

the beginning of the regular school year of the rights and options available to pregnant and parenting pupils under the law.

Alliance schools shall not discriminate against any scholar on the basis of a scholar's marital status, pregnancy, childbirth, false pregnancy, termination of pregnancy, or related recovery. Any complaint of discrimination on the basis of pregnancy or marital or parental status shall be addressed through the Uniform Complaint Procedures.

Accommodations

When necessary, Alliance schools shall provide reasonable accommodations to pregnant and parenting scholars to enable them to access the educational program. Alliance schools treat pregnancy, childbirth, false pregnancy, termination of pregnancy, and recovery from pregnancy in the same manner and under the same policies as any other temporary disability. To the extent feasible, educational and related support services may be provided, either through Alliance schools or in collaboration with community agencies and organizations, to meet the needs of pregnant and parenting scholars and their children.

A lactating scholar at Alliance schools will have a reasonable amount of time to access a private and secure location to express milk for her infant child. The lactating scholar is permitted to bring onto a school campus a breast pump and any other equipment used to express breast milk, to have access to a power source for a breast pump or any other equipment used to express breast milk, and to access a place to store expressed breast milk safely. A scholar will not incur an academic penalty as a result of her use, during the school day, of the reasonable accommodations specified in this section, and scholars are provided the opportunity to make up any work missed due to such use (Education Code Section 222).

A pregnant or parenting scholar at Alliance schools is entitled to eight (8) weeks of parental leave, which the scholar may take before the birth of the scholar's infant if there is a medical necessity and after childbirth during the school year in which the birth takes place, in order to protect the health of the scholar and the infant and to allow the pregnant or parenting scholar to care for and bond with the infant. The scholar (if 18 or older) or the scholar's parent/guardian should notify the school of the scholar's intent to exercise this right; however, failure to notify will not abridge those rights. A pregnant or parenting scholar may take less than eight (8) weeks of parental leave or may take more than eight (8) weeks if deemed medically necessary by the scholar's physician.

When a scholar takes parental leave, absences from the scholar's regular school program will be excused and the school will not require the scholar to complete academic work or other school requirements during the leave. Upon return to school, the scholar may return to the course of study in which they were enrolled prior to the leave and will be entitled to opportunities to make up work missed during the leave. A pregnant or parenting scholar may remain enrolled for a fifth (5th) year of instruction at the previously enrolled Alliance school when it is necessary for the scholar to be able to complete the Alliance high school graduation requirements or work with the school to pursue other options at the scholar's own discretion. A scholar will not incur an academic penalty as a result of their use of the accommodations specified in this section.

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Suicide Prevention and Intervention

Prevention and Instruction

Suicide prevention involves school-wide activities and programs that enhance connectedness, contribute

to a safe and nurturing trauma informed resilience based environment, and strengthen protective factors that reduce risk for scholars. Suicide prevention strategies may include, but not be limited to, efforts to promote a positive school climate that enhances scholars' feelings of connectedness with the school and is characterized by caring staff and harmonious interrelationships among scholars.

Examples of prevention activities include:

1. Promoting and reinforcing the development of desirable behavior such as help seeking behaviors and healthy problem-solving skills.
2. Increasing staff, scholar and parent/guardian knowledge and awareness of risk factors and warning signs of youth suicide and self-injury.
3. Monitoring and being involved in young people's lives by giving structure, guidance and consistent, fair discipline.
4. Modeling and teaching desirable skills and behavior.
5. Promoting access to school and community resources.

Alliance schools' comprehensive education program promotes the healthy mental, emotional, and social development of scholars including, but not limited to, the development of social emotional learning skills, problem-solving skills, coping skills, and self-esteem. For middle school and high schools (grades 6-12), suicide prevention instruction shall be incorporated into appropriate lessons, and curriculum shall be aligned with state content standards and shall be designed to help scholars analyze signs of depression and self-destructive behaviors, including potential suicide risk, and to identify suicide prevention strategies. Prevention can be in the form of class lessons on coping skills, warning/risk signs for suicide and depression, school-wide suicide prevention initiatives that raise awareness, scholar projects and presentations, and/or school and community resources/posters that can help youth in crisis, etc.

At appropriate secondary grade levels, Alliance schools' suicide prevention instruction shall be designed to help scholars:

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. Identify alternatives to suicide and develop coping, problem solving, conflict resolution, and resiliency skills;
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 mental health, substance abuse, and/or suicide prevention services.

Team Member Development

Suicide prevention training for teachers and staff shall be designed to help team and family members identify and respond to scholars at risk of suicide. The training shall be provided annually by school mental health team members and/or administrative designees with support from the Director of Psychological and Mental Health Services and will include information on:

1. Research identifying groups of scholars at elevated risk for suicide, including those living with mental and/or substance use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings, those experiencing homelessness, American

Indian/Alaska Native scholars, LGBTQ+ (lesbian, gay, bisexual, transgender, queer/questioning and other identities not stated) scholars, scholars bereaved by suicide, and those with medical conditions or certain types of disabilities, those experiencing feelings of isolation, interpersonal conflicts, recent severe stressor or loss, or family instability, and other factors;

2. Warning signs that may indicate suicidal intentions, including changes in scholars' appearance, personality, or behavior;
3. School and community resources and services;
4. Alliance network procedures for intervening when a scholar attempts, threatens, or discloses the desire to commit suicide;
5. Postvention and re-entry procedures and supports for when a scholar returns from hospitalization.

Intervention and Postvention

Whenever a team member suspects or has knowledge of a scholar's suicidal intentions, they shall promptly notify the administrative designee and the mental health team member. A team member shall act only within the authorization and scope of their credential or license and shall not be authorized to diagnose or treat mental illness unless they are specifically licensed, authorized, and employed to do so. The designated persons will conduct a risk assessment to determine the level of risk for self-harm and/or suicidal ideation. They will determine if the scholar is at a low, moderate, or high risk, and consult with their supervisor and/or their administrative designee to determine next steps. If the scholar is assessed to be a moderate or high risk, the mental health team member or administrative designee will call the ACCESS/PET hotline (800-854-7771) for support with an emergency psychiatric assessment. Mental health team member or administrative designee shall then notify the scholar's parents/guardians as soon as possible about the risk assessment, results, and possible outcomes.

Scholars shall be encouraged to notify a teacher, school administrator, school mental health, or other adult when they are experiencing thoughts of suicide or when they suspect or have knowledge of another scholar's suicidal intentions.

Each school site shall adapt the Alliance mental health crisis procedures and work in partnership with their school mental health team member(s), administrative designee, and other support staff to ensure scholar safety and appropriate communications in the event that a suicide occurs or an attempt is made on campus or at a school-sponsored activity.

In addition to the above, when a suicidal ideation, threat, and/or attempt is reported, the school administrator/administrative designee and/or school mental health team member shall:

1. Reference Alliance's Mental Health Crisis Response procedures for step-by-step guidance.
2. Ensure the scholar's physical safety by one or more of the following, as appropriate:
 - a. Securing immediate medical treatment if a suicide attempt has occurred;
 - b. Securing law enforcement and/or other emergency assistance if a suicidal act is being actively threatened;
 - c. Keeping the scholar under continuous adult supervision until the parent/guardian and/or appropriate support agent or agency can be contacted and has the opportunity to intervene.
3. Designate specific individuals to be promptly contacted, including school mental health team member(s), school administrator or administrative designee, and/or the scholar's parent/guardian, and, as necessary, local law enforcement or mental health agencies.
4. School mental health team member or administrative designee will document the incident using

the Alliance Risk Assessment Documentation Form.

5. Teachers, administrators, and other staff will document a suicide threat, ideation, or attempt using the Alliance Incident Report Form.
6. Follow up with the parent/guardian and scholar in a timely manner to provide referrals to appropriate services as needed.
7. Provide access to school mental health team members or school administration team to listen to and support scholars and staff who are directly or indirectly involved with the incident at the school.
8. Provide an opportunity for all who respond to the incident to debrief, evaluate the effectiveness of the strategies used, and make recommendations for future actions (postvention).

In the event that a suicide occurs or is attempted on campus, the school administrator or designee shall follow the crisis intervention procedures contained in the [Alliance Mental Health Crisis Response Handbook](#).

After consultation with the Director of Psychological and Mental Health Services, school administrator, designated support staff, and the scholar's parents/guardians about facts that may be divulged in accordance with the laws governing confidentiality of scholar record information, the school administrator or administrative designee may provide scholars, parents/guardians, and staff with information, counseling, and/or referrals to community agencies as needed. School staff may receive assistance from school mental health team members or other mental health professionals in determining how best to discuss the suicide or attempted suicide with scholars.

If you believe that your child is thinking about suicide, approach the situation by asking. Asking is the first step in saving a life and can let them know that you are there for them and will listen. If you need IMMEDIATE assistance due to a life threatening situation, call 911. For a psychiatric emergency, contact the Department of Mental Health 24-hour ACCESS Center at (800) 854-7771. Scholars and family members can also call the Suicide Prevention Lifeline 24/7 at 1-800-273-TALK (8255) for free and confidential support for themselves or for loved ones.

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Child Abuse Mandated Reporting

The California Child Abuse and Neglect Reporting Act requires that any administrator, teacher, counselor or other school staff member who has a reasonable suspicion that a scholar has been subjected to child abuse and neglect (e.g., physical abuse, sexual abuse, willful cruelty or unjustified punishment, unlawful corporal punishment or injury, and neglect (including both acts and omissions)) must make a report to the proper authorities immediately or as soon as is practicably possible. School site staff shall be trained on child abuse mandated reporting every school year by the sixth week of school or within the first six weeks of their start date as established by AB 1432.

Child abuse must be reported when one who is a legally mandated reporter "...has knowledge of or observes a child in his or her professional capacity, or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse." Mandated reporters must make their report to the county welfare department (child protective agency) or to any police, sheriff, or, in some cases, county probation department.

Reports are to be made initially via phone then followed-up within 36 hours later with a written report to the child protective or law enforcement agency to which the telephone report was made.