suicide Prevention)*  
*(cf. 6145.2 - Athletic Competition)*  
*(cf. 6159 - Individualized Education Program)*  
*(cf. 6164.6 - Identification and Education Under Section 504)*

Board approval shall be required for any proposed use of district resources and facilities to support school health services. The Superintendent or designee shall identify funding opportunities available through grant programs, private foundations, and partnerships with local agencies and organizations.

*(cf. 1260 - Educational Foundation)*  
*(cf. 1330.1 - Joint Use Agreement)*  
*(cf. 3100 - Budget)*  
*(cf. 7000 - Facilities Master Plan)*

The Board may prioritize school health services to schools with the greatest need, including schools with medically underserved populations, a high percentage of low-income and uninsured children and youth, large numbers of English learners, Academic Performance Index rankings in deciles 1-3, and/or a shortage of health professionals in the community.

## **SCHOOL HEALTH SERVICES (continued)**

School health services shall be provided or supervised by a licensed health care professional. The Board may employ or contract with health care professionals or partner with community health centers to provide the services under the terms of a written contract or memorandum of understanding.

*(cf. 1020 - Youth Services)*

*(cf. 3312 - Contracts)*

If a school nurse is employed by the school or district, he/she shall be involved in planning and implementing the school health services as appropriate.

The Superintendent or designee shall coordinate the provision of school health services with other student wellness initiatives, including health education, nutrition and physical fitness programs, and other activities designed to create a healthy school environment. The Superintendent or designee shall encourage joint planning and regular communications among health services staff, district administrators, teachers, counselors, other staff, and parents/guardians.

*(cf. 3550 - Food Service/Child Nutrition Program)*

*(cf. 5030 - Student Wellness)*

*(cf. 6142.7 - Physical Education and Activity)*

*(cf. 6142.8 - Comprehensive Health Education)*

*(cf. 6164.2 - Counseling/Guidance Services)*

### **Consent and Confidentiality**

The Superintendent or designee shall obtain written parent/guardian consent prior to providing services to a student, except when the student is authorized to consent to the service pursuant to Family Code 6920-6929, Health and Safety Code 124260, or other applicable law.

The Superintendent or designee shall maintain the confidentiality of student health records in accordance with law.

*(cf. 5125 - Student Records)*

### **Payment/Reimbursement for Services**

The Board desires that costs not be a barrier to student access to services. Services may be provided free of charge or on a sliding scale in accordance with law.

The Superintendent or designee shall establish procedures for billing public and private insurance programs and other applicable programs for reimbursement of services as appropriate.

*(cf. 5143 - Insurance)*

**SCHOOL HEALTH SERVICES** (continued)

The district shall serve as a Medi-Cal provider to the extent feasible, comply with all related legal requirements, and seek reimbursement of costs to the extent allowed by law.

To further encourage student access to health care services, the Superintendent or designee shall develop and implement outreach strategies to increase enrollment of eligible students from low- to moderate-income families in affordable, comprehensive state or federal health coverage programs and local health initiatives. Such strategies may include, but not be limited to, providing information about the Medi-Cal program on the application for free and reduced-price meals in accordance with law and providing students and parents/guardians with information about the low-cost Healthy Families insurance program.

*(cf. 3553 - Free and Reduced Price Meals)*

**Program Evaluation**

In order to continuously improve school health services, the Board shall evaluate the effectiveness of such services and the extent to which they continue to meet student needs.

The Superintendent or designee shall provide the Board with periodic reports that may include, but not necessarily be limited to, rates of participation in school health services; changes in student outcomes such as school attendance or achievement; feedback from staff and participants regarding program accessibility and operations, including accessibility to low-income and linguistically and culturally diverse students and families; and program costs and revenues.

*(cf. 0500 - Accountability)*

*Legal Reference: (see next page)*

**SCHOOL HEALTH SERVICES (continued)***Legal Reference:*EDUCATION CODE8800-8807 *Healthy Start support services for children*49073-49079 *Privacy of student records*49423.5 *Specialized physical health care services*49557.2-49558 *Eligibility for free and reduced-price meals; sharing information with Medi-Cal*FAMILY CODE6920-6929 *Consent by minor for medical treatment*GOVERNMENT CODE95020 *Individualized family service plan*HEALTH AND SAFETY CODE104830-104865 *School-based application of fluoride or other tooth decay-inhibiting agent*121020 *HIV/AIDS testing and treatment; parental consent for minor under age 12*123110 *Minor's right to access health records*123115 *Limitation on parent/guardian access to minor's health records*123800-123995 *California Children's Services Act*124025-124110 *Child Health and Disability Prevention Program*124172-124174.6 *Public School Health Center Support Program*124260 *Mental health services; consent by minors age 12 and older*130300-130317 *Health Insurance Portability and Accountability Act (HIPAA)*WELFARE AND INSTITUTIONS CODE14059.5 *Definition of "medically necessary"*14100.2 *Confidentiality of Medi-Cal information*14115 *Medi-Cal claims process*14124.90 *Third-party health coverage*14132.06 *Covered benefits; health services provided by local educational agencies*14132.47 *Administrative claiming process and targeted case management*CODE OF REGULATIONS, TITLE 102699.6500-2699.6905 *Healthy Families Program*CODE OF REGULATIONS, TITLE 172951 *Testing standards for hearing tests*6800-6874 *Child Health and Disability Prevention Program*CODE OF REGULATIONS, TITLE 2251009 *Confidentiality*51050-51192 *Definitions of Medi-Cal providers and services*51200 *Requirements for providers*51231.2 *Wheelchair van requirements*51270 *Local educational agency provider; conditions for participation*51304 *Limitations on specified benefits*51309 *Psychology, physical therapy, occupational therapy, speech pathology, audiological services*51323 *Medical transportation services*51351 *Targeted case management services*51360 *Local educational agency; types of services*51491 *Local educational agency eligibility for payment*51535.5 *Reimbursement to local educational agency providers*UNITED STATES CODE, TITLE 201232g *Family Educational Rights and Privacy Act (FERPA)*

**SCHOOL HEALTH SERVICES (continued)***Legal Reference: (continued)*UNITED STATES CODE, TITLE 42

1320c-9 Prohibition against disclosure of records

1397aa-1397jj State Children's Health Insurance Program

CODE OF FEDERAL REGULATIONS, TITLE 42

431.300 Use and disclosure of information on Medicaid applicants and recipients

CODE OF FEDERAL REGULATIONS, TITLE 45

164.500-164.534 Health Insurance Portability and Accountability Act (HIPAA)

*Management Resources:*CSBA PUBLICATIONSExpanding Access to School Health Services: Policy Considerations for Governing Boards, Policy Brief, November 2008Promoting Oral Health for California's Student: New Role, New Opportunities for Schools, Policy Brief, November 2008Providing School Health Services in California: Perceptions, Challenges and Needs of District Leadership Teams, 2008CALIFORNIA DEPARTMENT OF EDUCATION PUBLICATIONSHealth Framework for California Public Schools, Kindergarten Through Grade Twelve, 2003CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES PUBLICATIONSLEA Medi-Cal Provider ManualCalifornia School-Based Medi-Cal Administrative Activities ManualDEPARTMENT OF HEALTH SERVICES POLICY LETTERS

00-06 Managed Care Plan Relationships with Local Education Agency Providers, December 11, 2000

NATIONAL ASSEMBLY ON SCHOOL-BASED HEALTH CARE PUBLICATIONSA Guidebook for Evaluating School-Based Health CentersNATIONAL CENTER FOR YOUTH LAW PUBLICATIONSMinor Consent, Confidentiality, and Child Abuse Reporting in California, October 2006WEB SITESCSBA: <http://www.csba.org>CSBA, PractiCal Program: <http://www.csba.org/Services/Services/DistrictServices/PractiCal.aspx>California County Superintendents Educational Services Association: <http://www.ccsesa.org>

California Department of Education, Health Services and School Nursing:

<http://www.cde.ca.gov/ls/he/hn>California Department of Health Care Services: <http://www.dhcs.ca.gov>California Department of Public Health: <http://www.cdph.ca.gov>California School Health Centers Association: <http://www.schoolhealthcenters.org>California School Nurses Organization: <http://www.csno.org>Center for Health and Health Care in Schools: <http://www.healthinschools.org>

Centers for Disease Control and Prevention, School Health Policies and Programs (SHPPS) Study:

<http://www.cdc.gov/HealthyYouth/shpps>Centers for Medicare and Medicaid Services: <http://www.cms.hhs.gov>Healthy Families Program: <http://www.healthyfamilies.ca.gov>National Assembly on School-Based Health Care: <http://www.nasbhc.org>National Center for Youth Law: <http://www.youthlaw.org>