

Suicide Prevention Protocol for School-Based Threat Assessment Teams

Santa Rosa County School District
Student Services Department

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INTRODUCTION

The primary focus of this protocol is to establish a recommended process for schools that is readily available and easy to follow in the event a student is at-risk for harming him/herself. This process is broken down into three critical components:

- **Prevention:** How schools can promote resiliency and reduce the potential for youth suicide.
- **Intervention:** How school staff should intervene with students at risk for suicidal behavior.
- **Follow-Up Intervention or Postvention:** How schools should respond to students returning from a crisis center or after a threat has been made or attempted.

The school-based threat assessment team (TAT) plays a vital role in suicide prevention, intervention, and follow-up intervention, and will be tasked with specifically addressing the suicide prevention protocol flowchart when handling at-risk students.

PREVENTION

Everyone has a role in suicide prevention. A comprehensive approach to suicide prevention involves students, school personnel, parents, and community agencies. Collaboration and communication are key to promoting positive mental health in the school setting.

School administrators have a critical role in suicide prevention. Administrators will ensure that key personnel are made aware of these processes, including office staff, the school nurse, and the SRO. TAT will assist in this regard and be trained in Youth Mental Health First Aid.

School personnel should be trained annually by the TAT to recognize warning signs associated with students who are at risk for suicide. In addition, school personnel should be aware of the positive conditions (i.e., protective factors) that promote resiliency and reduce the potential for suicide. All school personnel should be aware of this protocol and follow the steps outlined in the Suicide Intervention Process flowchart.

Myths and Facts About Suicide

Myths About Suicide	Facts About Suicide
Asking someone if they feel suicidal will put the idea in their head.	Asking someone if they feel suicidal is the first step in getting them help.
Suicide often happens without warning.	Most individuals considering suicide give warning signs regarding their intentions.
Improvement after a suicidal crisis means that the risk of suicide is over.	Almost half of the people that survive a suicide attempt make another attempt within five years.
Suicide only strikes people of certain gender, race, financial status, age, etc.	Suicide has no boundaries and can impact anyone.
Children are not capable of knowing how to kill themselves.	Every four hours in America, a child commits suicide.
Suicides peak during holidays.	Suicides are lowest in December and peak in the spring.

Adapted from: Maryland Department of Health and Mental Hygiene, Missouri Department of Mental Health, and National Council for Community Behavioral Healthcare. (2012). National Council for Youth Mental Health First Aid USA for adults assisting young people. Lutherville, MD: Mental Health Association of Maryland, Inc.

Suicide Prevention: Factors to Consider

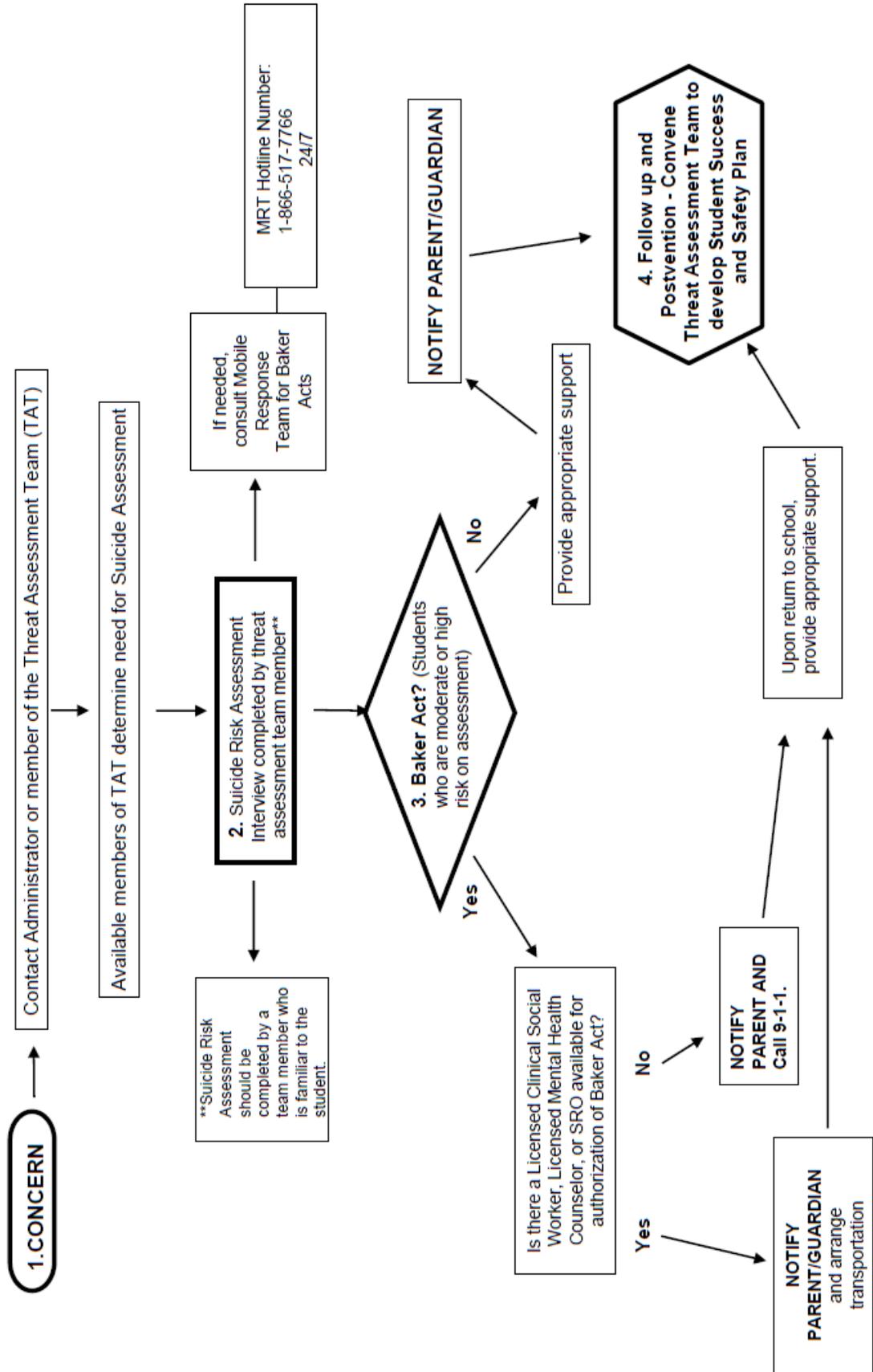
The list below should not be considered exhaustive.

Protective Factors	
<ul style="list-style-type: none"> • Close family bonds • Strong sense of self-esteem • A sense of personal control • A supportive home environment • Responsibilities/duties to others • Best friends • Cultural and religious beliefs • Opportunities to participate in projects/activities/constructive recreation 	<ul style="list-style-type: none"> • Lack of access to lethal means • Access to services for mental, physical, and substance abuse concerns • Skills in coping/problem solving • School connectedness • Feeling close to at least one adult
Risk Factors	
<ul style="list-style-type: none"> • Mental health issues such as depression, anxiety, and personality disorders • Alcohol and other substance abuse • Hopelessness • Impulsive/aggressive tendencies • History of abuse • Previous suicide attempt • Family history of suicide • Break up/change of relationship • Easy access to lethal means • Recent suicides/contagion effect • Social alienation/isolation • Barriers to accessing mental health care 	<ul style="list-style-type: none"> • Preexisting medical conditions/hormonal changes • Efforts to hurt oneself or displays of non-suicidal self-injurious behavior • Delinquency • Death of a loved one or significant loss • Bullying/victimization • Family dysfunction • Academic crisis • Exposure to stigma and discrimination based on sexual orientation or gender identity
Warning Signs	
<ul style="list-style-type: none"> • Suicide notes • Threats • Final arrangements • Inability to concentrate or think rationally • Changes in physical habits and appearance • Sudden changes in personality, friends, behaviors • Death and suicidal themes • Plan/method/access 	

Sources: National Association of School Psychologists, National Council for Behavioral Health, Substance Abuse and Mental Health Services Administration & the University of South Florida Youth Suicide Prevention School-Based Guide.

Suicide Prevention (Baker Act) Protocol

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All stakeholders have a role in reporting suicidal concerns for students: students, teachers, paraprofessionals, bus drivers, administrators, parents, etc.

1. CONCERN IS REPORTED

- TAT implements the Suicide Prevention Protocol (see flowchart on pg. 8).
- Once the concern has been reported (actions may not be conducted in a linear order):
 - Determine need for suicide risk assessment.
 - Verify location of student and ensure supervision and safety.
 - Reporter/concerned adult will make sure an administrator is notified of the concern.
 - **Student should be supervised by an adult. Do not leave the student alone.**
 - **School personnel** must escort the student to the office. Parent volunteers and students must not be used.
 - Obtain the student's emergency contact information.

2. CONDUCT SUICIDE ASSESSMENT

- A member of the threat assessment team most familiar with student should conduct a suicide assessment interview of the student (see **Suicide Risk Assessment pg. 10-11**)
- Review appropriate school records
- Gather additional information from parent(s)/guardian(s) and relevant school personnel as part of the assessment.
- The team will assess the level of risk as low, moderate or high (see Suicide Risk Assessment Factors Guide – pg. 12).

Practices for Conducting the Suicide Assessment

How to ask the tough question:

Inappropriate: “You’re not thinking of hurting yourself!”
“Are you thinking of hurting yourself?”

Appropriate: “Are you thinking of killing yourself?”

Tips on asking the “suicide” question:

- Talk to the student in a private setting.
- Acknowledge that the student is in distress.
- Allow the student to talk freely.
- Stay with the student **at all times**.

- Take suicide statements seriously.
- Do not act shocked.
- Do not agree to keep the student's suicidal intentions a secret.
- Do not offer simple solutions to serious problems.

Use information gleaned from the **Suicide Risk Assessment**, consultation with TAT, and the **Suicide Risk Assessment Factors Guide** (p. 12), to estimate the level of risk and required actions.

Santa Rosa County School District Suicide Risk Assessment

The following questions are suggested, not required. Presentation may not be in a linear fashion.

Establish Rapport / Limits of Confidentiality

- Ask about interests (e.g., clubs, music, pets, sports, video games)

Affective/Behavioral Factors

- How is school? _____
- How is your life at home? _____
- How are things going with your friends? _____
- How are you sleeping? _____
- How are you eating? _____

Transition and Focus on Concern / Intent

- Some people here at school are really concerned about you.
- How are you feeling today? _____
- Are you feeling sad/depressed/angry? _____
- Have you thought about wanting to kill yourself? How often? How long ago?

Plan / Lethality

- Do you have a plan? _____
 - What is your plan? _____
 - Do you have access to the “means”? (e.g., gun, pills, knife) _____
 - When did you plan to kill yourself? _____
 - What would stop you from killing or hurting yourself?
-
- Why not now? _____
 - Have you told anyone about your plan? _____
 - What was their response?

History of Suicide Attempts

- Have you previously tried to kill yourself? When? How? Did you tell anyone?

- Did you get help? (e.g., medical attention, crisis center, counseling)

- Do you know anyone who has attempted suicide? (e.g., family, friends, neighbors)

Risk Factors / Coping / Protective Factors

- What is happening in your life now? (e.g., academics, relationships, conflicts, family issues)

- How does that make you feel? (e.g., angry, frustrated, helpless, hopeless)

- When you are upset, who do you talk to? What do you do? How do you cope?

- What plans do you have for tomorrow? The future?

- Do you have medical concerns? Any medications? Any problems with impulse control?

- Which substances do you use? (e.g., alcohol, drugs) How often? Recently?

Prepare Student for Next Steps

- I'm really concerned about you.
- Here's what we need to do to keep you safe. (Summarize what will happen.)
- **We need to contact your parents now. (MANDATORY STATEMENT)**

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Suicide Risk Assessment Factors Guide

The following table provides guidance to determine the level of intervention for a student who may be in distress and contemplating suicide. Although factors are presented within specific columns of the table, such factors are fluid and may be applicable to any level of risk.

There is no single factor indicating low, moderate, or high risk. Rather, consideration should be given to several factors and multiple sources of data when completing the assessment.

A history of suicide attempts, of course, is a sufficient reason for action. High risk also is associated with very detailed plans (when, where, how) that specify a lethal and readily available method, a specific time, and a location where it is unlikely the act would be disrupted. Further high risk indicators include the student having made final arrangements and having experienced a critical, recent loss.

<u>Assessment Factors</u>	<u>Probable Risk</u>		
	Low	Moderate	High
Suicide Plan	<input type="checkbox"/> Vague details <input type="checkbox"/> No availability of means <input type="checkbox"/> No specific time frame	<input type="checkbox"/> Some specific details <input type="checkbox"/> Potential availability of means <input type="checkbox"/> Time frame identified	<input type="checkbox"/> Defined plan (when, where, how) <input type="checkbox"/> Easy access or readily available means <input type="checkbox"/> Immediate time frame
Previous Suicide Attempts	<input type="checkbox"/> None	<input type="checkbox"/> Any history	<input type="checkbox"/> One high lethality or multiple attempts
Reaction to Stress	<input type="checkbox"/> Few stressors <input type="checkbox"/> Appropriate coping skills identified	<input type="checkbox"/> Multiple stressors <input type="checkbox"/> Limited coping skills identified	<input type="checkbox"/> Multiple stressors <input type="checkbox"/> Inappropriate or lack of coping skills identified
Symptoms	<input type="checkbox"/> Daily activities continue as usual with little change <input type="checkbox"/> No significant changes in personality or behavior <input type="checkbox"/> Presence of stable relationships	<input type="checkbox"/> Some daily activities disrupted <input type="checkbox"/> Disturbance in eating, sleeping, school performance <input type="checkbox"/> Some changes in personality or behavior <input type="checkbox"/> Limited relationships or recent change(s) in relationships	<input type="checkbox"/> Gross disturbances in daily functioning <input type="checkbox"/> Sudden, extreme changes in personality or behavior <input type="checkbox"/> Isolation, limited relationships, or recent change(s) in relationships
Resources	<input type="checkbox"/> Multiple protective factors	<input type="checkbox"/> Limited protective factors	<input type="checkbox"/> Few or limited protective factors
Medical Status	<input type="checkbox"/> No significant medical issues	<input type="checkbox"/> Mild chronic or acute psychological or medical issues	<input type="checkbox"/> Chronic, debilitating, or acute catastrophic illness
OVERALL RISK	<input type="checkbox"/> LOW	<input type="checkbox"/> MODERATE	<input type="checkbox"/> HIGH

3. Determine and Implement Next Step—Baker Act?

- For all circumstances in which a student expresses suicidal ideation, the parent(s)/guardian(s) must be notified.

The probable level of risk should be considered by the team when determining next steps:

Low Probable Risk

- Reassure and supervise the student.
- Notify and assist parent in connecting with school and community resources.
- Obtain signature on the **Consent Form for Mutual Exchange of Information** (can be found in S4), if needed.
- Encourage parent to monitor for safety and suicide-proof the environment.
- Help parent and student identify caring adults, coping skills, and resources. Provide parent with Suicide brochures/handouts as needed.
- Complete the following:
 - *Parent Notification of Suicide Risk Assessment* form
 - *Student Success and Safety Plan*
- Within one week, prepare safety plan that establishes a circle of care among the family, school personnel, and community mental health providers and meet with student and parent to go over safety plan.

Moderate Probable Risk

- Reassure and supervise student at all times.
- Meet with SRO to discuss current situation. If SRO is not available, the administrator(s) will contact a licensed mental health counselor if one is available at the school. If not, call a LMHC listed on the flow chart.
- Consult SRO about checking backpack and/or locker.
- Ensure that parents are informed of the actions being taken.
- Encourage parent to monitor for safety and suicide-proof the environment and provide resources.
- ONLY release student to:
 - Parent(s)/guardian(s) or law enforcement or EMT if 911 was called
 - If the parent(s) is unable or unwilling to assist with the potentially suicidal crisis, SRO will proceed accordingly.
- Obtain signature on the **Consent Form for Mutual Exchange of Information** (can be found in S4), if needed.
- Complete the following:
 - *Parent Notification of Suicide Risk Assessment* form
 - *Student Success and Safety Plan*

- Prior to student returning to school, prepare safety plan that establishes a circle of care among the family, school personnel, and community mental health providers and meet with student and parent to go over safety plan.

*****HIGH PROBABLE RISK*****

- **SRO begins his/her protocol for initiating Baker Act**
- Supervise student at all times. Calm the student by talking and reassuring him/her until SRO/first responders arrive.
- Ensure that parent(s) is informed of the actions being taken.
- Protect the privacy of the student and family.
- Complete the following:
 - *Parent Notification of Suicide Risk Assessment* form
 - *Student Success and Safety Plan*
- Obtain signature on the **Consent Form for Mutual Exchange of Information** (can be found in S4), if needed.
- Prior to student returning to school, prepare safety plan that establishes a circle of care among the family, school personnel, and community mental health providers and meet with student and parent to go over safety plan.

****Continued attempts to reach parent must be made.***

Santa Rosa County School District
Parent Notification of Suicide Risk Assessment

Santa Rosa County School District personnel take student safety very seriously; consequently, it is important that concerns are shared with parents so that they monitor their child for safety and take appropriate safeguards.

Mr./Ms. _____ parent/guardian of _____

- participated in a conference via phone __ or in person __ on (date) _____.
- could not be reached. Please see bottom of this page for attempt information.
- Social Work referral submitted for delivery of this form.
- SRO contacted

During this conference, the parents(s)/guardian(s) was informed that their child expressed suicidal ideation. Parent(s)/guardian(s) were encouraged to do the following:

If the student is not in imminent danger, parents/guardians were encouraged to:

- Consult primary care physician and/or mental health provider
- Other _____

If the student is in imminent danger, parents/guardians should take one of the following actions:

- Call 9-1-1
- Take the child to the local Emergency Room

Required Signatures:

Parent or Legal Guardian

Date

School Administrator or Designee

Date

**Unsuccessful attempts to contact parent were made via phone on (date) _____
and (date) _____ to:**

Name of Individual

Phone Number

Name of Individual

Phone Number

A copy of this letter was provided to the parent (indicate method) _____
on (date) _____.

DISTRIBUTION: COPIES to Principal, Parent and School Counselor

**4. Follow up and Postvention ---
Convene Threat Assessment Team to develop Student Success**

DO NOT PLACE IN CUMULATIVE FOLDER.

Follow-up may vary depending upon the needs of the student. In some cases, the student may have expressed suicidal ideation, but the protocol suggested that involuntary evaluation (i.e., Baker Act implementation) was not necessary. At other times, involuntary evaluation was necessary and initiated by the local law enforcement or the parent.

Protocol Implemented but No Involuntary Evaluation (i.e., Baker Act not implemented)

- The administrator should follow up with the student and parent following the initial assessment.
- The threat assessment team should convene to determine appropriate next steps, which may include but are not limited to:
 - Check in with a trusted, designated adult
 - Development of a *Student Success and Safety Plan* (pgs. 18-19), including parents and student as participants
 - Peer/Adult Mentoring
 - Establishment of Safe Area
 - CDAC services/ in school counseling
 - Referral to MTSS Team for behavioral/emotional/academic supports
 - Other interventions as needed

Involuntary Evaluation (i.e., Baker Act implemented/Hospitalization)

- The threat assessment team should notify appropriate school personnel (e.g., classroom teacher) that the student may be experiencing challenging circumstances that might involve hopelessness or depression. Students should be monitored closely for distress.
- The TAT should convene and follow up with the student and parent upon the student's return to school to determine appropriate next steps, which may include but are not limited to:
 - Check in with a trusted, designated adult (daily or as needed)
 - Development of a safety plan, including parents and teachers as participants
 - CDAC services/ in-school counseling
 - Schedule Change
 - Peer/Adult Mentoring
 - Establishment of Safe Area
 - Referral to MTSS Team for behavioral/emotional/academic supports
 - Develop or modify the IEP/504 Plan, as applicable
 - Other interventions as needed

- If an administrator is notified of the student’s discharge from a Crisis Stabilization Unit (ex. Lakeview Behavioral Center) by the District Student Services Department, the **implementation procedure for students returning to school after discharge** should be followed.
- If administration is notified of the student’s discharge from any crisis center by the parent/guardian or agency, the information should be used by the Threat Assessment Team and parent(s)/guardian(s) for educational planning purposes.
 - **Attempts should be made to obtain the parent’s written consent (and student’s consent, when required) for reciprocal exchange of information between the agency and the school.**
 - **Care should be given so that any highly sensitive information is not placed in the cumulative folder but is retained by the school administrator.**

General Considerations upon a Student’s Return to School

Be Supportive

- Ask in private how the student is doing, but do not ask any specific details about their experience; let them decide if they wish to share with you.
- Let the student know you care about them.
- Do not make jokes about their situation.
- Consider being flexible and compassionate with completion of school assignments, tests, etc.

Be Observant

- Be aware of changes in behavior that may indicate the student is in need of further help.
- In the event the student needs more support, contact a Student Services Professional.
- Maintain the student’s confidentiality.

Be Consistent

- Routine is important for students.
- Assist the student in resuming typical schedules and school activities.
- Be alert to any needs or supports that the student may require (e.g., extra time on an assignment, delayed testing).

**The Threat Assessment Report and Success and Safety Plan will be maintained in Student Records and shared with receiving schools should student transfer. (s.1003.25, F.S.) Revised August 29, 2019.



Santa Rosa County District Schools Student Success and Safety Plan

Date: _____ School: _____

Name: _____ Grade: _____

Reason for Follow-up (briefly summarize situation, date, level of threat, etc.):

- Baker Act: _____
- Threat Assessment: _____
- Suicide Assessment: _____
- Other: _____

Date of Student Interview: _____ Date of Parent Interview: _____

Actions to take:

Support Team members informed of Safety Plan:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Teacher | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> School Psychologist | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> SRO | <input type="checkbox"/> Outside Agency | |
| <input type="checkbox"/> Other: _____ | | |

Specific Interventions Developed by Threat Assessment Team (referrals to community-based mental health agencies needed for Moderate/High Suicide Risk Assessment or Serious/Very Serious Substantive threat):

- | | | |
|---|--|--|
| <input type="checkbox"/> Change of class/schedule | <input type="checkbox"/> Supervision | <input type="checkbox"/> Change of seating |
| <input type="checkbox"/> Modified transitions | <input type="checkbox"/> Search student belongings | <input type="checkbox"/> After-school activities |
| <input type="checkbox"/> Other: _____ | | |

**The Threat Assessment Report and Success and Safety Plan will be maintained in Student Records and shared with receiving schools should student transfer. (s.1003.25, F.S.) Revised August 29, 2019.

OTHER CONSIDERATIONS TO BE DISCUSSED:

- Technology support (cyberbullying)
- FBA/BIP
- Mental Health Screening
- Additional academic supports?
- Outside Agencies: _____
- Counseling (School or Community Based)
- 504 evaluation/eligibility meeting
- MTSS for possible behavioral interventions
- Consideration of ESE evaluation

Specific Information:

Student will seek support from the following individuals (three trusting adults that student can to go to for help): |

- 1.) _____
- 2.) _____
- 3.) _____

ADDITIONAL INPUT FROM STUDENT OR PARENT/GUARDIAN:

MONITORING:

- Daily
- Weekly
- Bi-weekly

By Whom: _____

**The Threat Assessment Report and Success and Safety Plan will be maintained in Student Records and shared with receiving schools should student transfer. (s.1003.25, F.S.) Revised August 29, 2019.

SUPPORT TEAM MEMBER SIGNATURES -Including student and parent/guardian

COPIES TO:

- Cumulative record (black folder)
- Parent
- Student
- Support Team members
- Certified School Counselor
- CDAC or Community-Based agency (if applicable)
- Mental Health Coordinator, District Office

FREQUENTLY ASKED QUESTIONS

Question	Answer
Should the team’s decision regarding the specific risk level (low, medium, high) be documented on the form?	No. The risk level should not be documented on the summary form. The risk level is a guide used by the team to determine next steps in the protocol.
Should the assessment interview be done with other professionals present?	The student should feel comfortable so they will honestly disclose information. It may be helpful to have one additional, appropriate adult in the room. However, having too many people present may cause the student to shut down.
Do we complete the protocol every time a student blurts out a statement impulsively, even when follow-up suggests that the student was not suicidal?	The suicide protocol should be used when there is any form of suicidal expression. The risk level will depend on the credibility of the threat. For repeated threats of the same nature, review the action plan, revise as necessary, and document next steps if modified. If the student has an IEP, consider meeting as a team with parents to address needs and revise the IEP.
Do we conduct the protocol if there are a lot of signs/risk factors but the student has not stated or written anything about suicide?	If, in your professional opinion, you believe the student is in danger, contact the administrator and parent(s) to share your concerns and proceed accordingly.
If the parent arrives at the school during the assessment and wants to sign out the student, should the student be released?	This decision should be made by the site-based administrator in collaboration with the SRO and/or Student Services. If the SRO determines that the child needs to be Baker Acted, then the SRO must follow their protocol to ensure the child’s safety.
Can we mail the Parent Notification of Suicide Risk Assessment or the Student Crisis Monitoring Plan Follow-Up form home for parent signatures?	The parent must always be involved throughout the process, including follow-up intervention. If the parent is unable to attend the meeting(s), make every effort to include them (e.g., phone conference with witness), document that on the form, obtain the signature of a witness, and complete Social Work referral for delivery of form to parent.
What are acceptable ways to provide the parent/guardian notification if they cannot be reached?	Continue attempts to notify the parent/guardian. If they cannot be reached, consult with the site-based administrator to develop a plan (e.g., call others on the emergency card, home visit).

REFERENCES

REFERENCES

American School Counselor Association (ASCA)

<http://www.schoolcounselor.org/>

Maryland Department of Health and Mental Hygiene, Missouri Department of Mental Health, and National Council for Community Behavioral Healthcare. (2012). National Council for youth mental health first aid USA for adults assisting young people. Lutherville, MD: Mental Health Association of Maryland, Inc.

National Association of School Psychologists

<http://www.nasponline.org/>

National Association of Social Workers:

<http://socialworkers.org>

<http://www.helpstartshere.org>

National Council for Behavioral Health

<https://www.thenationalcouncil.org/>

Poland, S. & Poland, D. (2015). Texas Suicide Safer Schools Toolkit.

Roggenbaum, S., LeBlanc, A., & Lazear, K. (2012). Youth Suicide Prevention School-Based Guide. Tampa, FL: University of South Florida, College of Behavioral & Community Sciences. <http://theguide.fmhi.usf.edu>

Substance Abuse and Mental Health Services Administration (SAMHSA)

Preventing Suicide: A Toolkit for High Schools (2012)

<http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>

U.S. Department of Health and Human Services Centers for Disease Control and Prevention

<http://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

U.S. Department of Health and Human Services Centers for Disease Control and Prevention. (2016). Youth Risk Behavior Surveillance—United States, 2015. Morbidity and Mortality Weekly Report, 65(6).

Suicide Prevention Resources

Crisis Text Line

<http://www.crisistextline.org/how-it-works/>

Text CONNECT or HOME to 741741

Florida Department of Children and Families –Office of Suicide Prevention

<http://www.myflfamilies.com/service-programs/mental-health/suicide-prevention>

Florida Suicide Prevention Coalition

<http://www.floridasuicideprevention.org/>

National Suicide Prevention Lifeline

1-800-273-TALK (8255)

1-800-799-4889(TTY)

Student Support Services Project Suicide Awareness and Prevention Resources

<http://sss.usf.edu/resources/topic/suicide/index.html>

Suicide Safe: The SuicidePrevention App for Health Care Providers

Free from SAMHSA

<http://store.samhsa.gov/apps/suicidesafe/>

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