

CHAPTER 3.0 – SCHOOL ADMINISTRATION

SUICIDE PREVENTION

3.14+

- I. This policy covers actions involving students that take place in the school, on school property, at school-sponsored functions and activities, on school buses or vehicles or at bus stops, and at school-sponsored out-of-school events where school staff are present. This policy applies to the entire school community.

The School Board is committed to protecting the health, safety and welfare of its students and school community. The Board recognizes that suicide is one of the leading causes of death for Florida's youth. It is critical for families and community members to communicate with and provide information to school staff to identify students at risk of suicide.

- II. Definitions. The following definitions shall apply to this policy:

A. "School-based mental health services provider" or "SBMHSP" means a school psychologist certified under Rule 6A-4.0311, F.A.C., a school social worker certified under Rule 6A-4.035, F.A.C., a school counselor certified under Rule 6A-4.0181, F.A.C., or a mental health professional licensed under Chapter 490 or 491, Florida Statutes, who is employed or contracted by a district to provide mental health services in schools.

A.B. "Suicide risk assessment" means an assessment conducted by a school-based mental health services provider or other licensed mental health professional to determine the level of suicide risk and plan of action for a student expressing suicidal ideation or suicidal intent.

- ~~II. The Board directs all school district staff members to be alert to a student who exhibits warning signs of self harm or who threatens or attempts suicide. Any such warning signs or the report of such warning signs from another student or staff member shall be taken with the utmost seriousness and reported immediately to the Principal or designee.~~

- ~~III. The Superintendent or designee shall develop procedures to ensure that this policy is carried out in each of the District schools. The Superintendent or designee will prepare and disseminate guidelines to assist school district staff members in recognizing the warning signs of a student who may be contemplating suicide, to respond to a threat or attempted suicide. The Superintendent or designee will develop an intervention plan for confirmed suicide attempts an appropriate re-entry process, including a re-entry meeting to discuss the development of a safety plan and additional interventions or supports.~~

- III. Training and Education.

A. Staff Training.

1. All School Based Mental Health Service Providers (SBMHSPs) shall be trained

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as Suicide Risk Assessors, annually prior to the students returning to school (staff to include, but not limited to: school counselors, school social workers, home school liaisons, and school psychologists). Professional development training in youth suicide prevention opportunities shall be provided to student services staff, administration and instructional staff.

2. Youth suicide prevention awareness is voluntary but made available on the District's website under the Student Service tab. All such youth suicide prevention awareness training administered to District staff is approved by Florida's Department of Education and shall satisfy the mandates outlined in Florida Statute 1012.583 and Florida Administrative Code Rule 6A-4.0010 and shall address common suicide myths; identify suicide risk and protective factors; include information regarding department-approved suicide risk assessment that is appropriate for use with school-aged students; describe mental health services that are available; and identify how to refer youth to appropriate mental health services. Such training must be at least two hours in length and include an interactive component conducted by a School Based Mental Health Services Provider. Opportunities for staff to complete two-hour continuing education programs of youth suicide awareness and prevention training are located on the district website Student Services Suicide Prevention.
3. Each school administrator shall work in collaboration with the District's Student Support Services and Safety and Security departments to ensure that staff receives the Youth Mental Health First Aide Training, a trauma informed care professional learning experience teaching staff to identify students at risk of self-harm and suicide, consistent with the Florida Department of Education's expectations of statutory compliance.
4. A District-approved one-page suicide prevention flyer shall be distributed to principals or their designee(s) to disseminate to all school staff prior to students returning to campus. This flyer shall also be posted on the school district website, located in the Student Services section under Suicide Prevention.
- 4.—5. Annually the District and local mobile response teams shall coordinate with each other on the suicide screening assessment tool to be used to ensure they are using the same approved screening instrument.
- 2.—

B. Student Education. The District shall~~School districts must~~ annually provide a minimum of five (5) hours of data-driven instruction to students in grades 6-12 related to civic and character education and life skills education through resiliency education using the health education standards adopted in Rule 6A-1.09401, F.A.C., Student Performance Standards. The instruction will advance each year through developmentally appropriate instruction and skill building and must address, at a minimum, the following topics:

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1. Strategies specific to demonstrating resiliency through adversity, including the benefits of service to the community through volunteerism;
2. Strategies to develop healthy characteristics that reinforce positive core values and foster resiliency such as:
 - a. Empathy, perseverance, grit, gratitude and responsibility;
 - b. Critical thinking, problem solving and responsible decision-making;
 - c. Self-awareness and self-management;
 - d. Mentorship and citizenship; and
 - e. Honesty.

3. -Recognition of signs and symptoms of mental health concerns;

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4. Promotion of resiliency to empower youth to persevere and reverse the harmful stigma of mental health by reframing the approach from mental health education to resiliency education;
5. Strategies to support a peer, friend, or family member through adversity;
6. Prevention of suicide;
7. Prevention of the abuse of and addiction to alcohol, nicotine, and drugs; and
8. Awareness of local school and community resources and the process for accessing assistance.

IV. Suicide Prevention Procedures. All school district staff members shall be alert to a student who exhibits warning signs of self-harm or who threatens or attempts suicide. Any such warning signs or the report of such warning signs from another student or staff member shall be taken with the utmost seriousness and reported immediately to the Principal or designee.

A. The Principal or designee shall immediately contact the parent(s) of the student exhibiting warning signs of suicide to inform the parent(s) the student will be referred to a school-based mental health services provider to perform either the C-SSRS or SAFE-T suicide risk assessment prior to determining whether the student requires an involuntary examination (Baker Act).

IV. A. Annually the District and local mobile response teams coordinate with each other on the suicide screening assessment tool to be used to ensure they are using the same screening instrument.

V. Each school administrator works in collaboration with the district Youth Mental Health First Aide trainer to develop a roll out plan which ensures that at least 80% of their staff receives the Youth Mental Health First Aide Training, a trauma informed care

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~~professional learning experience teaching staff to identify students at risk of self-harm and suicide.~~

~~VI. One page flyer is distributed to principal or designee to disseminate to all school staff prior to students returning to campus. Information page is also posted on the school district website, located in the Student Services section under Suicide Prevention.~~

~~VII. All School Based Mental Health Service Providers (SBMHSP) are trained Suicide Risk Assessors, annually prior to the students returning to school (staff to include, but not limited to: school counselors, school social workers, home school liaisons, and school psychologists).~~

A. In accordance with HB 899 (2022), the Superintendent shall designate a Mental Health Coordinator prior to July 1 of each calendar year who shall serve as the District's primary point of contact regarding the District's coordination, communication, and implementation of student mental health policies, procedures, responsibilities, and reporting, in accordance with the requirements enumerated in Florida Statute 1006.07(6).

B. Upon report of signs of self-harm, self-injury, or suicidal ideation, the School Based Mental Health Services Providers (SBMHSP) shall notify the parent/guardian of the received report. Verbal consent for activation of the Mobile Response Team (MRT) shall be discussed with the parent/guardian and obtained from the parent/guardian by the SBMHSP.

When the SBMHSP assesses the risk of suicide, the SBMHSP shall screen the student using Columbia Severity Rating Scale (C-SSRS) suicide risk assessment instrument or another Florida Department of Education-approved instrument. Only school-based mental health service providers (SBMHSPs) who have been trained in the use of approved instruments may give a suicide risk assessment to a student expressing suicidal ideation or suicidal intent. If a trained school-based mental health services provider is unavailable, the District must contact other certified or licensed mental health providers to evaluate the student for suicide risk, including the District's mobile response team.

C. After de-escalation strategies have been implemented by the SBMHSP and consent is obtained by the parent/guardian, if further de-escalation support is required, the Mobile Response Team (MRT) shall be notified.

D. Before a principal or his or her designee contacts a law enforcement officer, regarding screening for involuntary examination pursuant to the Baker Act, he or she must verify that de-escalation strategies have been utilized and outreach to a Mobile Response Team (MRT) has been initiated unless the principal or the principal's designee reasonably believes that any delay in removing the student will increase the likelihood of harm to the student or others. This requirement does not supersede the authority of a law enforcement officer to act pursuant to his/her statutory duties regarding the Baker Act.

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E. When a suicide risk assessment results in the initiation of an involuntary examination for the Baker Act, the school's principal, or his/her designee, is required to make a reasonable attempt to notify the student's parent(s) before the student is removed from school, school transportation, or a school-sponsored activity.

a. "A reasonable attempt to notify" means the exercise of reasonable diligence and care by the principal or the principal's designee to make contact with the student's parent, guardian, or other known emergency contact whom the student's parent or guardian has authorized to receive notification of an involuntary examination.

b. At a minimum, the principal or the principal's designee must take the following actions:

1. Use available methods of communication to contact the student's parent, guardian, or other known emergency contact, including, but not limited to, telephone calls, text messages, e-mails, and voice mail messages following the decision to initiate an involuntary examination of the student.

2. Document the method and number of attempts made to contact the student's parent, guardian, or other known emergency contact, and the outcome of each attempt.

c. A principal or his or her designee who successfully notifies any other known emergency contact may share only the information necessary to alert such contact that the parent or caregiver must be contacted. All such information must be in compliance with federal and state law.

d. The principal or the principal's designee may delay the required parental notification following an involuntary examination pursuant to the Baker Act for no more than 24 hours after the student is removed if:

1. The principal or the principal's designee deems the delay to be in the student's best interest and a report has been submitted to the central abuse hotline, pursuant to Florida Statute 39.201, based upon knowledge or suspicion of abuse, abandonment, or neglect; or

2. The principal or principal's designee has an objectively reasonable belief that such delay is necessary to avoid jeopardizing the health and safety of the student.

A.—E. When a suicide risk assessment results in a change in related services or monitoring, a student's parents/guardian must be notified as soon as possible, unless notification is withheld or delayed because the principal or the principal's designee has an objectively reasonable belief that disclosure would result in

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abuse, abandonment, or neglect, as those terms are defined in Florida Statute 39.01.

- F. Each School Based Mental Health Services Provider (SBMHSP) shall develops a Safety Plan for any student who has demonstrated self-harm behavior or suicidal ideation and shall refer the student to the School Wide Support Team to ensure that the student is receiving all necessary supports, services, and interventions.
- G. Prior to returning to classes, any student who has received an Involuntary Examination shall attend and participate in a re-entry meeting with the school team and parent. During this time, safety plan is created and/or updated.

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~~VIII. Opportunities for staff to complete two-hour continuing education programs of youth suicide awareness and prevention training is located on the district website. □ Student Services □ Suicide Prevention.~~

~~All students in grades 6-12 receive 5 hours of Resiliency Education: Civic and Character Education and Life Skills Education (Rule 6A-1.09401)~~

~~A. Monthly meetings held with all Student Service admins to review required instruction completion.~~

~~Upon a report of self-injury or suicidal ideation is brought to the attention of a School-Based Mental Health Service Provider (SBMHSP). SBMHSP notifies the parent/guardian of the received report. Verbal consent for Mobile Response Team (MRT) obtained.~~

~~IX. SBMHSP screens student using Columbia Severity Rating Scale (C-SSRS)~~

~~X. After de-escalation strategies have been implemented by SBMHSP. If further de-escalation support MRT is notified.~~

~~XI. Prior to the School Resource Officer making an Involuntary Examination determination, de-escalation strategies must be provided to the student, unless imminent danger is present.~~

~~Mental Health Coordinator and Mobile Response Team supervisor meet annually to ensure same screening instrument is being used.~~

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STATUTORY AUTHORITY: 1001.41, 1001.42, F.S.

LAW(S) IMPLEMENTED: 1003.42, 1006.07,
1012.583, 1012.584 F.S.,

FAC 6A-4.0010

STATE BOARD OF EDUCATION RULE(S):

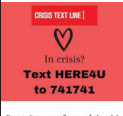
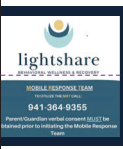
HISTORY:

REVISION DATE(S): 12/13/22

FORMERLY: NEW

ADOPTED: _____

2023-2024



SUICIDE RISK ASSESSMENT
A REPORT OF SELF-INJURY OR SUICIDAL IDEATION HAS BEEN BROUGHT TO THE ATTENTION OF A SCHOOL BASED MENTAL HEALTH SERVICE PROVIDER (SBMHSP). (Rule 6A-4.0010(1))

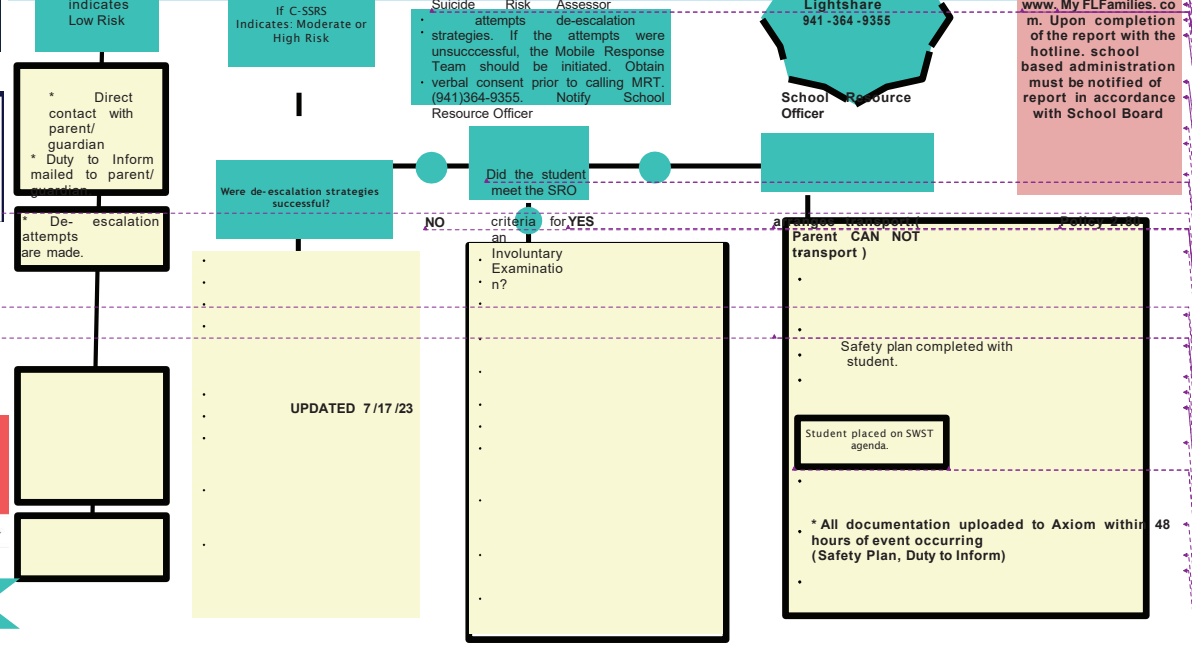
SBMHSP WILL NOTIFY PARENT/GUARDIAN OF REPORT THAT WAS RECEIVED. VERBAL CONSENT FOR MOBILE RESPONSE TEAM IS OBTAINED AT THIS TIME. (HB 945)

SBMHSP SCREENS THE STUDENT USING THE COLUMBIA SEVERITY RATING SCALE (C-SSRS) TO DETERMINE THE RISK LEVEL AND PROVIDES DE-ESCALATION STRATEGIES. (HB 1421)

IF DETERMINED MRT IS NECESSARY, NOTIFY SCHOOL RESOURCE OFFICER



If abuse, neglect or abandonment is suspected, it is mandatory to make a report to the abuse hotline at 1-800-962-2873 or online at www.MyFLFamilies.com. Upon completion of the report with the hotline, school based administration must be notified of report in accordance with School Board



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Begin Interventions or monitoring of student. (Signed Nol)

YES
NO

t/ Guardian.

Copy of Duty to Inform mailed to parent or guardian.

If student remains on campus they must be monitored at all times.

All parental communication and attempts have been logged into Edplan.

Safety Plan completed by Team.

Student placed on SWST agenda.

Mental Health referral MUST have parent/ guardian signature indicating consent or declining services. Referral documented in Edplan.

All documentation uploaded to Axiom within 48 hours of event occurring (Safety Plan, Duty to Inform, Mental Health Referral).

Best practice - release student to parent/ guardian with Duty to inform letter and referral resources.

Begin Interventions or monitoring of student. (Signed Nol)

Notify Administration of Involuntary Examination.

Parent/Guardian notified PRIOR to transport by SRO. (Unless delaying transport could cause additional harm/ student in imminent danger.) Duty to Inform mailed home. Student placed on SWST agenda.

Upon student returning to school:

- Re-Entry Meeting
- Safety Plan completed by Team.

Mental Health referral MUST have parent/ guardian signature indicating consent or declining services. Referral documented in Edplan.

All documentation uploaded to Axiom within 48 hours of student returning to school (Safety Plan, Duty to Inform, Mental Health Referral and Re-Entry Meeting).

Admin. and SRO within 24 hours of event occurring must complete documentation in the FLDOE single sign on for Involuntary Examinations and Restraint.

Begin Interventions or monitoring of student. (Signed Nol)

Notify Administration
Direct contact with Parent/ Guardian.
Student monitored at all times.
Best practice - release student to parent/ guardian with Duty to Inform letter and referral resources. If not, they duty to inform needs to be mailed to parent/guardian.
Safety Plan completed by Team.
Student placed on SWST agenda.
Mental Health referral MUST have parent/ guardian signature indicating consent or declining services. Referral documented in Edplan.
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Safety Plan completed by Team.
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SUICIDE RISK ASSESSOR REQUIRED STEPS IN EDPLAN FOR A SUICIDE RISK ASSESSMENT

THE PROCESS BEGINS ONCE THE REPORT OF SELF INJURY OR SUICIDAL IDEATION HAS BEEN BROUGHT TO THE ATTENTION OF A SCHOOL BASED MENTAL HEALTH PROVIDER AND PARENT/GUARDIAN IS NOTIFIED.

UNFOUNDED

- Direct communication with parent/guardian. De-escalation attempts noted in Edplan.
- Duty to Inform sent home and uploaded into Axiom.

LOW SUICIDE RISK

- Direct communication with parent/guardian. De-escalation attempts noted in Edplan.
- Duty to Inform sent home and uploaded into AXIOM. Inform administration of outcome and next steps.
- Student referred to School Wide Support Team.
- Safety plan created with student and shared with pertinent staff members.
- Complete Edplan documentation and upload into student's digital cumulative folder in Axiom.

MODERATE OR HIGH RISK

- Direct contact with parents.
- De-escalation attempts noted in Edplan.
- Duty to inform sent home and uploaded into document section in Axiom. Informs administration of outcome and next steps.
- Referred to school wide support team.
- Safety plan created with student and shared with pertinent staff members.
- Complete Edplan documentation and upload into student's digital cumulative folder in Axiom. High Risk- If student meets
- Involuntary Examination Criteria - Verify re-entry plan requirement.

IF A MENTAL HEALTH REFERRAL IS NEEDED -

- 1) STUDENT IS REFERRED TO SWST.
- 2) MUST OBTAIN PARENT/GUARDIAN SIGNATURE INDICATING CONSENT OR DECLINING SERVICES.
- 3) DOCUMENT MENTAL HEALTH REFERRALS IN EDPLAN.
- 4) UPLOAD SIGNED MH REFERRAL TO AXIOM

REFER TO MENTAL HEALTH REFERRAL FLOW CHART



SUICIDE RISK ASSESSOR

NOTIFIES

PARENT/GUARDIAN PRIOR

TO SCREENING, UNLESS IN

IMMINENT DANGER IS

PRESENT.

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