



Broward County Public Schools

SUICIDE PREVENTION HANDBOOK 2016-17

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BCPS Vision Statement: Educating today's students to succeed in tomorrow's world.

ESE & Support Services Mission Statement: The Division of Exceptional Student Education and Support Services is committed to preparing students for success in a global society.



BROWARD COUNTY PUBLIC SCHOOLS
STUDENT SERVICES
DEPARTMENT



• I n t r o d u c t i o n •

According to Center for Disease Control suicide is the third leading cause of death among young people aged 10–24. More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, stroke and chronic lung disease combined. It results in approximately 4,300 lives lost each year. Over twice as many people die by suicide in Florida than by homicide. In Florida, 3,035 deaths by suicide occurred. Florida is ranked 28 in number of deaths. On average, one person dies by suicide every three hours in Florida.*

Deaths from youth suicide are only part of the problem. More young people survive suicide attempts than actually die. The 2015 Youth Risk Behavior Survey for Broward County youth grades 9–12 revealed that 9.3% or 6,453 students reported attempting suicide. This is of the 69,393 surveyed. This is the second highest number since the data started to be collected in 1991. The highest year was 1993 which was 10.4%. In 2015, 2,429 (3.5%) youth in this survey reported a suicide attempt that needed to be treated by a doctor or nurse. This is the highest number in the history of collecting the data in Broward County Public Schools, the second highest percent was in 1991 at 1.2%. *One of the most important things school professionals can do to prevent suicide is to identify the warning signs of suicide and recognize an adolescent at increased risk for suicide.*

This manual was written to provide school personnel with the information necessary to identify potential suicides and to intervene.

**Center for Disease Control and Prevention 2014*

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QUICK GUIDE FOR ADMINISTRATORS

If there is a concern about a student regarding suicide please note the following important steps:

1. **Ensure the student is medically safe first.** If the student is in medical danger (i.e. swallowed something, not breathing, bleeding or in an unsafe place), follow procedures for medical safety first.
2. **Never leave the student alone.** Keep the student with an adult at all times until the student has been determined to be no longer in danger to self.
3. **Assess for suicide.** This is most often done by a mental health professional, ideally your suicide prevention designee (SPD) (see additional information on identifying a SPD).
 - a. If your SPD is not on site, administration can contact School Resource Officer, Local Law Enforcement or the Youth Emergency Services Team (954-677-3113). Any of these entities can assess for suicidal risk.
 - b. If it is determined the student is at risk, SRO, Local Law Enforcement or YES Team can initiate a Baker Act and transport the student.
4. **Contact the legal guardian.** Schools must notify the legal guardian when there is a concern regarding suicide. Schools **should not** contact the legal guardian to take the student off campus whether that is home or to a hospital.
5. **The school is responsible to assess and take action** once the school has been made aware of the concern. Although the school must assess, a legal guardian can, once they arrive at the school, decide to take the student. The school should advise the guardian of the risk and concern for the student.
6. **Suicide is not homicide.** A threat assessment is **NOT** done if the student is threatening harm to self. The student is not breaking a policy or procedure when threatening harm to self.
7. **When the student returns to school,** the SPD can meet with the family to develop a safety plan. This is a plan that allows the student to identify who they can go to if they feel suicidal in the future.
8. Staff are required to enter information regarding suicide or Baker Acts in the database (see section on data entry).

MYTHS AND FACTS ABOUT SUICIDE

MYTH	FACT
Educating teens and talking about suicide in the classroom will promote suicidal ideas and suicidal behavior	When issues concerning suicide are taught in a sensitive educational context they do not lead to, or cause, further suicidal behavior. Educational programs help students identify peers at risk and help them receive the help they need. Talking about suicide provides adolescents with an avenue to discuss their feelings and to seek help from a friend or school staff member.
Most teenagers will not reveal that they are suicidal or have emotional problems for which they would like emotional help.	Most teens will reveal that they are suicidal. ** Although studies have shown that they are more willing to discuss suicidal thoughts with a peer than a school staff member.
Adolescents who talk about suicide do not attempt or complete suicide.	One of the most ominous warning signs of adolescent suicide is talking repeatedly about one's own death.
Parents are often aware of their child's suicidal behavior.	Studies have shown that as much as 86% of parents were unaware of their child's suicidal behavior.
Most adolescents who attempt suicide fully intend to die.	Most suicidal adolescents do not want suicide to happen. Rather, they are torn between wanting to end their psychological pain through death and wanting to continue living, though only in a more hopeful environment. Such ambivalence is communicated to others through verbal statements and behavior changes in 80% of suicidal youths.
Suicidal behavior is inherited.	No specific suicide gene has ever been identified as determining or contributing to the expression of suicide.
Adolescent suicide occurs only among poor adolescents.	Adolescent suicide occurs in all socioeconomic groups. Socioeconomic variables have not been found to be reliable predictors of adolescent suicidal behavior. Instead of assessing adolescents' socioeconomic backgrounds, school professionals should assess their social and emotional characteristics (i.e., affect, mood, social involvement, etc.) to determine if they are at increased risk.
There is not a significant difference between male and female adolescents regarding suicidal behavior	Adolescent females are significantly more likely than adolescent males to have thought about suicide (1.5 to 2 times more likely) and to have attempted suicide (3 to 4 time more likely). Adolescent males are 4 to 5.5 times more likely than adolescent females to die by suicide however the lethality rate of female attempts is increasing.
The most common method for adolescent death by suicide is drug overdose.	Guns are the most frequently used method for deaths by suicide among adolescents accounting for 67% of all adolescent deaths by suicide. Hanging/suffocation is the second most used method and accounts for 18% of all adolescent deaths by suicide. Hanging/suffocation is also the most frequently used methods by adolescent girls.

****NOTE: A small percentage of individuals intent on dying by suicide may present no obvious signs and/or symptoms.*Adapted from The 2012 Youth Suicide Prevention School-Based Guide**

IDENTIFYING A SUICIDE PREVENTION DESIGNEE

- It is crucially important administration identify an SPD equipped to take appropriate steps to address suicide risks that arise in order to ensure student safety
- The Suicide Prevention Designee (SPD) acts as the primary school resource person trained to assess and intervene in suicide related incidents.
- The SPD will meet with students identified as exhibiting behaviors suggesting they may be at risk for suicide.
- Due to the significance of the role the SPD plays, it is highly recommended the following criteria be considered when identifying potential candidates.
 - Must be trained in a mental health related field.
 - Must be comfortable asking probing questions to determine risk of suicide.
 - Should ***be full time school based staff*** to ensure availability if an incident arises.
 - Must become familiar with the Suicide Prevention Designee Handbook.
 - May require release to attend SPD training
 - An additional full time staff person should be identified as a secondary designee in the event the primary SPD is unavailable.
- All staff should know who their SPD is and how to contact them during a suicide related crisis.

INTERVENTION GUIDELINES: AN OVERVIEW *

- If several warning signs (Appendix A & B) are present or if a staff member just has a "gut level" feeling based on self-destructive comments of the student, they should be directed to trust their suspicions. Students who exhibit signs and/or symptoms may not necessarily be suicidal, but they are more than likely experiencing some difficulty in their lives.
- If there is any doubt a student may be in danger of harming himself/herself, staff is to immediately refer him/her to the SPD.
- Never leave the student alone.
- It is the responsibility of the SPD to immediately meet with a student and assess the severity of the risk and work with other resources to initiate appropriate interventions.
- The SPD will work with other school-based resource staff (school social worker, guidance counselors, school resource office, etc.) as needed
- Parent/caregiver must always be notified *unless* there is suspicion of abuse or neglect (in which case staff will follow District procedures for suspected abuse and neglect) or if the student is at the age of majority.
- While in the process of assessment for lethality the student must remain under the care and supervision of designated school personnel and is NOT to be released to the guardian/caregiver. If a parent wishes to take their child from school before an assessment has been completed utilize the School Resource Officer/Deputy.
- In the event a student is deemed to be at high risk for suicide by the SPD or has engaged in a suicide attempt administration will be informed immediately (following contact with any needed medical emergency services) and Baker Act procedures (APPENDIX C) will be initiated.
- The SPD will work with other school resource personnel to ensure an intervention plan is created and follow up communication takes place with the student and their parent/caregiver no later than the following day or upon return to school from a mental health receiving facility.
- In the event of a completed suicide follow procedures in the [District Crisis Response And Recovery Handbook](#) located at:
 - <http://www.broward.k12.fl.us/studentsupport/psychologicalservices/html/resources.htm>

- The SPD will ensure administration is apprised of any suicide related incidents.
- Document all incidents in the online Database provided (link provided to the SPD).

BEST PRACTICES / AVOIDING COMMON ERRORS*

Remain Calm at all times. Don't act shocked. Addressing the student in a calm, caring, non-reactive manner may help put them at ease. At the very least you want to minimize the chances of increasing their level of hopelessness.

Never leave the student alone or send the student away. This may just reinforce feelings of isolation and hopelessness.

Maintain privacy when talking to the student while also ensuring assistance is readily available if needed. When meeting with a student in an office leave the door partially open or have a second staff person in the room if feasible.

Never promise secrecy or confidentiality. Issues such as danger to self or others and physical and sexual abuse cannot be kept secret. If any adult in the state of Florida knows, or reasonably suspects, abuse or neglect of a child, he or she must report it to the Child Abuse Hotline. (1-800-962-2873). Follow District protocols for abuse reporting.

Always treat threats of suicide as real. Never dare a student to attempt suicide. Communicate that you respect the student's feeling. Assuming that a student is attention seeking is usually the reason behind under-reacting, which reinforces the student's feeling that no one understands or cares. Even if a student is seeking attention, you must act. The benefits could certainly outweigh the costs of not doing so. Even if a student has threatened suicide before take each incident seriously. The student is in need of help.

Avoid debating with the student about whether suicide is right or wrong. The goal is to listen and show concern. Avoid discussing morality, the value of life and how such a tragic act would affect family and friends. Some people in the student's life may be contributing to the suicidal crisis and the student may wish to hurt these people through suicide.

Remain patient with the student. Do not rush. You may need to spend some time with the student in order to ensure that he or she will remain safe.

Never try to physically take a weapon from a student. Doing so could endanger your life, the life of the student, and the lives of other people. Immediately call for assistance from security/SRO.

**Adapted in part from 2012 Youth Suicide Prevention School Based Guide*

DATA BASE REQUIREMENTS for SUICIDE/BAKER ACTS

Each school designee is required to enter information in the database. The purpose of the database is track information as related to suicide or suicidal related baker acts. Each school has a specific login and password assigned to them. The suicide prevention designee is asked to enter the information as soon as the crisis is over.

Schools should enter all information in the database related to suicide. If any of the following occurs, the information should be entered into the database every time it occurs with a student:

- talks about suicide,
- writes or draws about suicide or suicidal intentions
- make any suicidal gestures or attempts

Schools should enter all information in the database related to Baker Acts.

- Baker Act for suicidal (danger to self)
- Baker Act for homicidal (danger to others)

The suicide data is reviewed daily by the ESE/SS Department, specifically SEDNET. The SEDNET department follows up with school to offer support related to the situation in relation to suicide. Data is tracked in the area of Baker Acts and support is offered to students who are Baker Acted due to suicide. Data as related to homicidal Baker Acts are reviewed and shared with other departments for support to the school.

Information that is entered into the database is confidential and should not be shared with anyone who is not working with student in the area. It is for this reason that only the identified suicide prevention designee should enter the information about the student.

Questions in the database are related to what has happened with the student: specifically describe the crisis, what supports were given and what was the final situation. If the final outcome of a suicidal student was a Baker Act then the person entering the data would answer yes to the Baker Act question complete the next section.

If your school does not have their assigned password and login, do not have the address of the database, or are experiencing any difficulties related to the database, the designee can call The District Office in charge of the data base at 754-321-3421 for support.

FREQUENTLY ASKED QUESTIONS ABOUT BAKER ACT AND SUICIDE PREVENTION

1. **Why doesn't the YES Team Baker Act students?**

The student has to state that they are suicidal at the time the YES team is present. The purpose of the YES team is to assess/evaluate the student based on information given by the student at that moment in time. If a student does not state that they are suicidal with a plan then the YES team or any other licensed clinician cannot initiate a Baker Act per the Baker Act law. This is different from an assessment done by law enforcement or School Resource Officer. The law states that law enforcement can use third party information to determine if the person meets criteria for a Baker Act. The YES team can initiate a Baker Act if the student meets the criteria as indicated.

2. **Where should we document Baker Acts and Suicidal behavior?**

There is a Baker Act/Suicide database that is accessible to the suicide designee at your school. Your school's suicide Designee need to have their assigned username and password to log in.

3. **Is there any form/manual that tells us what to do when a student needs to be Baker Acted or if a student is suicidal?**

Yes. There is a Suicide Prevention Handbook and Brainsharks that can be accessed online at [Suicide Prevention](#).

4. **Our school does not have any of those problems. Why do we need to have a suicide prevention presentation?**

Suicide should not be seen as a problem but rather as a need for help. Suicide Preventions presentations equip your school with the necessary skills and tools to assist students who are in need of support. It can help educate staff as to what certain signs may look like and prevent a suicide. Data indicates that suicide does not discriminate it can happen in all cultures, socioeconomic levels and educational levels.

5. **We have a suicidal student at school, what should we do?**

Your suicide designee has been offered training in the area; please contact them. Suicide Designee and Administration will want to be familiar with this before an incident occurs. If you have not attended a training or you have a new designee please contact 754-321-3421 to obtain information and training. The suicide prevention manual has specific information regarding what to do at the time and follow up procedures.

Specifically, please note do not ever leave the student alone, contact the legal guardian as soon as you can.

At the time of crisis: Assess for risk of suicide. As the designee, you can contact the YES team at 954-677-3113 or your School Resource Officer or Local Law Enforcement for assistance in the assessment.

6. Difference between Suicidal and Homicidal?

- **Suicidal** means that the student intends to harm self. This means danger to self. YES team can **only assess** if the student is at risk of suicide.
- **Homicidal** means that student intends to harm others. If a student threatens to harm others in any way the school is to follow the threat assessment procedures. The YES team cannot assess without consent for homicidal behaviors. The YES team cannot come and initiate a Baker act or intervene when a student is disruptive or destroying property. This is homicidal not suicidal.

7. Where can I get a suicide prevention presentation for my staff?

You can contact the SEDNET office at 754-321-3421

8. Where can I get username and password for baker act/suicide database?

You can contact the SEDNET office at 754-321-3421 or Keane Matthews at 754-321-3424.

9. Do we have a log a Baker Act/Suicidal behaviors even when it occurs off school grounds/campus?

Yes, All Baker Acts/Suicidal behaviors should be logged regardless of where it occurs. This will help us in identifying students that are in need of support and that follow-up can occur.

10. What is a SEDNET referral?

SEDNET referrals are generated by hospitals and treatment facilities at the discretion of their clinical team during discharge planning. For more specific information please contact the SEDNET office at 754-321-3421 or view the Brainshark at [SEDNET Brainshark](#).

11. Why was a SEDNET referral not generated when the student was Baker Acted?

Not all students who are Baker Acted will receive a SEDNET referral. The student's emotional well-being and academics have to be impacted as seen by the hospital social worker or clinical staff. For more information please view [SEDNET Brainshark](#).

12. Once a SEDNET referral has been generated, how long does it take for a change of placement to occur?

A SEDNET referral is not a change of placement but rather it takes an expedited look at any additional academic support that may benefit the student.

13. I entered information into the database but I do not see my entry. What should I do?

Please contact the SEDNET office at 754-321-3421 for assistance.

RESOURCES

The Youth Suicide Prevention School–Based Guide

<http://theguide.fmhi.usf.edu/>

This guide is designed to provide accurate, user–friendly information. The Guide is not a program but a tool that provides a framework for schools to assess their existing or proposed suicide prevention efforts (through a series of checklists) and provides resources and information that school administrators can use to enhance or add to their existing program. Included in the [Best Practices Registry \(BPR\) for Suicide Prevention](#). Each item will open in a PDF that schools can download and apply. Should schools have questions regarding the guide they can call ESE/SS SEDNET Department.

Issue Briefs covered in the Guide:

[Information Dissemination in Schools](#)

[School Climate](#)

[Risk Factors: Risk and Protective Factors, and Warning Signs](#)

[Administrative Issues](#)

[Suicide Prevention Guidelines](#)

[Intervention Strategies: Establishing a Community Response](#)

[Intervention Strategies: Crisis Intervention & Crisis Response Teams](#)

[Intervention Strategies: Responding to a Student Crisis](#)

[Preparing for and Responding to a Death by Suicide: Steps for Responding to a Suicidal Crisis](#)

[Preparing for and Responding to a Death by Suicide: Responding to and Working with the Media](#)

[Family Partnerships](#)

[Culturally and Linguistically Diverse Populations](#)

Self-Assessment Checklists for Schools:

[Information Dissemination in Schools](#)

[Information Dissemination in Schools: The Facts about Adolescent Suicide](#)

[School Climate](#)

[Administrative Issues](#)

[Suicide Prevention Guidelines](#)

[Intervention Strategies](#)

[Preparing for and Responding to a Death by Suicide: Steps for Responding to a Suicidal Crisis](#)

[Preparing for and Responding to a Death by Suicide: Responding to and Working with the Media—Sample Forms for Schools](#)

[Culturally and Linguistically Diverse Populations](#)

[Suicide Prevention Programs](#)

[Resources & Links](#)

[Youth Suicide Warning Signs](#)

[National Suicide-Related Statistics](#)

[Warning Signs Interactive Site](#)

ADDITIONAL COMMUNITY SUPPORT

FIRST CALL FOR HELP

Dial 211 or (954) 537-0211

SUICIDE PREVENTION LIFELINE

1-(800) 273-TALK (8255)

HENDERSON BEHAVIORAL HEALTH CENTER

(954) 677-3113

Provides:

Crisis Team-Baker Act Process

Youth Emergency Services (YES TEAM)

Provides immediate emergency therapeutic services to children and families.

SCHOOL SUPPORT

School Social Worker/School Psychologist/Suicide Prevention Specialist/Family
Counseling Center-Post Crisis Family Support

DISTRICT RESOURCE CONTACTS

(Do not leave voicemails regarding student suicide risk)

Dr. Charlene Grecsek, LMHC

SEDNET Coordinator, ESE family Counselor Coordinator

Suicide Prevention

(754) 321-3400

Faye M. Kravitz, LCSW

District Coordinator, Student Services (School Social Work Services)

(754-321-1618)

Rosemary Russo, LCSW

Family Counseling Program Coordinator

(754) 321-1590

Laurel Thompson, Ph.D.

Director of Student Services

(754) 321-1550

APPENDIX A:
POSSIBLE PRECIPITATING EVENTS OF SUICIDE & RISK FACTORS
(CAUSES OF DISTRESS)

Family Problems:

- Changes in family structure
- Loss of job by parent
- Death of a family member or abandonment
- Life threatening disease
- Constant arguments within the family or family violence
- Separation/divorce or marital instability
- New family, blended or step family
- Physical/sexual abuse or neglect from parents
- Parent alcohol/drug abuse
- Overprotecting/overindulging/being isolated from parents
- Poor communication between parents and children
- Excessive responsibility for sibling care
- Family history of suicidal behavior and/or psychopathology
- Lack of support from parents

School Problems:

- Loss of status (e.g., failure to make the team, drop in grades)
- Unreasonable expectations (pressures to excel from parents, school and self, straight A's, part-time job, play sports, etc.)
- Unsafe environments (gangs, bullies, runaway)

Personal/Social Problems:

- Previous suicide attempt
- Exposure to suicidal behaviors of friends/acquaintances, or in the media
- Loss of a close friend through rejection, moving away, death/suicide
- Loss of romantic relationship
- Lesbian, Gay, Bisexual, Transgender Questioning (LGBTQ)
- Loneliness/isolation/embarrassment/humiliation
- Peer pressure (drugs, truancy, sex)
- Poor coping skills
- Unintended pregnancy
- Succession of multiple problems
- Alcohol and drug abuse

- Distress over sexual orientation
- Victim of sexual assault
- Conduct disorders or aggressive/impulsive/disruptive behaviors
- Being homeless or having run away from home
- Chronic physical illness

Demographic Risk Factors:

- Being male (for death by suicide)
- Being female (for suicide attempts)

**APPENDIX B:
WARNING SIGNS**

Teachers and other school personnel are often the first adults to hear about or encounter a student who is contemplating suicide. Listed below are specific signs and symptoms to better assist you in recognizing possible suicidal students. An excellent interactive web site about youth can be found at the [Warning Signs Interactive Site](#).

ELEMENTARY LEVEL

What to watch out for:

Small children are at risk at times when major change or trauma occurs in a family. Divorce, death or long-term life threatening illness of a parent may place excessive responsibility on children (such as caring for younger siblings). **It is to be noted that one single factor does not necessarily constitute a risk of suicide.** All areas need to be considered in context.

3 to 5 Years

- Sudden withdrawal
- Change in eating and sleeping pattern
- Sad face/Somber affect
- Irritable
- Cries often without obvious reason

4 to 10 Years

- Reckless acts
- Sudden behavior changes
- Angry outbursts
- Withdrawal from peers and family
- Preoccupation with death
- Talking about joining family members who have passed away
- Morbid artwork
- Somatic complaints to avoid school or fun activities
- Frequent, unexplainable accidents

SECONDARY LEVEL

Significant Changes in Student's Behavior / Personality

- Hopelessness or Feeling Trapped – "no way out"
- Helplessness – unable to alter their situation
- Low self-esteem
- Neglect of personal appearance
- Serious mood changes
- Not tolerating praise or rewards
- Abuse of alcohol and drugs
- Self-injurious behavior or accident prone
- Change in eating and sleeping patterns
- Giving away prized possessions
- Sudden happiness following prolonged depression
- Out of character outbursts such as violent actions, rebellious behavior, or running away
- Withdrawal from family and friends
- Getting into trouble with the law
- Difficulty concentrating

- Loss of interest in things one cares about

Significant Changes in Academic Performance

- Skipping classes – chronic tardiness
- Over achiever – under achiever
- Assignments done carelessly or neglected
- Lack of interest or participation in class
- Falling asleep in class
- Sudden withdrawal from extracurricular activities
- Noticeable drop in grades
- A desire to end one's life may show up in artwork, poetry, essays, etc.

Verbal Warning Signs

- Talks about death and asks questions about suicide
- Talks openly about suicide or a suicidal plan
- Complaining of being a bad person or feeling “rotten inside”
- Expresses a desire to join someone who has died
- Reports previous suicide attempts
- Expresses feeling like a burden

**APPENDIX C:
THE BAKER ACT**

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

The Florida Mental Health Act (THE BAKER ACT)

F.S. Chapter 394, Part I Information

I. PURPOSE:

The Florida Law recognizes that some mentally ill persons (adults and children) may need to be involuntarily admitted to a mental health facility for evaluation and short-term treatment. In such instances a person can be admitted involuntary **only if there is a reason to believe they are mentally ill and without care and treatment, they are likely to suffer from substantial harm or are more likely than not to inflict serious, unjustified harm to another person.**

II. INVOLUNTARY EXAMINATION CRISIS

A person may be taken to a receiving facility for involuntary examination if there is reason to believe that he/she is mentally ill (See F.S. 394.463) and because of his/her mental illness:

A. He/She has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination:

or

He/She is unable to determine for him/herself whether examination is necessary:

and

B. Without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself; such neglect or refusal poses a real and present threat of substantial harm to his/her well-being; and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services:

or

There is a substantial likelihood that without care or treatment the person will cause serious bodily harm to himself or herself or others in the near future, as evidenced by recent behavior.

III. RULES:

- A. The Baker Act Process is to be considered a resource of last resort.
- B. This procedure is applicable only to children and adults who display “mental illness” as defined in Florida Statutes and who refuse voluntary examination or admission to a mental health facility. **F.S. 394.455 (18) states “mentally ill” means an impairment of the mental or emotional processes that exercise conscious control of one’s actions or of the ability to perceive or understand reality, which impairment substantially interferes with the person’s ability to meet the ordinary demands of living. For the purpose of this part, the term does not include a developmental disability as defined in Chapter 393, intoxication, or conditions manifested only by anti-social behavior or substance abuse impairment.**
- C. The Baker Act procedure **must not** be considered or implemented as a regular school behavioral intervention such as “time out” or “isolation”. Neither may it be used only for removing the child or adult from the school campus or for disciplinary reasons. This civil procedure is intended to protect the child from harm to himself or others, and to obtain emergency mental health treatment.

IV. PROCEDURES (E/BD Center Principals have separate procedures but must follow steps 1,2,5, 8,and 9.)

- 1. The principal has primary responsibility for the Baker Act process. The principal will receive information about Baker Act processes from a suicide prevention designee trained in a mental health field and assigned to the school on a full time basis (such as a guidance counselor). Administrative designees may be utilized when the principal is off campus or when, in the judgment of the principal, it is more appropriate to involve a designee on a particular case or for a particular step in the procedure.
- 2. To help determine if a student is in danger of hurting himself/herself or others, the principal or administrative designee will involve appropriate school-based personnel (e.g. suicide prevention designee, school social worker, guidance counselor, family counselor [*not* ESE family counselor], ESE specialist, school resource officer, and/or peer counseling coordinator), and parent to de-escalate

- the student. If de-escalation is not successful, the principal or designee will, based on their own observation and input from involved personnel, determine if there is a need to proceed with contacting the YES team, school resource officer deputy SRO/SRD or police.
3. The principal or administrative designee will discuss behavioral interventions with school-based student services staff and will together decide the appropriate course of action.
 4. The principal or designee will call the parent, if parent contact has not yet been made. Parent contact must be completed except in extraordinary circumstances. (i.e. student is of age of majority, student is alleging abuse/or neglect by legal guardians). Multiple efforts to contact parents must be documented.
 5. **While in the process of assessment for lethality (meeting Baker Act criteria), the student must remain under the care and supervision of designated school personnel and is NOT to be released to guardian/caregiver.**
 - a. **Only after an assessment has been completed and documented by qualified school personnel, ascertaining said student does not appear to pose an immediate danger to themselves or others is the student to be released to the custody of their guardian/caregiver.**
 - b. **In the event a guardian/caregiver wishes to remove the student from school before an assessment has been completed, school personnel will utilize the assistance of the School Resource Officer/Deputy (SRO/SRD), School Special Investigation Unit officer (SIU), or other law enforcement officials to ensure the assessment is completed before the guardian/caregiver removes the student from the school grounds.**
 6. After the above interventions, if it is determined the child is a danger to him/herself or others, or is suffering from mental illness, the school's designee may:
 - a. Request the SRO/SRD or other law enforcement official transport the student to the nearest receiving facility.
 - b. Alternatively the designee may contact the Youth Emergency Services (YES) Team at (954) 677-3113. This program provides mobile crisis intervention 24/7 for youth and families throughout Broward County. If the YES team determines involuntary placement is required, they will complete the necessary Baker Act documentation and arrange for transport of student to a Baker Act receiving facility.

7. School personnel will transport students to a receiving facility. Transport may be requested from the Broward Sheriff's Office (BSO) by calling the dispatcher at (954) 765-4321 and selecting the option for situations requiring the involvement of a law enforcement officer. Alternative transport options include local municipal police or SRO/SRD.
8. The principal or administrative designee will ensure interventions/outcomes are documented, and the suicide prevention designee submits an entry to the Baker Act Database (Appendix E) within 24 hours.
9. For each student admitted to a receiving facility under the provisions of the Baker Act, the principal or administrative designee will designate a specific staff member to serve as the school's contact person to provide follow up contact with the parent/caregiver and facilitate the student's transition from the receiving facility back to the school.
10. If a Baker Act is initiated for a student who is **homicidal** (danger to others) refer to:
 - a. The District Threat Assessment Procedures Manual located at:
 - b. <http://www.broward.k12.fl.us/studentssupport/psychologicalservices/html/resources.htm>