



**THE SCHOOL DISTRICT OF
PALM BEACH COUNTY, FL**

SINGLE SCHOOL CULTURE © INITIATIVES
1790 NW SPANISH RIVER BOULEVARD
BOCA RATON, FL 33431

**JUNE Z. EASSA, Ed.S.
ADMINISTRATOR**

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CHIEF ACADEMIC OFFICER**

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January 15, 2014
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Contact:

June Z. Eassa, PX 48881
june.eassa@palmbeachschools.org

**Action By:
INFORMATION ONLY**

TO: All Principals

FROM: Cheryl C. Alligood, Chief Academic Officer *cca*

SUBJECT: BAKER ACT DECISION TREE PROTOCOL

The Florida Mental Health Act of 1971 is commonly known as the "Baker Act" in Florida. The Baker Act allows for involuntary examination (what some call emergency or involuntary commitment).

The Baker Act can be initiated by judges, law enforcement officials, physicians, or mental health professionals. Criteria for an involuntary exam are that the individual:

- Appears to have a mental illness
- Presents a danger to self or others

The District has been utilizing a Baker Act Decision Tree protocol that was developed and approved ten years ago through the Safe Schools Healthy Students Grant. Recently, the protocol was updated with input from members of the School Health Advisory Council (SHAC).

As a District, we want to ensure the safety of all our students and that the same practices occur regarding any potential Baker Acts on our campus. The new District approved protocol is attached and professional development has begun to ensure that all pertinent, affected personnel are familiar with the requirements.

Initial training was conducted with School Police and our school based nurses. Additional professional development will be offered to school administrators, School Based Team Leaders, and school counselors.

School administration and staff should do everything possible to prevent and de-escalate a student crisis, using all resources available (e.g., school counselor, crisis or School Based Team member, school psychologist, ESE contact, school nurse) prior to making a referral.

The following procedures are recommended:

- If a student appears to be in crisis, move the student to a quiet, safe place while accompanied at all times by at least one adult and ensure school administration is notified.
- Use verbal and non-verbal de-escalating strategies in an effort to reduce the student's distress.
- If a student remains a threat to him/herself and/or others, School Police is to be contacted after other strategies and resources have been exhausted. The police will gather information from others who have observed and/or have knowledge of the student's concerning behavior and may request a written, signed *Sworn/Affirmed Statement* (attached) to assist in their decision-making process.
- Make every effort to include the parent(s) in all phases of the process and request that the parent sign a release giving authorization for the school to communicate with the hospital and receive information post discharge (e.g., treatment support, discharge plan, medication).

Any questions or concerns should be directed to June Eassa PX 48881.

EWG/CCA/KO/JZE:gv/jb
Attachments

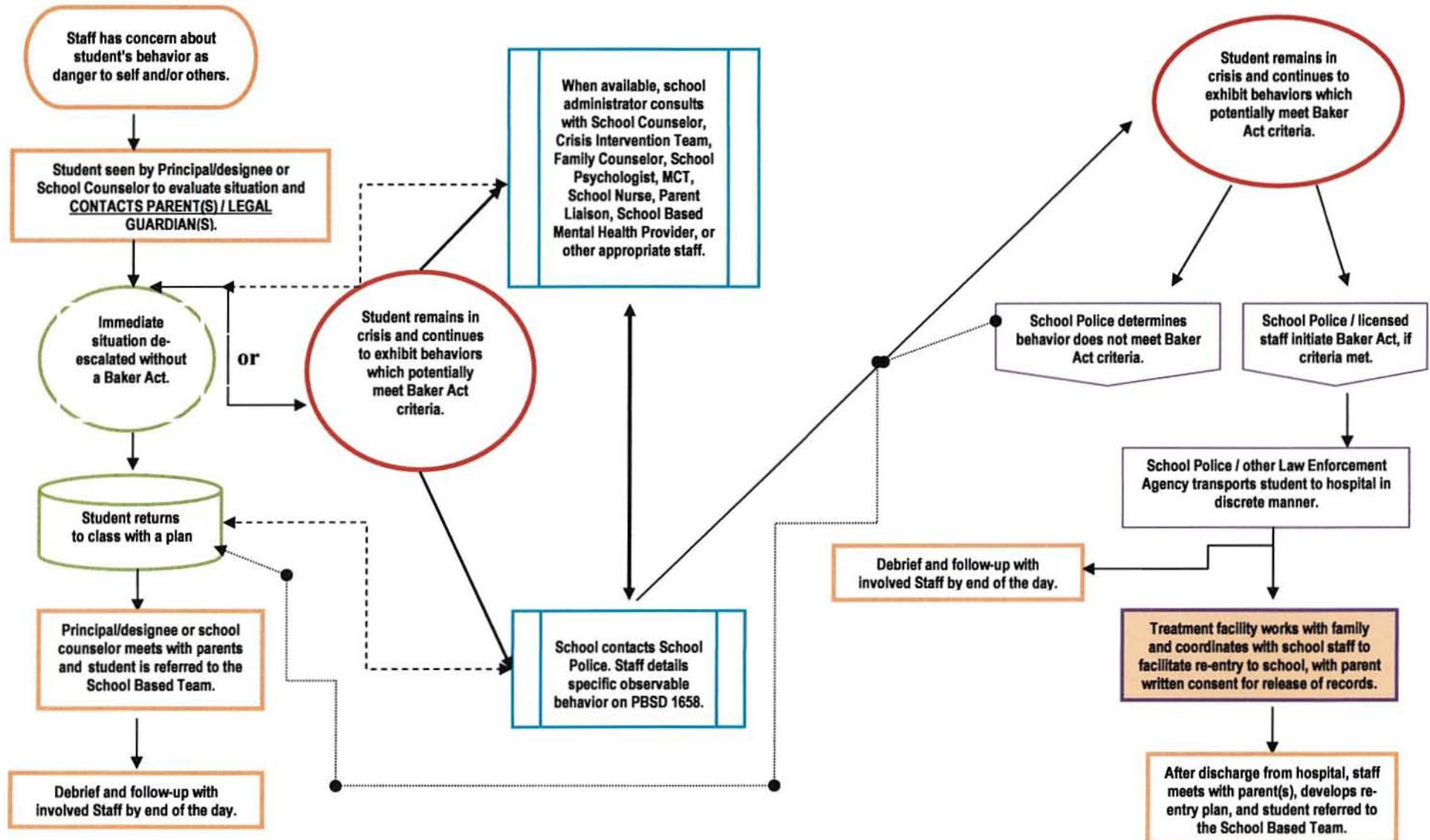
Approved: _____



E. Wayne Gent, Superintendent

Baker Act Decision Tree

The Baker Act is used to provide effective care to a student whose behavior is a danger to self and/or others.



Legend:
 Orange = school staff (Principal/AP/school counselor) action items
 Green = issue de-escalated/action identified
 Red = crisis needs immediate action
 Blue = ancillary staff action items
 Purple = Action required by identified Baker Act participants (Law enforcement and hospital)



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

Case No.	_____
Date	_____
Time	_____

WITNESS VICTIM SUSPECT OTHER

NAME OF PERSON MAKING STATEMENT (full name)	BIRTH DATE / /	HOME TELEPHONE NUMBER () -	WORK TELEPHONE NUMBER () -
ADDRESS (street address, city, state, zip code)			

I voluntarily furnish this sworn/affirmed statement to: Officer _____ ID _____

VICTIM ONLY (Parent of Juvenile) :

I am requesting criminal charges. Yes No I further understand that I will be required to appear in court if subpoenaed.

SIGNATURE OF VICTIM (PARENT OF JUVENILE) DATE

STATEMENT

SIGNATURE, PERSON MAKING STATEMENT (sign every page) DATE

WITNESS SIGNATURE (sign every page) DATE

WITNESS SIGNATURE (sign every page) DATE

Sworn to and subscribed this _____ day of _____, 20____.

NOTARY PUBLIC, STATE OF FLORIDA LAW ENFORCEMENT OFFICER ID NO.