

March 23, 2022

ADOPT A NEW COMPREHENSIVE MENTAL HEALTH AND SUICIDE PREVENTION POLICY

THE CHIEF EXECUTIVE OFFICER RECOMMENDS:

That the Chicago Board of Education (“Board”) adopt a new Comprehensive Mental Health and Suicide Prevention Policy. The policy was posted for public comment from January 24, 2022 to February 24, 2022.

PURPOSE: The Board is committed to supporting the Whole Child through policies and programs that holistically address the physical, mental, and social-emotional health and wellbeing of every student. This Policy builds on the District’s wellness programming and social-emotional learning initiatives, and was developed to meet the needs of the CPS community and to comply with state law. Section 2-3.1666 of the Illinois School Code, referred to as AnnMarie’s Law, requires that the Board establish a policy for youth suicide awareness and prevention, intervention, reporting, and response. This Policy establishes a comprehensive approach to mental health, suicide awareness, and prevention that is applied consistently throughout the District.

This Policy will include a multi-tiered system of support model that includes universal, targeted, and individualized student support. This is achieved through:

1. The development and implementation of prevention activities to create a safe and supportive school environment for all students;
2. The identification and implementation of healing-centered practices and strategies to help identify students at risk of suicide and other mental health issues; and
3. The creation and adherence to methods of intervention to address suicide-related incidents or other mental health crises that occur in schools.

These procedures will reduce stigma and increase staff ability to recognize students who are at risk of or who exhibit warning signs of mental health issues such as depression and suicidality, in an effort to reduce the potential for a suicidal ideation, attempt, or death by suicide.

POLICY TEXT:

I. SCOPE

This Policy provides required responses and guidelines for all staff responding to all students in all schools regardless of age, grade level, or school governance. This Policy covers events that take place in the school, on school property, at school-sponsored functions and activities, on school buses or vehicles and at bus stops, and at school-sponsored out-of-school events where school staff are present, as well as situations that may occur out of school time (as outlined in Section VI.A of this Policy) or during remote or virtual learning. The entire school community, including educators, school and district staff, students, and volunteers are responsible for implementing this Policy.

II. DEFINITIONS

Behavioral Health Team (BHT): A school-based team, established by the principal, that is responsible for delivering Tier II and III interventions to students. BHT's are composed of Administrator(s), School Counselor(s), and Social Worker(s), and may include Nurse, School Psychologist, SEL Coordinator, Dean, Case Manager, and other relevant stakeholders or community-based organizations when available.

Crisis: A school crisis is a traumatic incident that disrupts school functioning. Crises can be sudden, unexpected, or unanticipated. They can affect one individual or the entire school. Crises can occur before, during, or after school and on or off school grounds. School crises affect all areas of school functioning including attendance, learning, and behavior. During a crisis, school resources can become overwhelmed and additional support in the form of “crisis intervention” might be required¹.

Crisis Intervention: Crisis intervention refers to a set of responses that schools can plan and implement to mitigate any disruption of school functioning caused by a crisis incident. These interventions are designed to address the emotional needs of the school community and facilitate a return to pre-crisis levels of functioning.²

Crisis Intervention Trained Officer (CIT): A police officer trained in crisis intervention to recognize signs and symptoms of mental illness and interact, intervene, and de-escalate situations with persons in crisis and potentially in need of a psychiatric evaluation.

Crisis Plan: A plan that addresses the psychological and physical safety of students and staff during a traumatic situation(s). The crisis plan should include: a definition of “crisis” and a statement addressing the purpose of crisis interventions. Additionally, the plan should include structured meetings to assess the need for resources, a strategy for communicating details about the incident, and a method to target individuals most affected by the incident who need crisis intervention.³

Crisis Management Unit: A central office team from the Office of School Safety and Security that operates in a district-wide capacity to attend to the emotional and psychological well-being of the Chicago Public Schools (CPS) community by assisting school-based teams and schools to prevent, prepare for, respond to, and recover from school crises.

Healing-Centered: The framework for transforming CPS into a trauma-engaged, culturally responsive district to foster individual and collective wellbeing.

Medical Home: A safe space where a family and individuals can access healthcare that is accessible, accountable, comprehensive, continuous, coordinated, and patient- and family-centered.

Mental Health and Wellness: The social-emotional and psychological well-being of our students, staff, families, and community partners.

Multi-Tiered Systems of Support (MTSS): The system used to ensure that schools are equipped with universal supports, targeted interventions, and individualized resources that address each student’s unique needs to create a culture of mental health and wellness. For the purposes of this Policy, the tiers are defined as follows:

1. Tier I: Awareness, prevention, and trauma sensitivity efforts, including (but not limited to):
 - a. Universal SEL curricula.
 - b. Health education modules on mental health.
 - c. Mental health awareness workshops such as mental health first aid, training on healthy relationships, and suicide awareness and prevention training.

¹ Brock, S.E., Lazarus, P.J., & Jimerson, S.R. (Eds). (2002). *Best Practices in Schools Crisis Prevention and Intervention*. Bethesda, MD: National Association of School Psychologists.

² Ibid.

³ U.S. Office of Safe and Drug-Free Schools, U.S. Department of Education. (2007). *Practical information on crisis planning: A guide for schools and communities*. Washington, DC

2. Tier II: Mental health or monitoring interventions that are most often conducted in small groups, including (but not limited to):
 - a. Interventions for students that have experienced traumatic events.
 - b. Small groups that support depression, grief, and community crises.
3. Tier III: One-on-one clinical counseling sessions provided to students who require confidential, individualized support; this level also includes crisis counseling. Tier III services are offered by school social workers, counselors, and psychologists, as well as community-based organizations contracted with the District to provide individual behavioral health support to students.

RD Number: The report number given by the Chicago Police Department at the time a police report is made.

Related Service Provider (RSP): CPS related service providers support diverse learners by providing services related to their disabilities and conducting full individual evaluations in accordance with IDEA and ISBE. Related Service Providers also support school communities through tiered interventions, consultation, and collaboration. In CPS, this includes Audiologists, School Nurses, Occupational Therapists, Physical Therapists, School Psychologists, School Social Workers, and Speech-Language Pathologists.

Please note: School Social Workers, Psychologists, and Nurses serve as mental health professionals within the school setting. For the purposes of this Policy, “RSP” refers to these staff members only.

Risk Factors for Suicide⁴: Any determinant or variable associated with increased harm to self or others (Please reference CPS Crisis Manual for additional information). This includes, but is not limited to students who:

1. Suffer from a mental health disorder;
2. Suffer from a substance abuse disorder;
3. Engage in self-harm or have previously attempted suicide;
4. Reside in an out-of-home placement;
5. Are experiencing homelessness;
6. Are lesbian, gay, bisexual, transgender, or questioning (LGBTQ);
7. Are bereaved by suicide; or
8. Have a medical condition or certain types of disabilities⁵.

Whole Child Approach: The holistic approach that prioritizes physical, mental, and social-emotional health to ensure that every student in every school is healthy, safe, supported, challenged, and engaged.

Whole School, Whole Community, Whole Child (WSCC) Framework: A model for supporting the Whole Child, established by the CDC and ASCD, that identifies 10 key components for addressing health in schools.

III. A WHOLE CHILD APPROACH TO MENTAL HEALTH

- A. **Collaboration and Partnership:** In alignment with the Whole School, Whole Community, Whole Child (WSCC) Framework, CPS acknowledges that supporting the mental health of students and staff requires the efforts of numerous CPS departments and stakeholders. To support implementation of this Policy and ensure ongoing collaboration, the Office of

⁴ SPRC and Rodgers, “Understanding Risk and Protective Factors for Suicide,” 1-2.

⁵ “Risk Factors for Suicide” as defined by IL Public Act 102-0267

Student Health and Wellness will establish and oversee a Mental Health Governance Council, with representatives from the Offices of Social and Emotional Learning (OSEL), School Counseling and Postsecondary Advising (OSCPA), Diverse Learner Supports and Services (ODLSS), Student Protections and Title IX (OSP), School Safety and Security (OSSS), Students in Temporary Living Situations (STLS), Nutrition Support Services (NSS), and any other relevant departments, to continuously review CPS policies, protocols, resources, and services related to student and staff mental health.

- B. Root Causes of Mental Health Issues:** Data indicates that certain circumstances or situations are correlated with increased risk of mental health issues and/or suicidality. These include but are not limited to: food insecurity,⁶ housing instability,⁷ medical conditions such as chronic illness⁸, sedentary behavior,⁹ and family history of suicide¹⁰ or violent behavior.¹¹ School staff must adhere to the Chronic Conditions, Administration of Medication, and Local School Wellness Policies to ensure that students have access to nutritious foods, physical activity, and support for chronic conditions (diabetes, allergies, asthma, and seizure disorders). Additionally, the Office of Student Health and Wellness must work with relevant CPS departments to ensure students have access to the supports they need related to these and other areas so that they may be healthy, safe, supported, challenged, and engaged.

IV. RESPONSIBILITIES AND OVERSIGHT

- A. The Chief Health Officer will provide medical expertise and general oversight of mental health policy and implementation.
- B. The Chiefs of ODLSS, OSCP A, and Executive Director of OSEL will provide implementation oversight of school- and Network-based staff, including but not limited to school nurses, psychologists, social workers, counselors, and Network SEL Specialists.
- C. To ensure implementation of the requirements established by this Policy, schools must ensure the appropriate team structures are in place. Principals must establish a Behavioral Health Team to oversee delivery of Tier II and III Interventions, and are strongly encouraged to establish a Culture and Climate Team to oversee the establishment and implementation of Tier I strategies.

V. MENTAL HEALTH AND SUICIDE AWARENESS, PREVENTION & EDUCATION

Chicago's youth spend a significant amount of their lives in school; as such, staff in each school are in a prime position to recognize the warning signs of suicide and make appropriate referrals for help. Knowledge of warning signs and issues concerning suicide and mental health is an important way to take part in suicide prevention and help those in crisis. Suicide prevention aims to heighten awareness and understanding in each facet of the school community. It is imperative to equip school staff, students, and families with the knowledge of emotional, psychological, and social well-

⁶ Poole-Di Salvo E, Silver EJ, Stein RE. Household Food Insecurity and Mental Health Problems Among Adolescents: What Do Parents Report? *Acad Pediatr*. 2016 Jan-Feb;16(1):90-6. doi: 10.1016/j.acap.2015.08.005. Epub 2015 Sep 26. PMID: 26530851.

⁷ *Mental Health and Youth Homelessness: Understanding the overlaps*. Homeless Youth and Mental Health | NCHYF. (2020, June 18). Retrieved September 21, 2021, from <https://rhyclearinghouse.acf.hhs.gov/mental-health-youth-homelessness>.

⁸ National Center for Chronic Disease Prevention and Health Promotion. (2012). *Mental Health and Chronic Diseases* [Fact sheet]. U.S. Centers for Disease Control and Prevention. <https://www.cdc.gov/workplacehealthpromotion/tools-resources/pdfs/issue-brief-no-2-mental-health-and-chronic-disease.pdf>

⁹ Rodriguez-Ayllon M, Cadenas-Sánchez C, Estévez-López F, Muñoz NE, Mora-Gonzalez J, Migueles JH, Molina-García P, Henriksson H, Mena-Molina A, Martínez-Vizcaino V, Catena A, Löf M, Erickson KI, Lubans DR, Ortega FB, Esteban-Cornejo I. Role of Physical Activity and Sedentary Behavior in the Mental Health of Preschoolers, Children and Adolescents: A Systematic Review and Meta-Analysis. *Sports Med*. 2019 Sep;49(9):1383-1410. doi: 10.1007/s40279-019-01099-5. PMID: 30993594.

¹⁰ Mann JJ, Bortinger J, Oquendo MA, Currier D, Li S, Brent DA. Family history of suicidal behavior and mood disorders in probands with mood disorders. *Am J Psychiatry*. 2005 Sep;162(9):1672-9. doi: 10.1176/appi.ajp.162.9.1672. PMID: 16135627.

¹¹ Perez, N. M., Jennings, W. G., Piquero, A. R., & Baglivio, M. T. (2016). Adverse childhood experiences and suicide attempts: The mediating influence of personality development and problem behaviors. *Journal of Youth and Adolescence*, 45(8), 1527-1545. <http://dx.doi.org.proxy.cc.uic.edu/10.1007/s10964-016-0519-x>

being, as well as warning signs that may be indications of suicidal behavior - and in turn provide appropriate referral and/or intervention. An effective school-wide intervention system requires multi-tiered systems of support that include: universal, targeted, and intensive procedures. Universal procedures promote a safe, equitable and supportive environment that supports the well-being of students and staff including physical, psychological and emotional health. Together with these procedures, suicide prevention and education equips students, staff, and families with knowledge of various warning signs and risk factors associated with suicidal behaviors and mental health concerns.

To ensure effective suicide prevention and awareness and build a culture of mental health and wellbeing for all students, school and district staff must:

1. **Staff Training:** Complete training under Section IX below to increase knowledge of warning signs, risk factors, and protective factors of suicide as well as identify appropriate interventions and referral techniques.
2. **Positive and Equitable Learning Environments:** Promote a positive school climate that supports the social and emotional development of all students and adults and fosters an equitable, safe and supportive learning environment. As Black, Latinx, and LGBTQ students are disproportionately impacted by depression and suicidal behaviors, staff must understand how racism, homophobia, biphobia, transphobia, and other prejudices intersect and could impact their ability to properly assess and support students.

This includes:

- a. Centering a culturally responsive and anti-racist lived school environment, anchored in the CPS Equity Framework and adhering to the Office of Teaching and Learning's guidance for culturally responsive education, to ensure students and staff have an affinity space in which they feel comfortable discussing mental health.
- b. Adhering to the CPS Addressing Bullying and Bias-Based Behavior and Comprehensive Non-Discrimination policies.
- c. Implementing Restorative Practices throughout the school setting.
- d. Following appropriate protocols related to The Office of Student Protections and Title IX regarding sexual misconduct cases. Subsequent to being contacted by the assigned Field Specialist, safety plans should immediately be created for/with the identified parties. Schools must identify which school counselors or RSPs will check-in with the identified parties and the frequency in which school counselors or RSPs will meet with the students, depending upon the severity of the sexual misconduct incident and/or the students' need for clinical support. If a student is hospitalized, as a result of a sexual misconduct allegation/incident, OSP must be notified immediately. More information can be found in the OSP Procedure Manual.
3. **Social-Emotional Climate:** Use school-based teams identified by the principal that create and support healthy school environments to oversee systems and structures for monitoring students' social-emotional wellbeing. This must include universal, Tier I procedures that address the school culture and climate as well as Tier II and Tier III procedures for students who need additional behavioral health supports, as outlined by the CPS Student Social and Emotional Health Policy.
4. **Student Leadership:** Engage students by providing structure, guidance, and restorative discipline via the Student Bill of Rights, and by creating and promoting opportunities for student involvement in the planning and implementation of health and wellness activities (for example, student participation on school Wellness Teams, student-led mental health awareness campaigns, and peer-to-peer support groups).
5. **Crisis Response Preparedness:** Establish a School-Based Crisis Response Team. This team, designated by the principal, must create a Crisis Plan (as defined in Section II of this Policy) to address the psychological and physical safety of students and staff during a traumatic situation, in

accordance with the CPS Crisis Manual. This team may also function as the Behavioral Health Team in the school setting.

6. **Access to a Medical Home and Mental Health Services:** Collaborate with the Office of Student Health and Wellness to ensure students have access to primary care and behavioral health services through enrollment into health insurance and engagement with a medical home.
7. **Communication of Support and Resources:** Establish and communicate clear strategies and resources for students seeking support for themselves or a peer struggling with suicidal ideation or other mental health issues, including how to talk to a trusted adult, what supports are available, and that their confidentiality will be protected to the greatest extent possible. This must include clearly posting contact information for mental health services and other related resources as provided by the District.
8. **Health Education:** Ensure all students, PK-12, receive age-, culturally-, and developmentally appropriate education on suicide prevention and other mental health-related issues as outlined in the Health Education Curriculum and/or stipulated in a CPS Health Education Policy.
9. **Parent/Caregiver Engagement:** Provide learning opportunities for parents/guardians to increase their understanding of age-appropriate mental health behaviors and skills. This should include warning signs and risk factors of suicide, and steps to take in the event that additional mental health support is needed or if a crisis occurs in the home.
10. **Employee Wellness:** Ensure all staff are able to care for their own mental health through awareness of and access to mental health supports and resources, including the CPS Employee Assistance Program and other health and wellness programs, so they are best equipped to support students.
11. **Diverse Learners:** Follow appropriate protocols related to Diverse Learners who are identified as being at risk for suicide or who attempt suicide. In those instances, the appropriate team must be notified and must address the student's needs in accordance with applicable law, regulations, and Board policy. If a Diverse Learner is identified as expressing suicidal ideation, being at risk for suicide or attempts suicide, CPS Crisis Protocols must be followed to determine level of risk, and the student may require additional special education services or accommodations. The District Representative from the Office of Diverse Learner Supports and Services must be notified and must take action to address the student's needs in accordance with applicable law, regulations and Board policy.
12. **LGBTQ+ Support:** Ensure that all school and District staff create safe and supportive environments for lesbian, gay, bisexual, transgender, questioning, non-binary and gender nonconforming (LGBTQ+) students and staff by:
 - a. Using the individual's affirmed name and/or pronouns, and updating official records as necessary and upon request by the individual;
 - b. Protecting student privacy and ensuring confidentiality;
 - c. Providing access for students and staff to the restrooms and locker rooms that correspond to their gender identity;
 - d. Ensuring equitable access to transgender, nonbinary, and gender nonconforming students and/or staff for the opportunity to participate in an overnight school trip;
 - e. Demonstrating support of LGBTQ+ students by having visible signs and symbols of support in the classroom and school building, incorporating LGBTQ inclusive curricula, and OUT for Safe Schools badges;
 - f. Adhering to policies and procedures outlined by the Office of Student Protection and Title IX, and reporting instances of harassment and/or discrimination against LGBTQ+ students to the OSP Hotline 773-535-4400; and
 - g. Following all other procedures outlined in the *CPS Guidelines Regarding the Support of Transgender and Gender Nonconforming Individuals*.

VI. METHODS OF INTERVENTION AND RESPONSE TO SUICIDAL IDEATION, ATTEMPT, OR DEATH BY SUICIDE

Suicide is a continuum of behaviors, which includes suicidal ideation, suicidal behaviors, and suicide attempts. These behaviors vary and are not mutually exclusive, nor do all suicidal youth advance sequentially through them. Although the frequency of each behavior decreases as individuals move along the continuum, the level of lethality and the probability of death increases¹². The methods of intervention used by the District include responding to suicide threats (including all forms of communication, for example, phone, email, text, social media), suicide attempts in school/outside of school, and death by suicide. For all instances of suicidal ideation, suicide attempt, or death by suicide, whether they occur during or outside of school hours, schools must follow the protocols outlined in the CPS Crisis Manual.

- A. The District acknowledges that staff are not expected to be “on call” or accessible outside of school hours. If staff are made aware of a crisis situation outside of school hours, regardless of the method of communication, they must immediately contact the Student Safety Center (773-553-3335) to inform them of the situation. When possible, the steps outlined in the Crisis Manual should also be followed to the best of the staff person’s ability.
- B. Schools must follow the Police Notification Guidelines outlined in the Student Code of Conduct. When calling 911 in response to a mental health crisis or suicidal activity, staff should request a Crisis Intervention Trained officer (CIT) when possible.

VII. REPORTING PROCEDURES

- A. All steps taken when responding to a crisis must be documented in Aspen according to CPS documentation guidelines.
 - 1. The school must document in Aspen that a risk assessment occurred but must not include an upload of the actual assessment form in the interest of confidentiality.
 - 2. Suicide/Mental Health crises must be documented as an ICT (Incident, Concern, or Threat) in Aspen and not as a journal or other non-official record.
 - 3. If the Chicago Police Department is contacted, the school must include the RD number (please refer to the ICT Entry Manual).
- B. District Schools, network offices, central office departments, and administrative offices must ensure appropriate measures are taken to protect the confidentiality of all Student Records and to prevent unauthorized access to or release of Student Records in compliance with the Student Records Management and Retention Policy and Privacy of Health Related Information Policy.

VIII. STUDENT ABSENCES/GRADES/DISCIPLINARY ACTIONS

In alignment with the District’s vision for supporting the Whole Child, it is imperative that schools take a holistic approach to assessing and responding to student behavior to ensure that students receive the mental and physical health supports they need. Implementing punitive or other disciplinary measures when mental health treatment is needed can lead to prolonged mental health concerns, the impacts of which can follow students well into adulthood.¹³ Schools should refer to the CPS Restorative Practices Guide & Toolkit to ensure that students receive appropriate supports before, during, and after a mental health crisis.

- A. All students are afforded up to five mental or behavioral health days each school year. Schools must treat mental health days as they do any other absence with a valid cause (see CPS Absenteeism and Truancy Policy). A medical note is not required for mental health days.

¹² Miller, N. D., & Eckhart, T. L. (2009). Youth suicidal behavior an introduction and overview. *School Psychology Review* 38, 153-167.

¹³ 2016 Child Mind Institute Children’s Mental Health Report (2016), retrieved from <https://childmind.org/report/2016-childrens-mental-health-report/mental-health-impacts-schools/>

- B. Schools must accommodate students who are absent from school due to mental or behavioral health issues.
 - 1. Standard absence reporting must be adhered to, however students must not be penalized, through grades or other disciplinary measures, as a result of seeking or receiving any mental health treatment, or having attempted suicide in schools.
 - 2. Schools must follow the protocols outlined in the Home Hospitalization Program to ensure students are able to participate in learning activities while seeking either in-patient or out-patient services, or while utilizing mental health days.
- C. In the event that a student's behavior includes a violation of the CPS Student Code of Conduct, schools must use a restorative, behavioral health approach in their disciplinary response, as outlined in the Guidelines for Effective Discipline: An Administrator's Addendum to the CPS Student Code of Conduct.
 - 1. Out-of-school suspension must be used as a last resort measure, and only when in-school interventions and consequences are insufficient to address the student's inappropriate behavior, or when the student's attendance at school presents an imminent endangerment to the physical, emotional, or mental safety of a specific student(s)/staff.
 - 2. If a student is hospitalized for one or more school days after an incident that is determined to be a violation of the CPS Student Code of Conduct, the use of suspension post-hospitalization should only be considered as a last resort and after due process is implemented, and it is determined that an imminent endangerment to the physical, emotional, or mental safety still persists upon discharge.
 - a. Hospital discharge summaries must be reviewed by the School-Based Crisis Response Team and taken into account in any determination.
 - b. Parents must be consulted and notified in all cases of student discipline in accordance with the Student Code of Conduct. Staff must consult with the Student Discipline Support Team at studentadjudication@cps.edu before assigning in-school or out-of-school suspensions following student hospitalization.

IX. TRAINING

In providing universal suicide prevention training, school staff are able to more effectively recognize the warning signs, risk factors and protective factors of suicidal behavior and request targeted and/or intensive support through established protocols that may lead to referrals and/or interventions. This universal approach supports staff, families, and students in effectively supporting and responding to a student in crisis.

- 1. All District and school staff must complete annual training, as directed by the Office of Student Health and Wellness, to identify the warning signs, risk factors and protective factors of mental illness and suicidal behavior in youth and shall be taught appropriate intervention, responses, and referral techniques.
- 2. All CPS school-based social workers, psychologists, counselors and nurses will receive specialized training annually to ensure they are prepared to act as first responders when present in school during a mental health crisis or occurrence of suicidal activity.
- 3. All school staff must complete the Supporting Transgender, Nonbinary and Gender Nonconforming Students webinar annually.

Additionally, the Office of Student Health and Wellness will collaborate with the Offices of Social and Emotional Learning, Diverse Learner Supports and Services, School Counseling and Post-Secondary Advising, Student Protections and Title IX, School Safety and Security, and other relevant departments to develop and share resources and professional development to increase staff, student, and parent/guardian knowledge of warning signs and risk factors for suicide and what to do when a student is expressing suicidal ideation/behavior.

X. RESOURCES:

Schools must be aware of the following resources and refer them to students, families, and staff as needed:

National Alliance on Mental Illness (NAMI):

- Chicago Helpline: 833-626-4244 or text “NAMI” to 741741
- National Helpline: 800-950-6264

National Suicide Prevention Lifeline:

- 1- 800-273-8255 (English)
- 1-888-628-9454 (Spanish)
- 1-800-799-4889 (TTY)

Trevor Project:

- 1-866-488-7386 or text “START” to 678-678

Screening Assessment and Support Services, CARES Line: 800-345-9049.

Mental Health First Aid Crisis Text Line: Text “MHFA” to 741741


Employee Assistance Program (EAP) for CPS Staff: 1-800-424-4776

XI. GUIDELINES: The Chief Health Officer or designee in collaboration with the Executive Director of the Office of Social and Emotional Learning, Chief Officer of Diverse Learner Supports and Services, Chief Officer of School Safety and Security, or designees must develop and implement guidelines, procedures and toolkits for the effective implementation of this Policy.

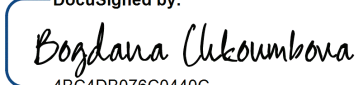
CROSS REFERENCES: Board Reports 20-0624-PO4, 20-0624-PO3, 20-1216-PO2, 21-0623-PO3, 20-0923-PO2, 04-0922-PO3, 21-0224-PO2, 03-0326-PO01, 06-0222-PO2

LEGAL REFERENCES: 105 ILCS 5/2-3.163, 105 ILCS 5/10-22.39 , 405 ILCS 5/3-501(a). [HB 576/PA 102-0266](#)

Approved for Consideration:

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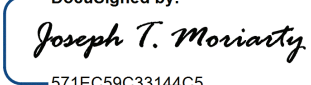
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