

LEON COUNTY SCHOOLS

Office of Health, Wellness & Student
Services



MISSION

It is part of the mission and vision of Leon County Schools to keep the safety of students at the forefront, and provide mental, behavioral, and emotional support for students and families to ensure educational success and overall wellness.

Our mental health initiatives consist of a continuum of support for student mental health and wellness within the Multi-tiered Systems of Support (MTSS) model. School-based mental health service providers, teachers, support staff, parents and community-based mental health professionals collaborate to develop plans and identify strategies and interventions to support student needs.

In addition, school and district staff participate in ongoing training in youth mental health to recognize, understand, and provide initial support to students who are in distress or who may be developing a mental health or substance-use disorder and help connect them to the appropriate care.

LCS VIOLENCE PREVENTION

Every school has a Threat and Suicide Risk Assessment Team that must investigate ANY & EVERY time a person communicates a threat to harm themselves or to harm someone else. This communication could be through the following:

- Drawings
- Writings
- Social Media
- Verbal threats
- Parent reports
- Student reports
- Teacher or other staff reports

*All LCS staff should report information about a threat to school administration/designee immediately!



ASSESSMENTS



THREAT ASSESSMENTS

Threat assessment is a problem-solving approach to violence prevention that involves assessment and intervention with students who have threatened violence in some way.



SUICIDE ASSESSMENTS

Suicide assessment is a problem-solving approach to suicide prevention that involves assessment and intervention with student who have threatened suicide or harm to themselves.



MULTI-DISCIPLINARY TEAM

1006.07(7), F.S.: Threat management team—Each school shall have a threat management team.

(7)(a): A threat management team shall include persons with expertise in counseling, instruction, school administration, and law enforcement.

(7)(b) The team also must include an instructional or administrative staff member who is personally familiar with the individual who is the subject of the threat assessment.

SCHOOL BASED THREAT ASSESSMENT TEAM (SBTMT)



School
Administrator

**ASSISTANT
PRINCIPAL**



Expertise in
Counseling

**GUIDANCE, SOCIAL
WORKER OR SCHOOL
PSYCHOLOGIST**



Expertise in
Instruction

**STAFF THAT
HOLDS A DOE
CERTIFICATE**



Law
Enforcement

**SCHOOL
RESOURCE
DEPUTY (SRD)**



THREAT ASSESSMENT IS:

Systematic, fact-based method to identify levels of concern, which may include the development of a Student Support Management Plan (SSMP).

Ongoing process that ends only when teams decide, or responsibility is transferred to another threat management team.



THREAT ASSESSMENT IS NOT

Profiling the next school shooter.

An emergency or crisis response.

A disciplinary process.

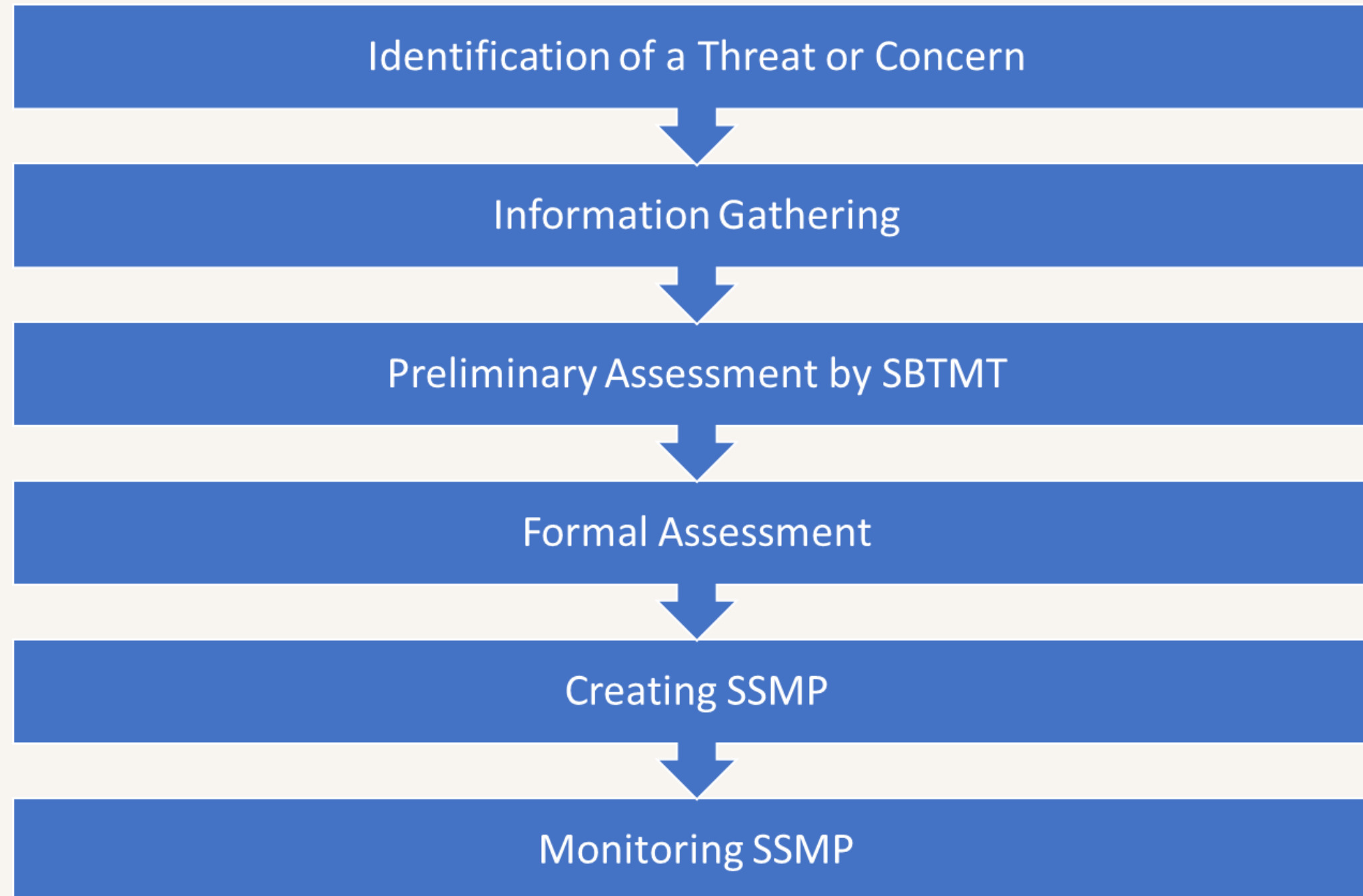
Suicide Risk Assessment.



Tomorrow's News | Sandy Hook Promise



SBTMT Workflow



THE SBTMT DATA COLLECTION

Obtain student's explanation of the threat's meaning and his/her intentions.

Obtain witness (students or staff) perceptions of the threat's meaning if needed.

Obtain any information within the student's cumulative record.

Obtaining parent/guardian interview if needed.



Unfounded

Low

Medium

High



A LEVELS OF
CONCERN IS
DETERMINED

Responding

- Once all the information has been gathered by the SBTMT, the designated team member should contact the parent to discuss the reason for the interview, all the information that was gathered, gather any additional information from the parent and discuss a response plan based on the level of concern to include initiating any services or imposing safety measures for any students involved.
- When an assessment results in a change in related services or monitoring, a student's parent(s) must be notified as soon as possible.

DISTRICT THREAT MANAGEMENT TEAM

District Administrator:
Tonja Fitzgerald

District Instructional Leaders:
Anicia Robinson
Scott Hansen

Expertise in Counseling:
Krystal Baker-White, LMHC
Tia Legree, LMHC

Law Enforcement Officers:
Jimmy Williams & Pepper Norrman

SUICIDE RISK ASSESSMENT TEAM



School
Administrator

**PRINCIPAL OR
ASSISTANT
PRINCIPAL**



Expertise in
Counseling

**GUIDANCE, SOCIAL
WORKER OR SCHOOL
PSYCHOLOGIST**



Licensed Mental
Health Professional

OPTIONAL



Law
Enforcement

**ONLY IF THE
STUDENT
NEEDS TO BE
TRANSPORTED
TO HOSPITAL**

THE INFORMATION COLLECTION

Interview the Student using the
Columbia Suicide Rating Scale

Obtain any information within the
student's cumulative record.

Obtaining parent/guardian interview if
needed.

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
	YES	NO
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how to kill yourself?</u> <u>Do you intend to carry out this plan?</u>		

6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u>	YES	NO
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		
If YES, ask: <u>Was this within the past three months?</u>		

Low Risk
Moderate Risk
High Risk



No Risk

Low

Moderate

High



A LEVELS OF
RISK IS
DETERMINED

Responding to No or Low Risk

- Once all the information has been gathered by the mental health professional and administrator, the designated team member should contact the parent to discuss the reason for the interview, all the information that was gathered, gather any additional information from the parent and discuss a response plan based on the level of risk to include initiating any services or imposing safety measures.
- When an assessment results in a change in related services or monitoring, a student's parent(s) must be notified as soon as possible.

Responding Moderate or High Risk

- Once all the information has been gathered by the counseling professional and administrator, the designated team member should contact a LCS Licensed Mental Health Professional or Apalachee Mobile Response Team (MRT) to conduct a Baker Act Evaluation.
- Once the evaluation is complete, the designated team member should call the parent to discuss the reason for the interview, all the information that was gathered, gather any additional information from the parent and discuss a response plan based on the level of risk to include initiating any services or imposing safety measures.
- If the student meets the criteria for a Baker Act, the student will be transported by Law Enforcement to the Central Receiving Facility. The parent MUST be contacted prior to the student leaving campus.

Plan to Support Student

A Plan to Support Student should be initiated and completed with the school team, to include the parent and student, immediately or as soon as the student returns to school.

This plan could be used to support the needs of any student, even without a suicide or threat assessment.

LEON COUNTY SCHOOLS
Plan to Support Student

Student Name: [REDACTED] Preferred Name: Preferred Pronoun:
Student ID: [REDACTED] DOB: 05/04/2016 School: Sealey Elementary Meeting Date: 09/01/2022
Parent Name:

PLAN TO SUPPORT

This plan is to be used for any student in need of additional support or supervision. All relevant parties, including parent/guardian, should participate to ensure that the school environment is both safe and supportive of the student. All school personnel assigned to this student should be notified of this plan on a need-to-know basis.

Leon County Schools was notified that the above student needed a plan to support by the following (check all that apply):

☐ Student
☐ Parent/guardian
☐ School Personnel
☐ Law Enforcement/Handle with Care Notice
☐ Suicide or Threat Assessment
☐ Other:

SAFETY CONCERNS

A Plan to Support was initiated due to the following situation, issue(s) or concern(s):

Parent/Guardian Invitation & Notification

The parent/guardian of the above student was notified of the need for this support and was invited to the meeting.

Name of Parent/Guardian: Date of Notification:
Method of Notification:
If the guardian indicated they would not attend, please include reason:
If the guardian was **not** invited or notified, please explain (As a mandated reporter, if a student discloses abuse, abandonment or neglect, follow reporting requirements Florida Abuse Hotline 1-800-962-2873.)

SUPPORT PLAN

The following person attended the meeting:

Administration: Mental Health Staff:
School Resource Officer/LE: Parent/Guardian:

LCS Plan to Support Student/Target page 1 of 5

ASHLEY ANDERSON, LCSW

District Threat Management Coordinator

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