Broward County Public Schools

# SUICIDE PREVENTION and BAKER ACT HANDBOOK 2019-20


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**BCPS Vision Statement**: Educating today's students to succeed in tomorrow's world.
**ESLS Support Services Mission Statement:** The Division of Exceptional Student Learning Support is committed to preparing students for success in a global society.

Exceptional Student Learning Support (ESLS)

• I n t r o d u c t i o n •

BROWARD COUNTY PUBLIC SCHOOLS
STUDENT SERVICES DEPARTMENT

SEDNET
The Multiagency Network for Students with Emotional/Behavioral Disabilities

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 6,160* 10-24-year-old lives lost nationally each year. In 2017, 296 deaths by suicide for 10 -24-year-old occurred in Florida, ranking our state 21st in the nation for the number of deaths by suicide**. On average across all age groups, one person dies by suicide every three hours in Florida. *More than twice as many people die by suicide in Florida than by homicide.

Deaths from youth suicide are only part of the problem. More young people survive suicide attempts than die. In addition, more youth are reporting that they have seriously thought about killing themselves and made a plan. Specifically, in The Youth Risk Behavior Survey administered in Fall of 2016 the following data was revealed. The data was compiled and released in the summer of 2018. The High School Youth Risk Behavior Survey for Broward County was completed by youth grades 9-12 revealed that 11.1% of students reported attempting suicide. This represents an increase of 1.7% since 2015 data report. It is also the highest number since data collection started in 1991. The highest year was 1993 with 10.4% of respondents reporting an attempt. In the survey, 3.7% of youth reported a suicide attempt that needed to be treated by a doctor or nurse. This is the third highest number in the history of collecting the data in Broward County Public Schools; the highest percentage was in 2013 at 4.1%. In 2017, 23.3% of students reported seriously considering suicide. This is an increase of 3.9% from 2015. Finally, 16.2% of students reported that at some time that had made a plan on how he/ she would kill themselves. This is an increase of 2.8% from 2015.

* "One of the most important steps school professionals can take to prevent suicide is learning to identify the warning signs and understand risk factors. If school personnel can recognize if an adolescent is at increased risk for suicide, they can connect them to the appropriate professionals." *

This manual was written to provide school personnel with the information necessary to identify potential suicides and to intervene. Online resources for Broward County Public Schools (BCPS) can be found at BCPS Mental Health and Wellness Portal http://www.bcps-mentalhealth.com/index.php.

**Center for Disease Control and Prevention 2018*
***Department of Children and Families Office of Substance Abuse and Mental Health 2017 Annual Report Suicide Prevention Coordinating Council*

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# QUICK GUIDE

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 by the suicide prevention designee (SPD) or other mental health professional to be no longer in danger to self.
3. **Assess for suicide risk**. This is most often done by a mental health professional, ideally your SPD (see additional information on identifying a SPD).
    a. If the SPD or secondary designee is not on site, then access an alternate mental health professional:
        1. School Counselor (other than the SPD)
        2. School Social Worker
        3. Family Therapist
        4. School Psychologist
    b. If the SPD and alternate mental health professionals are NOT available or additional support is needed, administration can contact a School Resource Officer, Local Law Enforcement or the Youth Emergency Services Team (954-677-3113). Any of these entities can assess for suicidal risk.
    c. If it is determined the student is at risk, the SRO, Local Law Enforcement or YES Team can initiate a Baker Act and arrange for transport of the student.
        1. School Board employees **are not permitted**, to initiate a Baker Act while working as a School Board Employee. This refers to any work conducted as an employee of Broward County Public Schools.
        2. **The exception to the Baker Act guidelines is that any licensed clinician providing services in any Broward County Separate Day School (this means SED and IND Centers) can initiate a Baker Act if:**
            i. **the clinician has taken the required Baker Act training course and**
            ii. **the clinician believes the student meets criteria under the Baker Act and**
            iii. **the clinician feels that they are equipped based on their training and skills.**
    d. No administrator can require a clinician or officer to initiate a Baker Act. The clinician or officer will use their professional skills to assess the needs of each individual.
    e. **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.

4. **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.
5. **Suicide is not homicide**. Per SB 7026, a threat assessment team convenes even in suicide but please remember suicide is **NOT homicide.** If the student is threatening harm to self, please involve mental health staff to assess for suicide. Remember the student is not breaking a policy or procedure when threatening harm to self.
6. **After a suicide risk assessment is conducted (whether or not hospitalization occurs):**
    1. The SPD or alternate mental health professional **MUST** meet with the family. * Please note, this should not occur during the ongoing crisis. * In the meeting, the staff can discuss with the family the need for *any or all* of the following:
        i. 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 at school.)
        ii. a referral to the school's Collaborative Problem-Solving Team (CPST)
        iii. a referral to the Family Counseling Program
        iv. a referral to the school social worker
    2. **The SPD or alternate mental health professional informs administration of the outcome and any supportive steps are being done for the student.**
7. 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 a Suicide Prevention Designee (SPD) equipped to take appropriate steps to address suicide risks that arise to ensure student safety.**

- The (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.
- Administrators should:
    - ensure that the SPD and secondary designee attend suicide prevention training
    - notify the ESLS SEDNET department at 754-321-3421or 754-321-3400 of the designees and to obtain login/password and access to the Suicide and Baker Act Database
    - notify all school staff of the SPD and secondary designee and how to contact them during a suicide related crisis
- Training for staff:
    - Suicide Assessment training is available. Sessions will be scheduled throughout the academic year. The training is 3 hours.
    - Gatekeeper Training: Dr. Grecsek is a certified Question, Persuade, Refer (QPR) Gatekeeper Trainer.
        - Training is for any person who may assess for suicide. Training is 1.5 hours and can be done upon request at a school based on availability. Minimum number of attendees is 30.

## INTERVENTION AND ASSESSMENT GUIDELINES: AN OVERVIEW *

- **If a staff member suspects suicidal ideation in a student based on the presence of several warning signs (Appendix A & B) and/or the student making self-destructive comments, that gut instinct should be trusted.** 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.**
- **The at-risk student is to remain in the presence of a staff member at all times.**
- **It is the responsibility of the SPD to immediately meet with a student, assess the severity of the risk** and work with other resources to initiate appropriate interventions.
- The SPD will work with alternate mental health professionals (school counselor, school social worker, family therapist, school psychologist) 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. If the student is at the age of majority and gives written consent the family can be contacted.
- **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.**
- In the event a student is deemed by the SPD to be at high risk for suicide 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 alternate mental health professionals for follow up (see #7 of the Quick Guide in this Handbook).
- In the event of a completed suicide, the procedures in the District Crisis Response And Recovery Handbook are to be followed.
- The SPD will ensure administration is apprised of any suicide related incidents.
- All incidents must be documented in the online Database provided (link provided to the SPD). If you do not have access, please contact ESLS SEDNET Department at 754-321-3421.

## BEST PRACTICES / AVOIDING COMMON ERRORS*

**Remain Calm at all times. Do not act shocked.** Addressing the student in a calm, caring, non-reactive manner may help put him/her at ease. At the very least you want to minimize the chances of increasing the feelings of hopelessness.

**Never leave the student alone or send the student away.** This may 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 feelings. Assuming that a student is only seeking attention leads to under-reacting and 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. 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 to ensure that he/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, or if needed, 911.

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

# DATABASE REQUIREMENTS for SUICIDE/BAKER ACTS

A database has been created to track all information related to suicide including suicidal related baker acts. Each school has its own assigned login and password. The Suicide Prevention Designee (SPD) at each school is asked to enter all suicide related information in the database as soon as the crisis is over.

If a student engages in any of the following behaviors, the information should be entered into the database regarding each occurrence with a student:

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

The suicide data is reviewed daily by the Exceptional Student Learning Support (ESLS) Division, specifically the SEDNET department. The SEDNET department follows up with schools to offer support regarding the suicide related situation.

Schools should enter all information in the database related to Baker Acts. Baker Act data are tracked, and support is offered to students who are hospitalized under the Baker Act due to suicide attempts. Data ~~as~~ related to Baker Acts for homicidal threats are reviewed and shared with other departments ~~for~~ to ensure the appropriate support is provided to the school. * Please note, if there is a threat against others, **the school must follow the district's threat assessment process**. Also changes in 2018 per SB 7026, a threat assessment team convenes but then follows the process for suicide assessment. This is reviewed in threat assessment training and suicide prevention designee training.

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

In the database, the SPD must answer questions related to the incident with the student including specific description of the crisis, supports provided, and the final outcome. If the final outcome for a suicidal student was a Baker Act, the SPD would answer yes to the Baker Act question and complete the next section.

For questions, concerns, or technical difficulties regarding the database, their assigned password and login, do not have the address of the database, or are experiencing any difficulties related to the database, the SPD should call 754-321-3421 for support.

# FREQUENTLY ASKED QUESTIONS ABOUT BAKER ACT AND SUICIDE PREVENTION

1. **Why does the YES Team not initiate a Baker Act many times?**
   The student must state that he/she is 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 suicidal ideation with a plan, 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 a 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 only initiate a Baker Act if the student meets the criteria as indicated.

2. **Where should Baker Acts and Suicidal behavior be documented?**
   The Suicide Prevention Designee (SPD) at each school should enter all information about Baker Acts and suicidal behavior in the district's Baker Act/Suicide database. The school's SPD must have the school's assigned username and password to log into the database. Prior to entry in the database, staff at school will complete the Student Risk Intake Form (SRIF) located in the Behavior Threat Assessment (BTA) system. After January 2020, staff will enter information in the Suicide Risk Assessment (SRA) system which will be connected to the BTA system.

3. **Is there a form/manual that explains the procedures to determine if a student is suicidal or needs to be Baker Acted?**
   Yes. Additional information can be accessed online at Suicide Prevention.

4. **If a school does not have any problems with suicide or risk of suicide, does the school still have to schedule a suicide prevention presentation?**
   Suicide risk should not be considered a problem but rather a need for help. Suicide prevention presentations equip school personnel with the necessary skills and tools to assist students who are in need of support. It also educates staff about recognizing warning signs intervening to prevent a suicide. Data indicates that suicide does not discriminate. It occurs in all cultures, socioeconomic levels and educational levels.

5. **What should school personnel do if they suspect a student is suicidal?** First and foremost, do not leave the student alone, and contact the legal guardian as soon as possible. Per SB 7026, a threat assessment team convenes.
   Anyone suspecting that a student is suicidal should contact the school's Suicide Prevention Designee (SPD), as this person has been trained to assess for suicide risk and provide support to students in crisis. The SPD or an alternate mental health professional in the school can contact the YES team at 954-677-3113, a School Resource Officer, or local law enforcement for assistance in the assessment.

   Administrators or SPDs who have not attended a district suicide prevention training should contact 754-321-3421 to obtain information and arrange a training opportunity. The suicide prevention manual provides specific procedures from the referral of a student suspected of suicidal ideation through follow up activities.

6. **What is the difference between suicidal ideation/behavior and homicidal ideation/behavior?**
    - **Suicidal** means that the student is endangering or intending to harm self. The YES team can be involved with the assessment of a student **only 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 district's threat assessment procedures. The YES team **cannot** provide assessment, initiate a Baker Act, or intervene when a student is disruptive, ~~or~~ destroying property, threatening others, or engaging in homicidal behavior.

7. **Is there a standard suicide prevention presentation that is available for school personnel?**
   A school administrator or SPD should contact the SEDNET office at 754-321-3421 for information about scheduling a presentation.

8. **How does the school's SPD obtain a username and password for the Baker Act/Suicide database?**
   You can contact the SEDNET office at 754-321-3421 or Keane Matthews at 754-321-3424.

9. **Should incidents of a Baker Act/or Suicidal behaviors that occur off school grounds/campus be logged in the district's Baker Act/Suicide database?**
   Yes, if the legal guardian discloses to school staff a Baker Act/or suicidal behavior the school staff should be log the information regardless of where they it occurs. This helps school and district staff identify students in need of support and follow-up. Please remember to communicate to caregivers the support that can be offered when they relay the information. Please also remember this is NOT a threat assessment as it occurred in the past and the information is being logged to support the student and family. Data indicates that a person is suicidal for a brief period of time but supports may help the student and family.

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 is a SEDNET referral not generated whenever a student is Baker Acted?**
    Not all students who are hospitalized under the Baker Act will receive (or need) a SEDNET referral. The hospital social worker or clinical staff determine if a SEDNET referral is warranted based on review of available information. If the student's emotional well-being and academics functioning may be significantly impacted by the student's condition, a SEDNET referral is generated. 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 does not always lead to a change of placement. It is a red flag to alert school personnel and mental health support staff to take an expedited look at the

student's case to determine any additional academic and/or behavioral supports that may benefit the student.

13. **What should be done if information entered into the Baker Act/Suicide database is not visible? What should I do?**
The SPD should 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 is 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 ESLS 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)

**NATIONAL CRISIS TEXT LINE**
TEXT **FL** to 741741

**TREVOR PROJECT LIFELINE (LGBTQ TRAINED COUNSELORS)**
1-866-488-7386 CRISIS TEXT LINE TEXT **START** TO 678678

**HENDERSON BEHAVIORAL HEALTH CENTER**
(954) 677-3113
Crisis Team-Baker Act Process
Youth Emergency Services (YES TEAM)
Provides immediate emergency therapeutic services to children and families.

**Smith Community Mental Health**
**Community Action Treatment Team (CAT)**
(954) 321-2296 *219
Provides community-based behavioral health and support services to youth who are at risk of out of home placements.

**SCHOOL SUPPORT**
School Social Worker/School Psychologist/Suicide Prevention Designee/Family Counseling Center-Post Crisis Family Support

**DISTRICT RESOURCE CONTACTS**
**(Do not leave voicemails regarding student suicide risk)**

***Dr. Charlene Grecsek, LMHC***
SEDNET Coordinator, ESLS Counselor Coordinator, Suicide Prevention
(754) 321-3400

***Marisa Kinney, LCSW***
District Coordinator, Student Services (School Social Work Services)
(754) 321-1618

***Susan Vialpando, LCSW***
Family Counseling Services, Supervisor
(754) 321-1590

***Kimberly Kelleher, LMHC***
ESLS Counselor, Suicide Prevention Trainer
(754) 321-3421

# APPENDIX A:
# POSSIBLE PRECIPITATING EVENTS OF SUICIDE & RISK FACTORS
# (SOME 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
- Serious medical issues (intense pain associated with condition)

**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 1,2,4,5, 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. Effective January 2020, this notification will also occur electronically through the Suicide Risk Assessment system which is a part of the Behavioral Threat Assessment system.

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, 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 service offers mobile crisis intervention support 24/7 for youth and families throughout Broward County. If the YES team determines the student meets the criteria for an involuntary evaluation under the Baker Act and possible placement is needed, they will complete the necessary Baker Act documentation and can arrange for transport of the student to a Baker Act receiving facility if needed.
7. School personnel can assist in requesting transport of 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. This means upon return to school; the school staff are available to help support the student. School staff can not prohibit a student returning to school because of a Baker Act. In addition, schools **cannot** require any documentation from the hospital for any reason. Although, clinical staff at schools can discuss with the legal guardian the possibility of signing a consent to communicate with the Baker Act receiving facility. This is NOT required or mandatory.
10. Effective 2018-19 school year, SEDNET Case Manager will track entries in the database and offer supports in the following ways:
    a. Contact School Suicide Prevention Designee (SPD) regarding the Baker Act notification from the District to ensure that:
        i. Entry is in the database and
        ii. Supports are offered to the student and family
    b. Contact the family to ensure that
        i. Supports have been offered
        ii. Supports can be accessed
        iii. Family requested needs are being met

c. Contacts the school and family:
    i. Within 3 working days of Baker Act notification and
    ii. Within 30 days post Baker Act notification

11. 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: http://bcps-mentalhealth.com/threatAssessment.php

**Reminder**: The exception to the Baker Act guidelines is that any licensed clinician providing services in any **Broward County Separate Day School** (this means SED and IND Centers) can initiate a Baker Act if:

- the clinician has taken the required Baker Act training course and
- the clinician believes the student meets criteria under the Baker Act and
- the clinician feels that they are equipped based on their training and skills.

No administrator can require a clinician or officer to initiate a Baker Act. The clinician or officer will use their professional skills to assess the needs of each individual.