

Miami-Dade County Public Schools
Division of Student Services in Collaboration with
Programs for Students with Emotional/Behavioral Disabilities

Program Administration

Division of Student Services

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**Best Practices for Responding to Students' Risk Behaviors
and Baker Act Procedures**

The following procedures are to be used as a guide and as a set of general recommendations for assisting in the reentry process. They do not preempt the use of good clinical judgment regarding individual cases. In difficult or complex situations, consultation is essential. Consultation services can be provided by District Programs such as the Division of Psychological Services, Division of Student Services, School Social Work Programs, Programs for Students with Emotional/Behavioral Disabilities, and/or the District Crisis Team.

Procedures to Take Prior to Involuntary Transport

1. Once the student presents at risk behaviors such as, self-harm or harm to others, he/she should be under the supervision, at all times, of an adult school site staff member and a Miami-Dade County Public Schools' (M-DCPS) Mental Health Services Professional (School Counselor, School Social Worker, School Psychologist, E/BD Clinician, or TRUST Specialist) should be notified.
2. The M-DCPS Mental Health Services Professional should conduct an immediate risk assessment to determine if the student presents danger of harm to self or others. The purpose of the risk assessment is to assess the need for immediate services to ensure safety.
 - o The risk assessment must include evaluation of suicidal/homicidal ideation, plans, previous violent behavior, history of mental illness and treatment, current stressors, compliance with current psychiatric medications, and substance use/abuse.
3. Principal or administrative designee must be immediately contacted and informed throughout the process.
4. If imminent risk of harm towards self or others is present, the M-DCPS Mental Health Services Professional should contact 305-995-COPS and request that a Crisis Intervention Trained (CIT) School Resource Officer be deployed to the school.

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Imminent risk constitutes behaviors that are correlated with active or passive danger to self or others. Examples of active danger are suicidal/homicidal ideations, attempts, or plans. Examples of potential passive danger could be the presence of auditory or visual hallucinations, namely, active psychotic processes.

5. The M-DCPS Mental Health Services Professionals should share the findings of the assessment, including pertinent observations with the School Resource Officer.
6. A School Resource Officer may strongly consider the accounts of credible witnesses such as M-DCPS Mental Health Services Professionals in determining if a student meets criteria for the Baker Act.
7. The School Resource Officer or a M-DCPS **LICENSED** Mental Health Professional will complete documents (***Report of Law Enforcement Officer Initiating Involuntary Examination or Certificate of Professional Initiating Involuntary Examination***) necessary to accompany the student to the nearest receiving facility.
 - Licensed Mental Health Professionals as adapted from Florida Statute §394.455 are M-DCPS staff with the following licensure:
 - Clinical Psychologists as defined in s. 490.003 (3)
 - Clinical Social Worker as defined under Chapter 491 (4)
 - Mental Health Counselor as defined under Chapter 491 (37)
 - Marriage and Family Therapist as defined under Chapter 491 (36)
 - Psychiatric Nurse as defined under Chapter 464 (23)
 - **For LICENSED M-DCPS Mental Health Professionals** (i.e. clinical psychologists, licensed clinical social workers, licensed mental health counselors, licensed marriage and family therapists, or psychiatric nurses): The role of School Police is to receive the completed ***Certificate of Professional Initiating an Involuntary Examination*** and determine the method of **INVOLUNTARY** transportation to the nearest receiving facility.
 - **For Certified M-DCPS Mental Health Professionals** (i.e. School Counselors, School Social Workers, School Psychologists, TRUST Specialists, and E/BD Clinicians) who are unable to initiate a Baker Act: The role of School Police is to respond to the school site and meet with the Certified M-DCPS Mental Health Professional. The Certified M-DCPS Mental Health Professional will provide the School Police Officer with information regarding the student's risk behavior which may meet criteria for an involuntary examination (Baker Act). The School Police Officer may conduct a separate assessment and determine if the student meets criteria, or they may choose to initiate based on the professional's recommendations as a credible witness. They will determine the method of **INVOLUNTARY** transportation to the nearest receiving facility.

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8. The parent(s)/ legal guardian(s) must be informed prior to transporting a student to the nearest receiving facility.

Procedures to Take Following a Baker Act

1. All M-DCPS Mental Health Professionals must document on the Integrated Student Information System (ISIS) Student Case Management System the following codes: RS (Risk Assessment) and RI (Risk Intervention). All M-DCPS Mental Health Professionals must also document all services on the SPED/EMS System.
2. M-DCPS Mental Health Professionals should contact the receiving facility and speak with the Assessment/Intake Supervisor to inform them of the behaviors the student displayed and to please remind the parent to sign a Health Insurance Portability and Accountability Act (HIPAA) Release in order to aide in providing continuity of services.
3. It is highly recommended that the M-DCPS Mental Health Services Professional seek the parent or legal guardian's signature on the Consent Form for Mutual Exchange of Information (FM# 2128) form as soon as possible. The purpose of this form is to enhance communication with the hospital or community mental health facility involved in the treatment of a student and to coordinate effective services for the safety and well-being of the student.
4. Contact the District Crisis Team (305)-995-2273 and provide necessary information.
5. Contact SEDNET–The Multiagency Network for Students with Emotional/Behavioral Disabilities, Ms. Alina Rodriguez, SEDNET Project Manager at 305-598-2436 or via email at rodriguez003@dadeschools.net. SEDNET provides students case management services specific to ensuring a student's educational placement is appropriate to meet their current academic and educational needs once they return to school from an inpatient mental health facility.
6. The Mutual Exchange of Information Form should be faxed to the SEDNET office at 305-598-4639.
7. Once the Consent Form for Mutual Exchange of Information (FM#2128) is completed and sent to SEDNET, a copy should be placed in the student's cumulative folder in order to release school district staff from liability in speaking to outside agencies and staff. Care should be exercised to the level and extent of disclosure with school staff. Limited information pertaining to safety concerns should be disclosed to only appropriate and necessary school staff.
8. **Prior to returning to school for general education students:** An emergency Student Support Team (SST) meeting is required immediately after a student has been hospitalized,

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either at the school site or outside the school site, as a result of a Baker Act. The process should be initiated as soon as the school becomes aware of the hospitalization. In this case, the SST will be used to identify appropriate interventions that will be necessary to support the student's emotional well-being and success upon his/her return to school. Due to the need for immediate action, care must be taken to avoid delaying the SST meeting. Information that is immediately pertinent to the student's crisis needs to be gathered before the SST meets. The emergency SST meeting should include the student (if possible or available), student's parent(s)/guardian(s), school counselor, school social worker, TRUST Specialist, school psychologist, E/BD Clinician, administrator, and other school personnel, as deemed necessary.

9. **Prior to returning to school for special education students:** An emergency Reevaluation Team (RT) meeting is required immediately after a student has been hospitalized, either at the school site or outside the school site, as a result of a Baker Act. The process should be initiated as soon as the school becomes aware of the hospitalization. The Individual Education Plan (IEP) and the Behavior Intervention Plan (if created) should be reviewed and/or modified in order to identify appropriate interventions that will be necessary to support the student's emotional well-being and success upon his/her return to school. Due to the need for immediate action, care must be taken to avoid delaying the RT meeting. Information that is immediately pertinent to the student's crisis needs to be gathered before the RT meets. The RT meeting should include the student (if possible or available), student's parent, school counselor, school social worker, TRUST Specialist, school psychologist, E/BD Clinician, administrator, and other school personnel, as deemed necessary.

10. The SST/PST/RT Team should address the following:
 - The Nature of the Crisis
 - Current Diagnosis
 - Risk Behavior and Behaviors of Concern
 - Discharge Recommendations
 - Community-Based Services
 - Parent/Student/Teacher Concerns
 - Physical Safety Concerns
 - Data Review (Attendance, Academic, Behaviors, Disciplinary, Psychological/Medical Reports)
 - Academic Concerns or Supports
 - Need for Additional Evaluation
 - Need for Onsite Support Services (i.e. counseling, modification of schedules, increased supervision, etc.)

11. A Behavior Intervention Plan (BIP), if none exists, based on a Functional Assessment of Behavior (FAB) should be developed to guide intervention and support services. If the student has a BIP, the BIP must be reviewed and revision of the BIP should take place, if needed.

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Review behavioral data from the monitoring of the BIP to ensure appropriate mental health services and interventions will be in place upon student's return to school. The current risk behaviors of concern need to be addressed on the BIP.

12. The M-DCPS Mental Health Services Professional assigned to the student should closely monitor the student's progress.

Procedures for Student Reentry

- **If the SST or RT Meeting was not convened prior to the student returning to school:** SST/PST or RT team members are updated by the M-DCPS Certified Mental Health Services Professional(s) assigned to the student about the crisis and made aware of student's expected return date. The SST/RT meeting is required to occur as soon as possible to address potential mental health needs. The person(s) responsible for ongoing service delivery to the student must be in attendance. See previous section for requirements of meeting including the creation of a BIP.
- When a student returns to school after a Baker Act from home, community or school, it is imperative that he/she is assessed for potential service needs. The SST/PST/RT team members determine whether previous levels of service delivery and supervision are adequate to stabilize the student and ensure student safety while in an academic environment. If the student receives special education services, an interim IEP and creation/modification of BIP may need to occur based upon a student's need for safety. Limited information should be shared with school staff regarding aspects related to student health and wellbeing including medications and potential side effects. M-DCPS Mental Health Professionals will need to support hospital discharge recommendations.
- The SST/PST/RT Team should address the following:
 - The Nature of the Crisis
 - Current Diagnosis
 - Risk Behavior and Behaviors of Concern
 - Discharge Recommendations
 - Community-Based Services
 - Parent/Student/Teacher Concerns
 - Physical Safety Concerns
 - Data Review (Attendance, Academic, Behaviors, Disciplinary, Psychological/Medical Reports)
 - Academic Concerns or Supports
 - Need for Additional Evaluation

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- Need for Onsite Support Services (i.e. counseling, modification of schedule, increased supervision, etc.)
- Due to research indicating increased suicide risk within the first month of hospital release, it is necessary for the M-DCPS Mental Health Professional to conduct an immediate counseling session (**RP**-Risk-Postvention Session) when the student returns and establish a daily “check-in session” with the student for at least the first week of their return to school. Minimally, for the first month of his/her return to schools, the M-DCPS Mental Health Professional must provide weekly counseling services to ensure the student’s safety. The sessions should entail the creation of a safety/emergency plan where the student explores coping strategies. Additional services are determined by the team.
- Parental contact and support is essential during crisis and post crisis incidences. The M-DCPS Mental Health Services Professional assigned to the student is responsible for maintaining contact with the parent and discussion of the student’s safety/emergency plan. Interventions should focus on how to help the student and family possibly prevent and better manage future situations. Provide support to the parent related to additional community-based services if needed.
- Documentation within the ISIS and SPED/EMS System must accompany **ALL SERVICES** delivered. The Risk-Postvention Service (RP) must be documented on the first day the student returns from a crisis event.

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