

**Suicide Prevention Policy and Procedures:  
*Guidance for Administrators and School-Based  
Mental Health Services Providers***



**Miami-Dade County Public Schools  
Department of Mental Health Services  
Division of Student Services  
Exceptional Student Education**

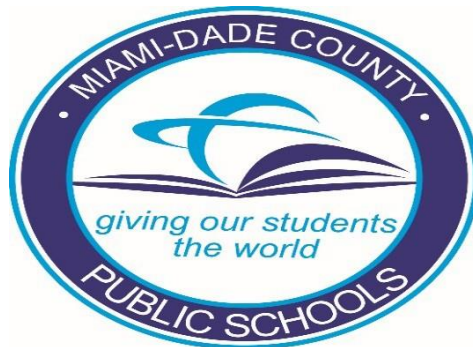


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## Introduction

The safety and wellbeing of our students is the number one priority of Miami-Dade County Public Schools (M-DCPS). To maintain this focus, the District has developed a variety of prevention programs and activities to address student behaviors that may result in injury. Youth suicide is of particular concern, as it is a growing public health problem that places our students at risk. We recognize that nationally, suicide is the second leading cause of death for children and adolescents ages 10-19 years. To address this concern, the Department of Mental Health Services, Division of Student Services, and Exceptional Student Education have combined their expertise and resources to develop the “**Suicide Prevention Policy and Procedures: Guidance for Administrators and School-based Mental Health Services Providers**” manual. This document details M-DCPS policy and procedures designed to prevent student suicide, intervene when a student demonstrates a risk for suicide, and provide guidance for responding to the suicide of a child or adolescent.

Although all school faculty and support staff share the responsibility for suicide prevention, specific professional staff, as listed below, have expertise and the skill set to help a student at risk for suicide. One of these professionals should be immediately notified if you become aware of a student who may be at risk for suicide. The following are considered M-DCPS School-based Mental Health Services Providers (S-BMHSP):

- E/BD Clinician
- Mental Health Coordinator
- School Counselor
- School Psychologist
- School Social Worker
- Success Coach
- TRUST Specialist

## **Purpose**

The purpose of this document is to protect the health and well-being of all students by having procedures in place to prevent suicide, assess the potential risk for suicide, intervene to mitigate risk, and respond to the aftermath of suicide.

# The School Board of Miami-Dade County

## Policy

### 5350 - STUDENT SUICIDE PREVENTION

Because youth suicidal behaviors, other forms of self-injury, and depression are a serious health risk for children and adolescents, all school personnel should be aware of the warning signs and risk factors associated with depression and suicidal behavior.

Any comments or knowledge of suicidal signs or factors must be taken seriously and reported immediately to school counseling/mental health professional, administrator and school police officer.

Intervention procedures must include the following steps:

Step 1 - Assessment of the Risk

Step 2 - Provide Supervision

Step 3 - Refer to Appropriate Staff Member (Counseling/Mental Health Professional)

Step 4 - Stabilization

Step 5 - Notify School Police if Imminent Danger Exists

Step 6 – Notify Parent/Guardian and School Administration

Step 7 - Provide Parent/Guardian with a List of Community-Based Mental Health Resources

Step 8 - Provide Follow-Up Support

School Board policies and District procedures regarding confidentiality shall be observed throughout any intervention.

F.S. 14.201, 14.20195, 1001.42(6), 1006.07(7), 1012.01(2)(b)

# **Suicide Prevention**

## **Staff Professional Development**

All staff shall receive, at minimum, annual professional development/information on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and help resources regarding suicide prevention. Further, all staff shall receive the Youth Mental Health First Aid training program. S-BMHSP shall also receive training on the use of the District suicide risk assessment instrument-The Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) with the Columbia-Suicide Severity Rating Scale (CSSRS)-Recent protocol (FM-7765).

## **Student Suicide Prevention Programming**

All students (K-12) will continue to be provided social-emotional learning programming focused upon the reduction of risk behaviors and the development of protective factors. All students in grades 6-12 will receive five hours of developmentally appropriate education on mental health each school year. Instruction must include content that highlights the importance of making safe and healthy choices; coping strategies centered around resiliency building; how to recognize risk factors and warning signs of mental disorders and suicide in oneself and others; help-seeking strategies for oneself or others; and how to access school counseling resources and refer friends for help.

# Factors that Increase or Lessen the Risk of Suicide

## Risk Factors for Suicide

- Hopelessness
- Non-suicidal self-injury
- Mental illness, especially severe depression, post-traumatic stress, ADHD, and substance abuse
- History of suicidal thinking and behavior
- Prior suicide among peers or family members
- Interpersonal conflict, family stress/dysfunction
- Presence of a firearm in the home
- Homelessness
- Patterns of intense, unstable relationships
- Social isolation
- Bullying or being targeted for bullying

## Warning Signs for Suicide

- Suicidal threats, direct and indirect
- Suicide notes, plans, online postings
- Making final arrangements
- Preoccupation with death
- Giving away prized possessions
- Talking about death
- Sudden unexplained happiness
- Increased risk-taking
- Heavy drug/Alcohol use

American Foundation for Suicide Prevention, 2019;  
National Association of School Psychologists, 2019



## **At-Risk Student Populations**

- Youth with mental and/or substance abuse disorders
- Youth who engage in self-harm or have attempted suicide
- Youth in out-of-home settings
- Youth experiencing homelessness
- LGBTQ Youth
- Youth bereaved by suicide
- Youth living with medical conditions or disabilities

Model School District Policy on Suicide Prevention:  
Model Language, Commentary, and Resources, 2019

## **Reducing Suicidality in Youth: Protective Factors**

- Access to quality mental health care
- Positive connections to family, peers, and community
- Connections to welcoming faith-based organizations, supportive groups, clubs, teams, etc.
- Healthy coping skills
- Problem solving skills
- School safety
- Emotional literacy skills

American Foundation for Suicide Prevention, 2019

## Myths and Facts Surrounding Suicide

**Myth:** Asking a person about their suicidal thoughts increases their risk.

**Fact:** It is important to ask individuals about these thoughts so we may intervene and save lives.

**Myth:** Most people who are depressed engage in suicidal behavior.

**Fact:** Depression is a risk factor for suicide; however, most people who are depressed do not attempt suicide, and many people who are suicidal are not depressed.

**Myth:** Youth contemplating suicide typically do not demonstrate warning signs.

**Fact:** Most youth demonstrate warning signs prior to a suicide attempt, which provides an opportunity for intervention.

**Myth:** Children under age 12 do not have suicidal thoughts or demonstrate suicidal behaviors.

**Fact:** Children under age 12 can and have experienced suicidal thoughts and behavior.

**Myth:** There is a single cause or a simple reason for a youth suicide.

**Fact:** The suicide of a young person is very complex and the result of many factors. They have often traveled a long road and had significant mental health problems and experienced many traumatic events.

**Myth:** If a student really wants to die by suicide there is nothing I can do about it.

**Fact:** Suicide is preventable. Even students at the highest risk for suicide are still ambivalent about desiring death and desiring life. Most of all they want things to change.

**Myth:** Suicide usually occurs without warning.

**Fact:** A person planning suicide usually gives clues about his or her intentions, although in some cases the clues may have been subtle.

Florida S.T.E.P.S.

# **Suicide Risk Assessment, Intervention, and School Re-entry: Best Practices for Responding to Students' Risk Behaviors and Baker Act Procedures**

This document was prepared through a collaboration between Miami-Dade County Public Schools Division of Student Services, Department of Exceptional Student Education (ESE), Department of Mental Health Services, and Miami-Dade Schools Police. The following procedures are to be used as a guide for assisting in the assessment of, and response to student risk behaviors. These general recommendations 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 Psychological Services, the Division of Student Services, the School Social Work Program, Department of Mental Health Services, Programs for Students with Emotional/Behavioral Disabilities, and/or the District Crisis Management Team when undertaking a risk assessment for any student. This document provides detailed actions to take when dealing with a risk assessment that may result in various types of intervention services, including the initiation of a Baker Act. A Baker Act may result in the removal of a student from school, school transportation, or a school-sponsored activity.

## **Actions to Take Once Risk Behavior Has Been Identified**

1. The student should remain under the continuous supervision of a school site staff member. A Miami-Dade County Public Schools' (M-DCPS) school-based mental health services provider (S-BMHSP) should be contacted for support and assessment. A S-BMHSP includes school counselors, school social workers, school psychologists, E/BD Clinicians, Success Coaches, mental health coordinators and TRUST Specialists. If the school's SBMHP's are not available, the ESE Service Center should be contacted for psychological/ social worker consultation.
2. The S-BMHP should conduct an immediate risk assessment utilizing the District's adopted suicide risk assessment instrument titled, "Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) with the Columbia-Suicide Severity Rating Scale (C-SSRS)-Recent ([FM-7765](#)) to determine if the student presents danger or harm to self. The purpose of the risk assessment is to assess the need for immediate services to ensure safety. The risk assessment should include, but is not limited to, evaluation of suicidal ideations, threats, plans, previous suicidal behavior, history of mental illness and treatment, current stressors, compliance with current psychiatric medications, and substance use/abuse.

## Actions to Take Following a Risk Assessment

1. Upon completion of the risk assessment, the S-BMHSP should immediately notify the school administrator of the outcome of the assessment. The school administrator will convene the school's Threat Assessment Team and will contact the student's parent, legal guardian, caregiver, and/or full case manager, for students who are under the supervision of the Department of Children and Families (DCF), regarding the outcome of the Threat Assessment Team Meeting. If the student is under the supervision of the Department of Children and Families as indicated on the Student Information Screen in the District Student Information System (DSIS), the S-BMHSP should contact the Children's Courthouse Education Liaison Office (CCELO) in School Operations at 305-679-2800. CCELO staff will assist in notifying appropriate DCF staff and/or the student's full case manager, as well as obtaining any relevant information from DCF to assist with the process. The parent, legal guardian, or caregiver must be provided counseling resources. If the risk assessment indicates a Baker Act is not necessary, please proceed to steps 8, 9, and 10 of this protocol.
2. If the risk assessment outcome requires additional assessment towards a possible Baker Act, the school principal or designee must:
  - a. verify that an appropriately trained school employee used de-escalation strategies to address the crisis situation,  

and
  - b. contact an available mobile response team (MRT) (24- hour crisis hotline: 305-774-3616 or 305-774-3617) to ensure de-escalation and assessment have been initiated before contacting the School Resource Officer assigned to the school-site or contacting School Police at 305-995-2677 (COPS), unless a delay will increase the likelihood of harm to the student or others. (Note: Parental consent must be obtained prior to MRT assessing student, when the MRT responder is not licensed, or the youth is 12 years of age or younger).  

or
  - c. contact a Licensed Mental Health Professional, who is a direct or contracted employee of the school district who will use de-escalation strategies, assess, and potentially initiate a Baker Act. Licensed Mental Health Professionals as adapted from Florida Statute §394.455 are staff with the following licensure:
    - Clinical Psychologists as defined in Florida Statutes, Chapter 490
    - Clinical Social Worker as defined under Florida Statutes, Chapter 491
    - Mental Health Counselor as defined under Florida Statutes, Chapter 491
    - Marriage and Family Therapist as defined under Florida Statutes, Chapter 491
    - Psychiatric Nurse as defined under Florida Statutes, Chapter 464
3. If the de-escalation strategies do not resolve the crisis, or 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, he or she should immediately contact the School Resource Officer assigned to the school-site or contact School Police by calling 305-995-2677 (COPS).

4. Principals, or their designee, shall make a reasonable attempt to notify the parent of a minor student before the student is removed from school, school transportation, or a school-sponsored activity for an involuntary mental health examination (Baker Act), unless the child poses an imminent danger to themselves or others.
5. Principals, or their designee, shall, at a minimum, use available methods of communication to notify a parent, guardian, or other known emergency contact following a decision to initiate an involuntary examination (Baker Act) of a student. The methods of communication should include, but are not limited to, telephone calls, text messages, emails, and voicemails.
6. Principals, or their designee shall document the method, number of attempts, and the outcome of each attempt made to contact the student's parent, guardian or other known emergency contact. In the event that a principal, or the principal's designee must notify an emergency contact, only the information necessary to alert such contact that the parent or caregiver must be contacted may be provided.
7. The principal or the principal's designee may delay notification for no more than 24 hours after the student is removed if the principal or the principal's designee reasonably believes that such delay is necessary to avoid jeopardizing the health and safety of the student, the delay is in the student's best interest, and a report has been submitted to the central abuse hotline, pursuant to s. 39.201 F.S., based upon knowledge or suspicion of abuse, abandonment, or neglect.
8. The school administration must convene the Mental Health Team (administrator, teacher, parent, S-BMHP, and/or the contracted mental health agency providing services to the student).
  - a. A Mental Health Plan ([FM-7715](#)) must be developed by the team.
  - b. The Mental Health Team will collaborate to ensure the plan is fully implemented with consistent coordination of school and community-based mental health services.
  - c. The "M" Referral Codes and Service Codes must be used accordingly via the Student Case Management System.
9. The S-BMHSP must document the assessment, and intervention in the Student Case Management System using the following codes: RS (Risk Assessment) and RI (Risk Intervention). Exceptional Student Education Mental Health Professionals (E/BD Clinician, school psychologist, and school social worker) must also document all services for ESE students on the ESE EMS System. When time permits, contact the District Crisis Management Team to report the incident (305-995-2273). The school principal must enter all Involuntary Examinations into the Involuntary Examination Reporting System (IERS).
10. It is highly recommended that the S-BMHSP seek the parent or legal guardian's

signature on the Consent Form for Mutual Exchange of Information ([FM-2128](#)) as soon as possible. The purpose of this form is to enhance communication with the hospital or community mental health facility/agency involved in the treatment of a student and to coordinate effective services for the safety and well-being of the student. The contents of the form should include the name of the hospital/facility/agency, as well as a specific indication of intent to authorize release of “mental health records.”

11. If the Consent Form for Mutual Exchange of Information is obtained, contact The Multiagency Network for Students with Emotional/Behavioral Disabilities, (SEDNET) which provides student 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.
  - a. Ms. Delores Vega, SEDNET Project Manager  
Phone Number: 305-598-2436  
Email Address: [dvega@dadeschools.net](mailto:dvega@dadeschools.net)
  - b. The Mutual Exchange of Information Form (FM- 2128) should be faxed to Ms. Delores Vega at 305-598-4639.
  - c. Once the Consent Form for Mutual Exchange of Information Form (FM- 2128) is completed and sent to SEDNET, a copy should be placed in the student’s cumulative folder.

### **Actions for Student Re-entry**

1. Contact the District Crisis Management Team at 305-995-2273 for support and development of the student’s re-entry plan as referenced below.
2. The student is **not required** to provide any documentation prior to returning to school and limited information regarding the student’s health should be shared with school staff, only on a “need-to-know” basis for those staff members working with the student directly or indirectly.
3. The S-BMHP should closely monitor the student upon his/her return to school. This process should minimally include:
  - a. An immediate counseling session (RP-Risk Postvention).
  - b. Creation of a safety plan (see page 16).
  - c. Establishing a daily “check-in session” for at least the first week.
  - d. Weekly counseling services for the first month.
  - e. Meeting with the student’s full case manager if the student is under the supervision of DCF.
  - f. Monitoring absences and making good faith attempts to contact the parent or guardian if absences are frequent or inconsistent.
4. An emergency School Support Team (SST) or Re-evaluation Team (RT) meeting to address the student’s potential mental health needs must be scheduled as soon as

the school becomes aware of the hospitalization. If the student already has an Individual Education Plan (IEP), then a student Re-evaluation Team (RT) meeting should be conducted to address the student's needs.

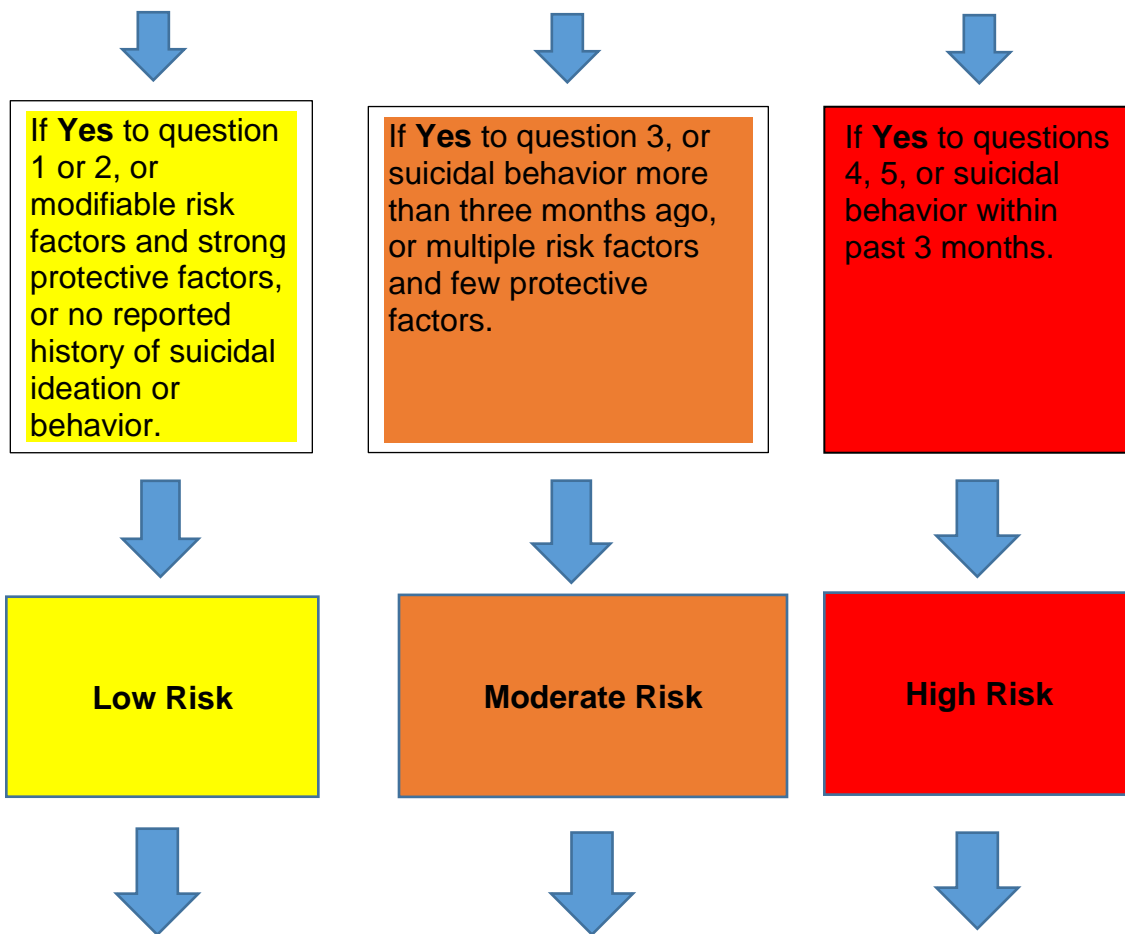
- a. The emergency SST/RT meeting should include the student (if possible or available), the SMHSP and other school personnel, as deemed necessary.
- b. The SST/RT Team should address the following:
  - The Nature of the Crisis
  - Current Diagnosis
  - Risk Behavior and Behaviors of Concern
  - Discharge Recommendations (if provided)
  - School performance while hospitalized (if relevant)
  - 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 (If so, schedule meeting)
  - Need for Onsite Support Services (i.e., counseling, modification of schedules, increased supervision, etc.)
  - Section 504 Plan
  - A Functional Behavior Assessment/Social Emotional–Behavioral Intervention Plan (FBA/SE-BIP), if needed.
  - If the student has a SE-BIP, the SE-BIP must be reviewed and revision of the SE-BIP should take place, if needed.

For additional information, please contact the appropriate District office.

**April 2022**

**Miami-Dade County Public Schools**  
**SUICIDE RISK ASSESSMENT FLOW CHART**

School mental health services provider conducts a suicide risk assessment using the **Safe-T with Columbia-Suicide Severity Rating Scale-Recent** protocol.



If **Yes** to question 1 or 2, or modifiable risk factors and strong protective factors, or no reported history of suicidal ideation or behavior.

**Low Risk**

If **Yes** to question 3, or suicidal behavior more than three months ago, or multiple risk factors and few protective factors.

**Moderate Risk**

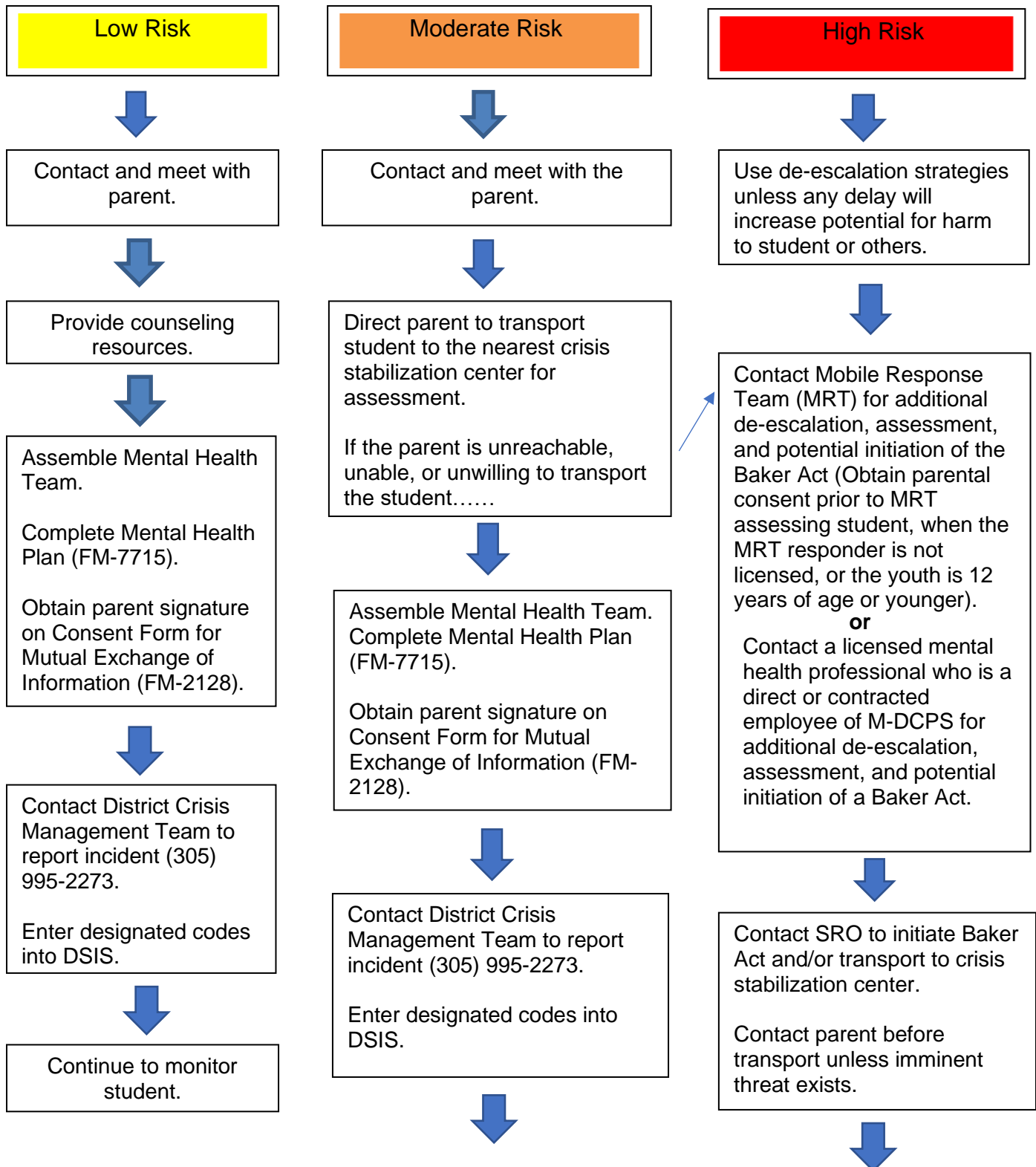
If **Yes** to questions 4, 5, or suicidal behavior within past 3 months.

**High Risk**

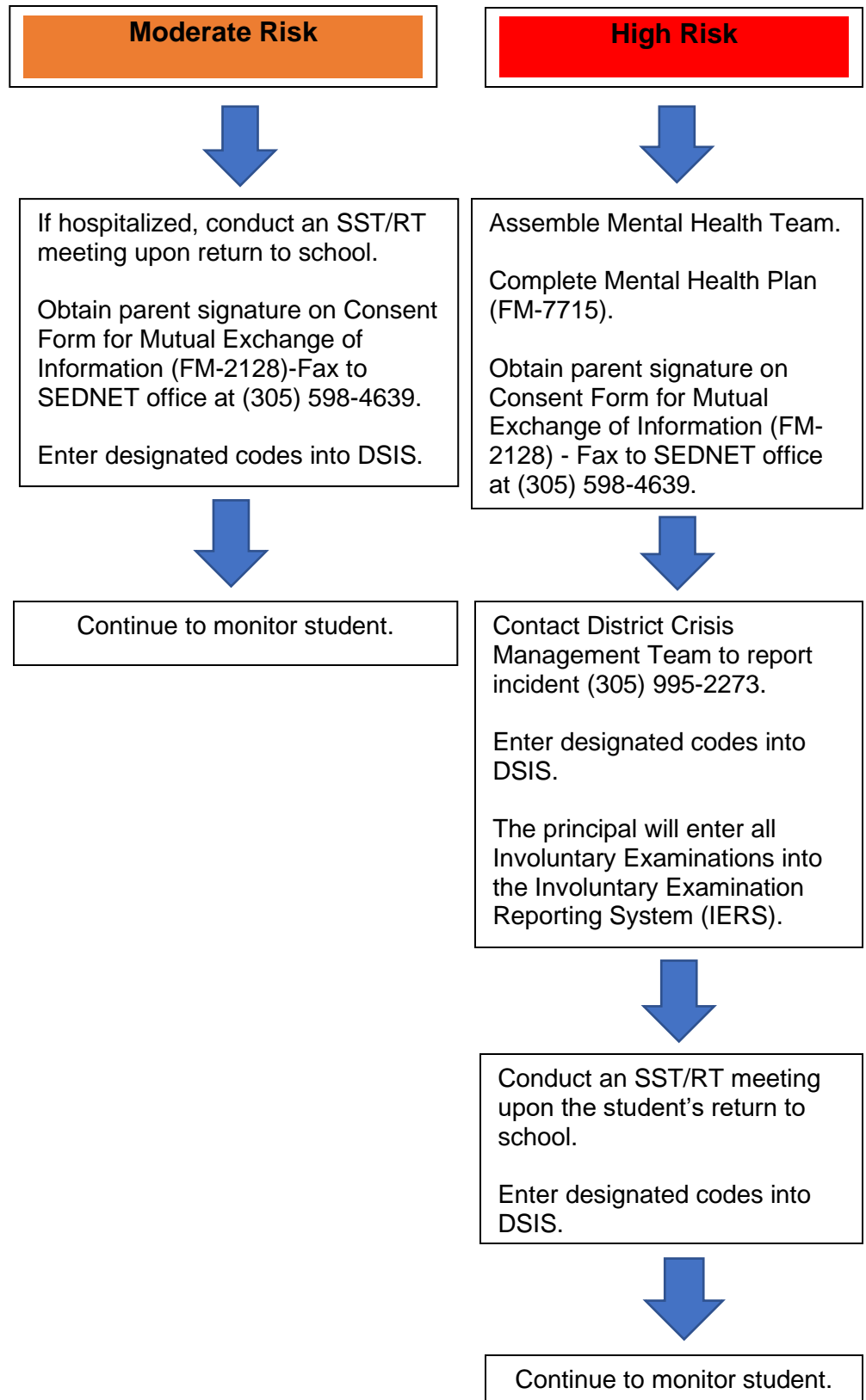
Administrator convenes the School Threat Assessment Team.



## Miami-Dade County Public Schools SUICIDE RISK INTERVENTION FLOW CHART



## SUICIDE RISK INTERVENTION FLOW CHART (continued)



# Sample Safety Plan

Student Name: \_\_\_\_\_

School-Based Mental Health Services Provider: \_\_\_\_\_ Date: \_\_\_\_\_

## Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a suicidal crisis may be developing

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

## Step 2: How can I keep myself safe? How can I keep my environment safe?

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. The one thing that is most important to me and has kept me alive: \_\_\_\_\_  
\_\_\_\_\_

## Step 3: Trusted adults at school, home, or in my community whom I can ask for help

1. Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Step 4: Internal coping strategies—things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity)**

1. \_\_\_\_\_
2. \_\_\_\_\_

**Step 5: Agencies I can contact during a crisis**

Jewish Community Services of South Florida **2-1-1** Helpline

Suicide Prevention Lifeline Phone Number: **800-273-TALK (8255)**

*CrisisTextLine.org* (24 hours nationwide): text **START** or **HELP** to **741741**

**Student Signature:** \_\_\_\_\_ **Staff Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

Adapted from Florida S.T.E.P.S.

# Suicide Postvention

## Action Plan Steps to Implement Following a Suicide

### Step 1: Get the Facts

The school principal shall confirm the death and determine the cause of death through communication with the student's parent or guardian or law enforcement. Until confirmation of the cause of death has been received, the cause shall be reported as unknown. If the parent/guardian prefers that the cause of death not be disclosed, a school mental health services provider representing the school may be designated to speak with the parents to explain the benefits of sharing and processing the loss with students. If the family refuses to allow disclosure, schools may state "The family has requested that information about the cause of death not be shared at this time."

### Step 2: Assess the Situation

The principal, members of the school's Critical Incident Response Team, and the District Crisis Management Team shall meet to determine the expected level of impact of the loss on students and staff.

### Step 3: Notification

Faculty and support staff should be notified of the death prior to students, preferably in a staff meeting. Information should be provided about the details surrounding the event, as well as the intervention plan. The emotional needs of staff should be addressed before meeting with students and throughout the day. We need to care for those who care for others.

At the secondary level, student notification should occur in classroom, small group or individual settings. For elementary grade levels, parents should be notified of the incident by telephone and asked to inform their child of the death in the comfort of their home and in the presence of their primary caregivers.

### Step 4: Initiate Support Services

The District Crisis Management Team in conjunction with the school and region-based mental health services providers will coordinate and deliver individual and small group counseling support. Said support will include a discussion of: facts surrounding the incident, without sharing unnecessary details; the multi-factored causality of the behavior; the emphasis on mental illness as a strong foundation for the behavior; responsibility for the act; current and potential reactions to the loss; reflection on memories of the deceased; coping skills; and help-seeking behavior.

Support services should also be made available to staff impacted by the loss. Further, faculty should be provided recommendations and activities for guiding their students

through the grieving process. For some, the aftermath of youth suicide is difficult to navigate. Ongoing surveillance, identification of students at risk for suicide, assessment of risk behavior, school and community counseling, and grief support are essential in preventing additional suicides through a process known as contagion.

### **Step 5: School Memorials**

All memorial activities, regardless of the cause of death, should be addressed the same way. The following examples of memorialization should be avoided: planned on-campus physical memorials (e.g., photos, flowers, displays), funeral services, flying the flag at half-staff, dedications in yearbook. Additionally, no large gatherings including auditorium activities or vigils should be organized on campus. Although well-intended, these activities may sensationalize the death and lead to suicide contagion for vulnerable youth. Further, school should not be canceled for funeral services.

Any school-based memorials that do occur should focus upon the prevention of suicide, as well as providing information about on-campus and community-based mental health resources. These activities should take place in small groups and be under the supervision of school-based mental health services providers. Donations of time and funding for local suicide prevention efforts like memorial walks or volunteering for a charity are healthy and positive ways to remember those who have died. A brief announcement by the school principal to recognize that a student has died, without mentioning the cause of death, is appropriate and signifies that every life is significant. Due to developmental sensitivities, this respectful gesture should only be utilized at the senior high school level.

## Resources

After a Suicide: A Toolkit for Schools

[www.afsp.org/schools](http://www.afsp.org/schools)

Florida School Toolkit for K-12 Educators to Prevent Suicide (Florida S.T.E.P.S.),  
Nova Southeastern University, 2021

Guidelines for Schools Responding to a Death by Suicide

<https://www.schoolcrisiscenter.org/wp-content/uploads/2019/07/guidelines-death-by-suicide.pdf>

Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources (2<sup>nd</sup> ed.). New York: American Foundation for Suicide Prevention, American School Counselor Association, National Association of School Psychologists & the Trevor Project (2019)

Preventing Suicide: A Toolkit for High Schools

[www.store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669](http://www.store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669)

Suicide Prevention Resource Center

<https://www.sprc.org>

## **Crisis Support Services for Students**

### **Crisis Text Line**

Text TALK to 741-741 to text with a trained crisis counselor for free, 24/7

### **National Suicide Prevention Lifeline**

The Lifeline is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis or their friends and loved ones. Call 1-800-273-TALK (8255). Callers are routed to the closest possible crisis center in their area.

### **Jewish Community Services of South Florida 2-1-1 Helpline**

24/7 helpline for residents of Miami-Dade County. Trained staff and volunteers provide telephone counseling, crisis intervention, and information and referral to countywide programs and services. Callers may dial 2-1-1 from their home or office phone. If calling from a cell phone, please call 305-631-4211.

### **Trevor Lifeline**

The only nationwide, 24/7 crisis and suicide prevention lifeline offering free and confidential counseling for LGBTQ youth, available at 1-866-488-7386.