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RESOURCE

Out of School Time Youth Suicide Prevention Toolkit

Strengthening Systems, Partnerships, and Protective Factors in Youth-Serving Organizations

For support implementing this toolkit, reach out to EDC's youth suicide prevention experts at solutions@edc.org. Learn more about our work at solutions.edc.org.

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Introduction

A Message from EDC

Whether your organization is just beginning this work or building on existing efforts, this toolkit provides practical guidance to help you promote protective factors, identify and support youth at increased risk for suicide, and respond effectively following a crisis—making suicide prevention part of your organization's everyday practice.

EDC created ***Out of School Time Youth Suicide Prevention Toolkit: Strengthening Systems, Partnerships, and Protective Factors in Youth-Serving Organizations*** as a practical resource to help youth-serving organizations implement comprehensive, systemwide approaches to mental health promotion and suicide prevention.

The **Out of School Time (OST) Youth Suicide Prevention Toolkit** builds upon the Partners in Youth Suicide Prevention (PYSP) Toolkit, developed by EDC in partnership with North Central Health Services (NCHS) of Indiana. This expanded version adapts resource to meet the needs of youth-serving organizations across the U.S.

For more than 65 years, EDC has partnered with schools, healthcare systems, governments, and community organizations to improve education, health, and well-being. EDC is home to the National Action Alliance for Suicide Prevention, a partner organization to the Suicide Prevention Resource Center (SPRC) federally funded by SAMHSA, and serves as the training center for Assessing and Managing Suicide Risk (AMSR) and Zero Suicide. This experience informs EDC's systems-based approach to helping organizations strengthen policies, practices, and organizational capacity to support youth mental health and suicide prevention.

The **OST Youth Suicide Prevention Toolkit** is unique in its focus on systemwide suicide prevention for youth-serving organizations. While training staff to recognize the warning signs of suicide is an important component of prevention, training alone is not enough. Organizations need clear policies, defined roles, coordinated procedures, and supportive environments that promote well-being.

This toolkit helps fill that gap by adapting EDC's evidence-informed Multi-Tiered Suicide Prevention for Schools (MTSP) framework for youth-serving organizations.

Figure 1: MTSP's Six Key Components of Suicide Prevention in Schools

Youth-serving organizations play a critical role in fostering relationships, promoting mental health, and creating environments where young people thrive. EDC is proud to bring this toolkit to communities across the U.S. We are inspired by the collective commitment of schools, organizations, and community leaders working together to not only prevent youth suicide, but to create environments where all youth feel supported, connected, and able to thrive.

Toolkit Introduction

The **OST Youth Suicide Prevention Toolkit** is organized into four sections:

- Section 1: Promoting Youth Wellbeing
- Section 2: Preparedness to Identify & Support Youth at Risk of Suicide
- Section 3: Supporting Youth & Staff After a Suicide Loss
- Section 4: Resources for Ongoing Staff Professional Development
- References: Bibliography of sources cited throughout

Sections 1-3 provide an overview of suicide prevention best practices, guidance, and considerations for incorporating best practices into youth-serving organizations as well as recommendations for ongoing continuous quality improvement (CQI) and evaluation of efforts related to each section.

Section 4 provides templates, handouts, and facilitation guides to support organizational leaders in planning for and implementing ongoing professional development in youth suicide prevention. It also provides supplemental resources for leading organizational efforts in suicide prevention.

These sections can be referred to individually to guide on-the-ground activities when an organization is seeking to strengthen its promotion of protective factors, respond to real-time suicide risk identification, effectively support youth and staff following a suicide death, or host its own youth suicide prevention trainings for staff.

All four sections provide youth-serving organizations with essential guidance for implementing a systemwide approach to suicide prevention.

Resource 1: K–12 Suicide Prevention

The K–12 Suicide Prevention one-pager provides an overview of systemwide suicide prevention in schools, the evidence base supporting it, and the framework that has been adapted for youth-serving organizations.

Section 1 | Promoting Youth Wellbeing

Promoting Youth Wellbeing

Youth suicide prevention should include efforts to prevent youth from ever becoming at risk of suicide in the first place.

Emergency and crisis intervention services aid youth who are actively engaged in suicidal ideation or attempt. Prevention work aims to surround youth with supportive, healthy relationships and community. This section presents information, skills, and supports to help prevent youth from ever experiencing a suicidal crisis.

Youth Development

When working with youth, it is important to have some understanding of how they are developing. Knowing how their minds process information, their relationships and self-management skills, and how to support them is important. The table below provides a brief overview for youth ages 6–14, the typical age range for children in youth-serving organizations. The information was adapted from Research Facts and Findings: Stages of Adolescent Development and How Kids Develop: Ages and Stages of Youth Development.

Table 1: Cognitive & Social Emotional Development by Age

Age	Cognitive Development	Social Emotional Development
6-8	▪ Begin to understand others' perspectives ▪ Concrete thinking ▪ Shorter attention spans	▪ Seeks approval, attention and affection from their adults ▪ Friendship becomes more important ("best friends") ▪ Seeks independence
9-11	▪ Consider multiple perspectives ▪ Begin to understand abstract concepts ▪ Better at planning and organizing ▪ Constant curiosity	▪ Peer oriented/Group loyalty ▪ Navigating social complexities like gossiping and bullying ▪ More self-critical ▪ Need recognition and praise for doing well

12-14	▪ Abstract thinking (justice, future possibilities) ▪ Questions authority ▪ Better at self-expression ▪ Develop personal goals	▪ Exploring identity ▪ Increased peer influence ▪ Close friendships gain importance

Youth Wellbeing

When we talk about physical health and wellness, it is understood that this extends beyond just the absence of illness. Similarly, mental health and wellbeing also refer to a state that goes beyond the absence of mental illness.

This definition from *The Journal of Adolescent Health* notes that youth wellness is when "adolescents have the support, confidence, and resources to thrive in contexts of secure and healthy relationships, realizing their full potential and rights."

Risk & Protective Factors for Suicide

The subject of youth suicide is complex. Often, there is no single cause. There are, however, factors that can increase or reduce the risk of suicide. These are called risk and protective factors.

Risk factors are those exposures or behaviors that increase the likelihood of a negative outcome- in this case, youth suicide. Risk factors are not a guarantee of an adverse outcome, but they do make a youth more susceptible to suicide.

Examples of risk factors specific to youth suicide include:

- Family history of suicide
- Exposure to suicide attempts or deaths of others
- Access to lethal means
- Social stressors like bullying or social isolation
- Lack of social supports
- Discrimination (race/ethnicity, gender/sexual identity)
- A recent loss (family member, friend, pet)

Protective factors support youth wellbeing. They are the relationships and experiences that create a supportive environment and provide the skills needed to address change and adversity. Youth can still experience a suicidal crisis with the presence of protective factors. But protective factors do reduce the risk that a suicidal crisis will occur. Protective factors include:

- Safe schools and communities
- Presence of positive relationships with trusted adults (mentors, coaches, teachers)
- Access to resources (economic, health, mental health)
- Restricted access to lethal means
- Strong, healthy connections to peers and family
- Cultural and/or religious beliefs that discourage suicide

Resource 2: Risk & Protective Factors for Suicide
The Risk & Protective Factors handout provides an overview of risk and protective factors for suicide. A digital copy of the resource can be downloaded and printed for distribution in your organization.

Addressing Risk & Protective Factors in Youth-Serving Organizations

Staff working directly with youth in your program can take steps to strengthen protective factors and reduce the impact of risk factors.

Table 2: Strategies to Promote Protective Factors:

Foster supportive relationships	▪ Learn about youth in your program ▪ Practice active listening ▪ Provide opportunities for youth to connect with new peers in safe environments
Build emotional competence	▪ Understand youth development ▪ Learn about trauma-informed practices ▪ Incorporate reflective practices
Create opportunities for engagement	▪ Include youth voice and choice ▪ Encourage self-expression ▪ Incorporate family engagement

Know your community mental health services & resources	▪ Develop relationships with community mental health providers ▪ Connect youth in need of mental health services with providers before a crisis occurs ▪ Consider establishing partnering agreements

Youth Voice & Choice is the practice of giving youth an "active voice in their learning and the power to share it" (XQ Design Principle).

Here are a couple of resources and tools with more information.

- XQ Design Principle: Youth Voice and Choice
- The Student Voice Toolkit

Strategies to Reduce Risk Factors

- Practice active supervision of youth, including time spent on social media
- Engage in ongoing staff training on topics related to youth wellbeing
- Ensure your organization's policies and procedures include topics such as: behavior expectations for staff and students; how student mental health concerns are handled; how referrals to community mental health providers occur; and how concerns for student mental health are shared with parents/guardians (See Section 2 for more information on suicide risk response protocols)
- Establish a safe environment that includes healthy nutrition (to address food insecurity)
- Limit access to lethal means of suicide within your organization and during organization-sponsored events (visit Means Matter to learn more)

Trauma-Informed Practices

Trauma is a response to experiences that are overwhelming and can hinder one's ability to cope. Those experiences can include the risk factors discussed previously, as well as abuse or neglect, family conflict, poverty, life-threatening illness, repeated and/or painful medical interventions, accidents, witnessing acts of violence, grief and loss, and events that involve different generations in the home, including grandparents, parents, and other children (National Network for Youth). Exposure to trauma can contribute to a number of mental health challenges, including suicidal ideation.

Trauma-informed practices are those strategies that acknowledge the existence of trauma and create environments that promote protective factors and avoid re-traumatizing youth. Including trauma-informed practices can strengthen youth-serving organizations' commitment to providing safe, supportive, and engaging environments that support youth development.

The Substance Abuse and Mental Health Services Administration (SAMHSA, 2026) offers these principles that support a trauma-informed approach and practices.

- **Safety First:** Establishing physical and psychological safety
- **Shifting Perspective:** Viewing suicidal behaviors, self-harm, and intense emotions as potential reactions to trauma rather than merely as attention-seeking or defiance.
- **Building Trust:** Providing clear, transparent information for youth about procedures to reduce anxiety during crises
- **Empowerment and Choice:** Involving youth to restore a sense of control over their lives
- **Addressing Developmental Needs:** Recognizing that trauma affects brain development

What This Looks Like in Daily Programming

Here are some tips on how to incorporate trauma-informed practices into daily programming, or to strengthen your existing practices.

- Safe physical environments help youth feel physically safe; include calming areas for when children feel overwhelmed
- Consistency & predictability help establish trust and supports psychological safety
- Exposure to trauma often robs youth of autonomy and choice. Create opportunities for them to have a choice in programming to help restore sense of control (e.g., helping design an activity for group play, selecting an activity during solo time, where and how to do homework.)
- Create opportunities for youth to collaborate and support one another
- Help families create or strengthen their support system. Examples include:
  - Occasional check ins/asking what they need—as children grow, family needs change
  - Hosting events that encourage families to get to know one another and network
  - Sharing information and resources
- Ensure services are responsive to the cultural, historical, and gender-specific needs of the youth

The information above was adapted from Smith (2019).

Life Skills Development in Suicide Prevention

Beyond academics, there are skills that youth need as they navigate everyday experiences and the journey from youth to adulthood.

These "life skills" support cognitive and social and emotional development. They improve mental health by boosting confidence, enhancing relationships, fostering independence, and aid emotional regulation and coping.

Life skills help youth better understand themselves. By strengthening emotional regulation, reasoning and resilience, life skills serve as protective factors against suicide.

Table 3: Life Skills that Can Help Reduce Risk Factors for Suicide

Problem solving	Problem solving skills are important in teaching youth about overcoming obstacles and finding creative solutions to challenges. They can better recognize problems quickly and use strategies they have learned. They can adapt, which also helps build confidence.
Communication	Communication involves being able to express thoughts, feelings and ideas effectively. Strong communication allows youth to share their needs. It also allows them to be better listeners which builds empathy.
Decision-making	Solid decision-making skills help youth understand the options available to them as they make informed decisions. It builds resilience.
Critical thinking	Similar to decision-making, critical thinking skills teach youth to look objectively at situations and strengthen their awareness of their feelings versus facts. They become better problem solvers and recognize when help is needed.
Stress management	Stress management skills are needed to cope with the challenges of youth and maintain overall well-being. Youth can recognize the signs of stress and use coping strategies, including seeking help. They build resilience and can lessen the impact of stress on their bodies and minds.

Self-care	Self-care skills are essential for promoting physical, mental, and emotional well-being. Youth who practice self-care can better manage stress. They learn to listen to their bodies and minds, identify their needs, and take proactive steps to nurture themselves, including seeking help when needed.

Life Skills in Youth-Serving Organizations

Just as health is more than the absence of illness, positive youth development is an approach that encourages programs to engage with youth in ways that extend beyond just the avoidance of risk. Program activities that support positive youth development also support the development of life skills.

For example:

- Group activities aid in developing communication and decision-making.
- Inclusion of youth voice in decision-making helps youth grow skills around critical thinking and problem-solving.
- The availability of quiet spaces and solo time supports self-care.
- Older youth have the capacity to engage more directly in discussion of these skills. These interactions with staff support the creation of positive, healthy relationships with adults and in turn, offer safe places when youth need help.

The information above was adapted from Act for Youth (2026) and Youth.gov (2026).

For additional information and resources on promoting life skills development and broader student wellbeing in youth, including promoting positive youth engagement across communities, visit Youth.Gov.

Connecting Youth Wellbeing to Suicide Prevention Outcomes

Your program may have existing policies and protocols for youth suicide prevention, or you may be in the process of developing them. Promoting youth wellbeing and the development of skills that help reduce the threat of suicidal behavior can be a valuable addition to this prevention work. Here are some ways to connect wellness to suicide prevention outcomes.

Table 4: Connecting Wellness to Suicide Prevention Outcomes

Creating a logic model	A logic model is a visual map showing the relationship between resources, activities, and expected results. Mapping out the process from wellness activities to anticipated impact on suicide prevention can help determine how effective your efforts are. We have created a simplified logic "impact model" template you can use to get started in creating these visualizations (see Resource 3).
Tracking life skill development activities	Understanding how youth in your program develop and grow during their time with you can help as you create appropriate activities. Tracking them can help ensure they support development and that activities focus on a variety of life skills.
Tracking risk and protective factors	Factors that put youth at risk of suicidal thoughts and behaviors vary by community. They also change in response to efforts to address them. Scheduled review of risk and protective factors in your organizational, community, regional, and/or state data can help you respond to changing needs. (Turn to Resource 12 for a list of key data sources)
Tracking trauma-informed practices	As with life skill activities, noting which trauma-informed practices are most effective and reviewing your practices can help ensure you are responsive to the needs of youth in your program.
Tracking suicide-related behaviors in youth	Having strategies and protocols is important; however, they are tools to be applied as appropriate. Monitoring information regarding suicide-related behaviors supports using the tools you have effectively.
Making the connection between different data	You collect valuable information about children, families and your programs. None of this data exists in a vacuum. Recognizing how data (attendance, parent satisfaction, referrals, community partners, etc.) relate will also help ensure you are responsive.

Incorporating data tracking practices into daily activities	Schedule regular leadership staff time to review the data you collect. This will help your team to understand how your organization is or is not effectively incorporating key protective factors against suicide into its ongoing practices and programs. This will also help your team to connect any changes in risk or protective factors with your ongoing efforts.

Resource 3: Risk & Protective Factor Impact Model Template

Risk Protective Factor Impact Model Template has been adapted from traditional logic models to help you demonstrate how your organization's unique work serves as a protective factor against suicide.

Resources for Promoting Youth Wellbeing

- Moving Suicide Prevention Upstream: From Concept to Action — National Action Alliance for Suicide Prevention
- Suicide Prevention Resource for Action: Promote Healthy Connections (Page 42) & Teach Coping & Problem Solving Skills (Page 48) – Centers for Disease Control (CDC)
- Strategies for Community and School Settings for Youth Suicide Prevention – American Academy of Pediatrics
- Principles of Positive Youth Development – Act for Youth
- Positive Youth Development — Youth.gov
- The Student Voice Toolkit – Search Institute
- Trauma-Informed Care in Afterschool – ACT Now Illinois
- Behavioral Health Toolkit for Afterschool Programs – Georgia Statewide Afterschool Network
- Notice.Talk.Act After-School – American Psychiatric Association Foundation

Section 2 | Identify & Support Youth

Preparedness to Identify & Support Youth at Risk of Suicide

A key aspect of effective suicide prevention is being prepared to identify and support youth who are at risk for suicide.

This means being aware of the risk factors identified in Section 1 that contribute to suicide risk, but also the warning signs of suicide that can indicate an emerging crisis. Being aware of risk factors and warning signs can help us to understand when it is time to intervene and offer support to youth. This section provides an overview of the warning signs of suicide, how different organizational staff play a role in risk identification, best practice resources for identifying and supporting youth at risk of suicide within your organization, and how to create effective organizational protocols for supporting youth at risk of suicide.

Warning Signs of Suicide

A *warning sign* is a behavior or symptom that may indicate that someone is at immediate or serious risk for suicide or a suicide attempt. It is important to be aware of these signs because youth who are considering suicide often show signs that they are in distress and thinking about or planning to attempt suicide. Common warning signs for suicide include:

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Talking about feeling hopeless or having no reason to live
- Increase the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

The information above was adapted from the Suicide Prevention Resource Center (SPRC) and National Institute of Mental Health (2025).

If a youth expresses any of the following *immediate warning signs*, this indicates that they should **immediately** be supported and not left alone until connected with crisis support:

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or obtaining a gun or other lethal means for suicide

Warning Sign Considerations

1. Consider cultural context when determining risk: whenever we talk about "normal" or "typical" behaviors it is important to consider: "for who is this behavior normal?". It is important to understand youth behaviors and emotions in their specific, unique cultural contexts to be most effective at recognizing and responding to a youth in crisis.
2. Remember that risk is a spectrum: building strong, trusting relationships with youth helps staff distinguish between typical developmental changes and behaviors that may indicate increased risk and need for support.

How to Learn More

An effective way to learn more about warning signs of suicide and how to identify and support youth who are at risk of suicide is by attending a **suicide prevention gatekeeper** or **community helper training** (SPRC).

These trainings teach individuals who routinely interact with others in their community to recognize and respond to people at potential risk of suicide. To consider which gatekeeper training is best suited for your organization, see the SPRC resource: Selecting and Implementing a Gatekeeper Training (2020).

Resource 4: Trainings & Programs List
The Trainings and Programs List offers a non-exhaustive list of professional development, trainings, and programs available nationally that can increase your organizational ability to identify and support youth at risk of suicide.

Resource 5: Warning Signs of Suicide Flyer
The Warnings Signs Flyer provides a visually appealing flyer on suicide warning signs developed by the National institute of Mental Health that can be distributed to staff and volunteers.

Responding to Youth Suicide Risk

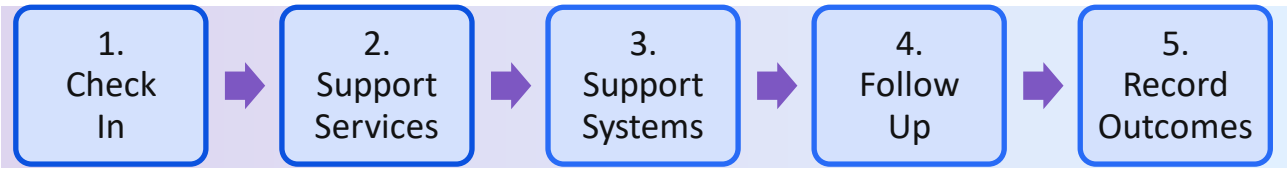
What to Do When a Youth is At Risk for Suicide

Effectively supporting a youth who may be at risk for suicide requires a comprehensive, collaborative approach that extends beyond a single interaction or individual.

Meaningful support involves coordinating with the trusted adults and systems that influence a young person's life, ensuring youth receive care matched to their current level of risk, engaging parents or guardians as appropriate, and using intentional follow-up strategies to provide ongoing support, skill-building, and connection beyond the initial identification of risk.

This comprehensive, collaborative approach can be implemented by following five steps:

Figure 2: Five Step Collaborative Approach



1. Check in with Youth

Engage the youth in a calm, supportive conversation about behaviors you have noticed or statements they have made to express concern. Try to listen without judgment and assess their immediate safety needs. Use trusted relationships to help the youth feel seen, heard, and supported, and avoid making assumptions about intent or risk.

Examples:

- A staff member at an after-school program notices a youth has become withdrawn and stops participating in activities. The staff pulls the youth aside to ask how things have been going.
- A youth group leader overhears concerning statements during a small group bible study and follows up one-on-one with the youth.

2. Refer to Support Services

When concerns are identified, promptly connect the youth with qualified mental health staff or designated professionals who can conduct a suicide risk assessment. This may be someone on staff or within the wider community. Remember to clearly communicate observed behaviors, statements, or changes that prompted the referral. The assessment will be used to determine the youth's current risk level and what support would be most effective for them.

Examples:

- The after-school program staff member contacts the program's designated mental health partner or school-based counselor to share their concerns.
- The youth group leader contacts the church's mental health referral partner to ask about resources for the youth.

3. Connect with Youth's Support Systems

Work collaboratively with mental health staff to inform parents or guardians about concerns, assessment outcomes, and recommended next steps, while prioritizing the youth's safety and well-being. Parent or guardian consent may be waived when there is an imminent risk to the youth's safety (e.g., active suicide attempt).

Examples:

- Program leadership coordinates with the counselor to inform the parents and discuss recommended next steps.
- The youth group leader has a conversation with the youth's guardians, and they are actively engaged in collaboration with church's community mental health partners.

4. Follow Up on Youth

After a referral is made, follow up with the youth and parents or guardians (as appropriate) to confirm that connections to services occurred and to assess ongoing support needs. Continued check-ins help ensure the youth does not feel abandoned after the initial concern is addressed and support is in place when youth return to programming (as appropriate).

Examples:

- After-school program staff check in with the youth during future program activities to ensure they feel supported and connected.
- The youth group leader continues to have regular check-ins with the youth and encourages them to connect with trusted adults.

5. Record Outcomes of Assessment & Referral

Document any actions taken, referrals made, and follow-up outcomes in accordance with your organizational policies and confidentiality requirements. Accurate documentation supports continuity of care for the youth, accountability, and ongoing improvement of your organization's suicide prevention practices.

Examples:

- The initial program staff documents the incident, referral(s), and follow up actions according to the after-school program's policy.
- The youth group leader notes their concern and response steps taken in accordance with the church's policy.

Staff Roles in Identifying Youth at Risk

Everyone in your organization has a role to play in preventing youth suicide and identifying youth who are at risk. Depending on their job responsibilities, clinical training, capacity, and organizational policies, this role might vary.

Staff should understand their role and how it fits within a coordinated suicide identification and response system. Clear boundaries and collaboration between staff help to ensure youth receive timely, appropriate, and sustained support.

Resource 6: Risk Response Quick Reference Guide
Risk Response Quick Reference Guide provides a step-by-step resource for how to identify and respond to youth suicide risk for non-clinical staff at your organization.

The section below has been adapted from Multi-Tiered Suicide Prevention for Schools (2025) to align with youth-serving organizations and outlines how different staff roles can support organizational suicide prevention efforts.

Administrative Leadership (e.g., Directors, Program Managers)

Primary Role: Establish and sustain organizational readiness and response systems.

Responsibilities May Include:

- Ensuring suicide prevention policies, protocols, and resources are in place and up to date
- Identifying, developing, and formalizing partnerships with mental health and crisis providers
- Supporting staff training, onboarding, and ongoing education
- Ensuring documentation, confidentiality, and reporting practices are followed
- Serving as a primary point of contact with parents or guardians of youth identified as at risk of suicide
- Allocating time and resources for follow up activities and continuous quality improvement (CQI)

Youth Support Staff (e.g., Coaches, Counselors, Mentors, Group Leaders)

Primary Role: Observe, connect, and respond to youth concerns using established organization protocols.

Responsibilities May Include:

- Building trusted relationships with youth that support early identification of concerns
- Recognizing warning signs for suicide and changes in behavior
- Initiating check-ins and following organizational suicide risk response steps
- Referring concerns to designated mental health staff or leadership
- Providing warm handoffs from youth of concern to mental health staff or leadership
- Participating in follow up support as appropriate

Mental Health Staff (e.g., Social Workers, Counselors, Clinicians)

Primary Role: Conduct suicide-specific screenings, risk assessments, and intervention. Refer to community mental health providers for suicide-specific interventions.

Responsibilities May Include:

- Conducting suicide risk screenings
- Conducting suicide risk assessments OR referring youth to community mental health providers who can conduct risk assessments
- Developing safety plans with youth and families [Stanley B., & Brown G., (2026)]
- Providing or coordinating counseling on protecting youth from objects and substances that can be used for suicide (lethal means)
- Communicating suicide risk screening or assessment outcomes to leadership and caregivers as appropriate
- Coordinating referrals to community mental health providers for suicide-specific treatments and encouraging youth engagement in ongoing care

Supporting Best Practices for Suicide Risk Intervention

Suicide risk assessments, safety planning, and lethal means counseling are evidence-based, suicide-specific practices that should be implemented by trained and qualified mental health professionals as part of a comprehensive organizational response to suicide risk.

When trained mental health staff are not available on-site, community partners can provide these services for youth and support organizations in building and sustaining prevention capacity.

How Community Providers Support Youth-Serving Organizations

- Community partners may support organizations by:
- Providing suicide-specific risk assessment, safety planning, and lethal means counseling
- Offering suicide-prevention training for organizational staff
- Supporting ongoing professional development for mental health staff
- Collaborating to align protocols and referral processes to reduce barriers to care
- Provide suicide-specific treatments such as the Collaborative Assessment and Management of Suicidality (CAMS), Dialectical Behavior Therapy, or Cognitive Behavioral Therapy for Suicide.

The information above was adapted from American Academy of Pediatrics & American Foundation for Suicide Prevention (2023). Visit the Treat section of the Zero Suicide Toolkit to learn more on these and other suicide-specific treatments.

Confirming Available Services

To build effective partnerships, organizations should understand what services providers offer, including:

- Suicide risk assessment and safety planning
- Lethal means counseling
- Crisis response availability (hours, after-hours, emergency)
- Referral, communication, and follow-up processes

Examples of common community partnerships that youth-serving organizations include:

- Local mental health agencies
- Crisis response teams or mobile crisis units
- Hospitals and emergency departments
- Community-based counseling providers

Supporting Suicide-Specific Training for Mental Health Staff

Supporting mental health staff in delivering suicide-specific services requires ongoing access to evidence-based training and professional development.

Organizations can strengthen their suicide prevention response by prioritizing training in suicide risk assessment, safety planning, and lethal means counseling, and by supporting staff participation in continued learning opportunities.

The table below provides definitions of each of these training topics to help you consider which suicide-specific trainings would be most helpful to mental health staff at your organization.

Table 5: Training Topic Definitions

Training Topic	Definition
Suicide Risk Assessment (SPRC)	A comprehensive evaluation to confirm suspected suicide risk in an individual, estimate immediate danger, and decide on course of treatment/support needed.
Safety Planning	A proactive, personalized strategy to help individuals manage suicide risk by creating a written plan of coping strategies and support networks to use when feeling unsafe or at high risk for suicide.
Lethal Means Counseling (EDC)	Providing information on techniques, policies, and procedures designed to reduce access or availability to means and methods of suicide.

Resource 4: Trainings & Programs List
A detailed list of recommended suicide-specific trainings and resources is provided under "Strengthening Organization Staff Ability to Support Students Who Are at Risk for Suicide."

Suicide Prevention Policies and Protocols

Policies & Protocols are Important for Identifying & Supporting Youth at Risk

Suicide identification and risk response protocols ensure that your organization has processes in place to identify the early warning signs of suicide and connect youth who are at risk to appropriate support in a timely and coordinated way.

Clear, well-communicated protocols can help staff respond consistently, reduce uncertainty, and ensure that all youth receive the support they need.

Elements to Include in a Suicide Identification and Risk Response Policy

A strong suicide identification and risk response policy, along with its accompanying protocols should include the following six elements:

1. **Purpose & Scope:** Communicate why the policy exists and define when and where it applies
2. **Definitions:** Define key terms so that staff can consistently understand and apply the policy
3. **Prevention:** Provide information on how to reduce and recognize youth suicide risk within your organization
4. **Intervention & Notification:** Outline specific actions when a youth is identified at risk, including notification, communication procedures, and steps to take during and outside of programming hours
5. **Re-Entry:** Describe re-entry supports and accommodations for youth returning after a suicide-related crisis
6. **After a Suicide Death:** Provide guidance for response after a suicide death, including staff roles, communication protocols and coordination with community partners

The information above was adapted from the American Foundation for Suicide Prevention, American School Counselor Association, National Association of School Psychologists & The Trevor Project (2019). Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources (2nd ed.)

How to Adapt These Elements for Different Youth-Serving Settings

While youth-serving organizations vary widely in structure and staffing, effective suicide prevention protocols share the elements described above and five features: early identification, supportive check-ins and notifications, clear escalation support pathways, documentation, and follow-up. The table below provides examples of how the core elements might look across three common youth-serving organization settings: youth camp, after-school programs, and sports teams.

Table 6: Elements of Prevention in Common Youth-Serving Organizations

Protocol Element	Youth Camp	After-School Program	Sports Teams
Identifier/Primary Observer	Camp counselors, activity leaders	Program staff, tutors, support staff	Coaches, assistant coaches
Supportive Check-In & Internal Notification	Supportive check-in with youth, notification of supervisor	Supportive check-in with youth, notification of site lead	Supportive check-in with youth, notify athletic director

Escalation Support	Warm hand-off to on-call mental health staff or community provider who conducts suicide-specific interventions	Warm hand-off to school-based mental health provider or parents and community provider who conducts suicide-specific interventions	Warm hand-off to school-based mental health provider or parents and community provider
Documentation & External Notification	Recording Incident or concern log & notifying parents/guardians	Completing referral or incident form & notifying parents/guardians	Incident report & notifying parents/guardians
Follow-Up	Check-in with youth and their caregivers	Follow-up on referral outcome	Follow-up with youth and their family

Across all settings, protocols should clearly define:

- **Who** is responsible for each step
- **When** and **how internal and external** mental health professionals are engaged
- **When** and **how parents are notified** of a youth's suicide risk, including **exceptions** to this notification
- **How** and **where** information should be documented
- **Expectations** for follow-up with the identified youth and their **parents or guardians**

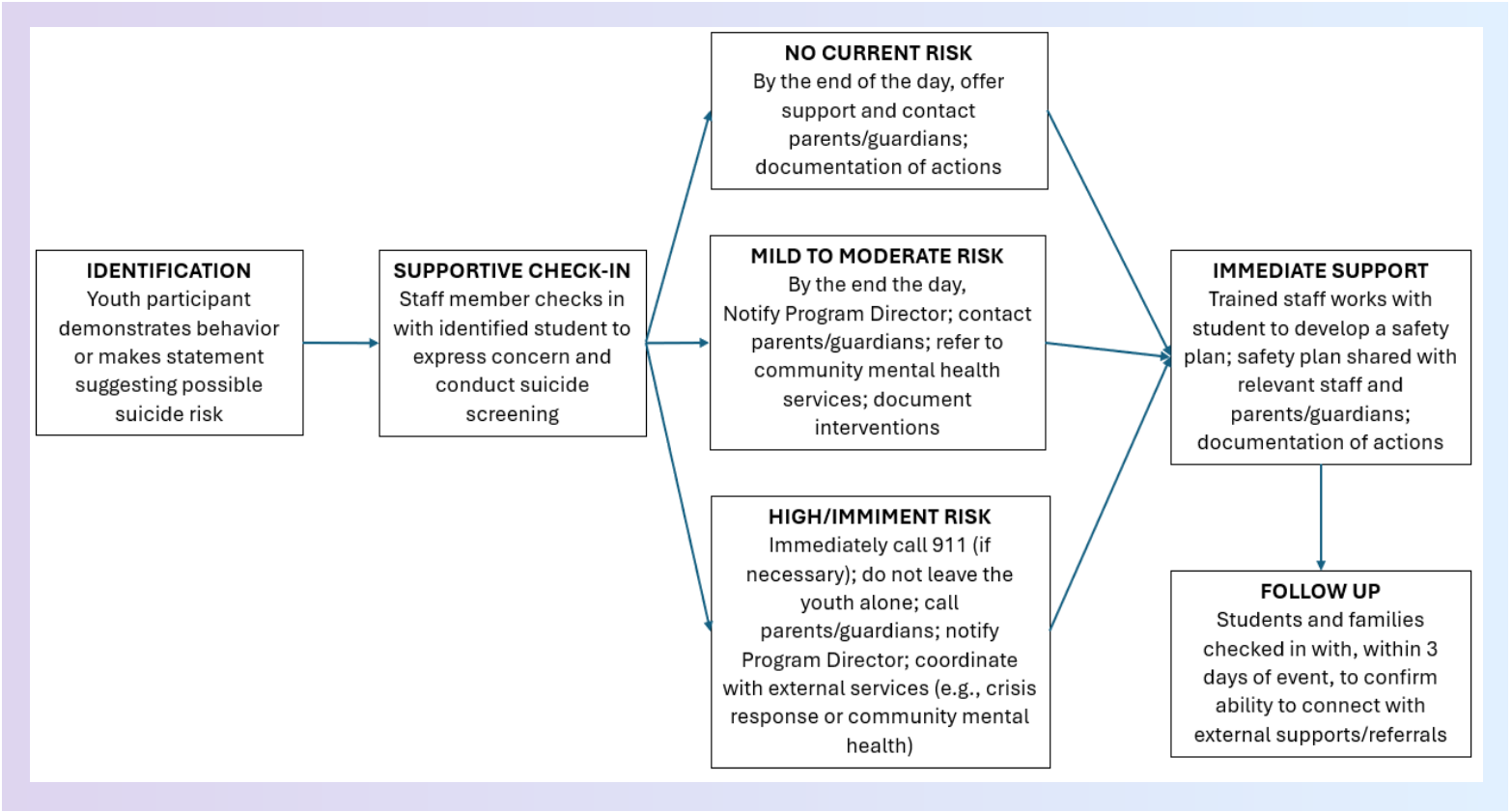
Resource 7: Model Protocols & Resources
The Model Protocols and Resources resource provides links to best practice model protocols and guidance. Organizations are encouraged to adapt the model protocols guidance and resources to fit their specific environment and context.

How to Create Useful Protocols to Complement Your Policy

Protocols are most effective when they are easy to remember and easy to follow, especially during stressful situations. Tools like flowcharts, draft communication messages, and decision-trees can help staff to remember protocols and ensure they are followed correctly.

A clear, visual flow chart should outline your organization's response when a youth shows warning signs of suicide risk and help staff quickly make decisions during a crisis. Here is an example of a simple flow chart:

Figure 3: Organizational Response Protocol Flow Chart



Other tools that your organization can use to reinforce protocols include:

- One-page protocol summaries
- Posters or laminated flow charts in areas staff frequent
- Wallet cards or badge inserts for staff regularly interacting with youth
- Short reminder scripts for supervisors and team leaders
- Outreach templates for communicating to parents and guardians
- Contact sheets for community mental health partners and the services they offer

Resource 8: Flow Chart & Process Graphics
Flow Chart and Process Graphics provides additional visual flow charts, graphs, and tools that you can copy, adapt, and incorporate into your own organizational policies and protocols.

Resource 9: Model Agenda for Protocol Development
This model meeting agenda provides a useful outline for meeting(s) focused on policy and protocol development that organizational leads can plan and facilitate.

How to Train Staff on Your Suicide Risk Identification and Response Protocols

Clear protocols must be paired with ongoing training to ensure staff feel confident and prepared to use them. Research shows that the most effective training is adaptive, interactive, and reinforced over time.

Information from this section was adapted from Ackerman, J.P., et al., (2022); Ayer, L., et al., (2022); Gryglewicz, K., et al., (2020) & Zero Suicide Toolkit (2026).

1. Adaptive

It is important to understand current staff knowledge, capacity, and readiness to carry out the suicide prevention activities outlined in your protocols. This can be done through assessments, group discussions, or individual check-ins with identified staff. This knowledge will help you adapt training to best meet the needs of staff.

2. Interactive

Training that allows staff to practice skills through roleplays, case studies, discussions, and other active methods have been shown to improve learning and lead to behavior change. Interactivity helps staff build their confidence to translate knowledge into action and ensures protocols are followed actively and consistently when concerns arise.

3. Reinforced

One-time training is not sufficient to sustain effective suicide prevention practices. Skills, confidence, and familiarity with protocols can decrease over time, particularly in settings with high staff turnover or seasonal staff.

Reinforced training helps ensure protocols remain active, relevant, and consistently applied. Organizations can reinforce training by:

- Providing refresher training at least annually and during onboarding
- Offering brief booster sessions before high engagement or intensity periods (e.g., summer programs, sports seasons)
- Reviewing protocols during staff meetings or supervision
- Conducting periodic drills or walk-throughs of response procedures
- Updating staff when protocols, roles, or community resources change
- Checking in with staff post protocol implementation to discuss what worked and didn't work well and why

The table below provides examples of effective training methods to consider based on the needs of your organization and staff.

Table 7: Effective Training Methods

Method	Best Use
In-person training	Skill building, discussion, trust building
Virtual training	Barriers to face-to-face meeting and lack of training space
Prof. dev. days	Organization-wide alignment and regular reinforcement
Short videos, modules, or information summaries	Refreshers and organizations with high staff turnover
Role-plays	Modeling and practicing skills
Dry runs	Testing new or revised protocols

How to Adapt Core Training Content by Staff Role

Training should emphasize role clarity, realistic scenarios, and opportunities to practice using your protocol. The table below outlines core content to focus on based on staff role.

Role	Core Training Focus
Direct service staff (e.g., counselors, coaches, program assistants)	Warning signs of suicide, supportive check-ins, when and how to escalate a concern
Supervisors and administrators	Protocol development and oversight, documentation, staff support

Mental health staff	Risk assessment, safety planning, referral coordination, follow-up procedures
Administrative staff	Confidentiality, communication pathways, documentation

How to Track Protocol Use and Continuously Improve Your Protocols

By tracking how protocols are used and how well they are working, organizations support accountability, learning, and continuous quality improvement (CQI). Consider tracking information that is feasible to gather and can be used to strengthen your suicide prevention practices and overall sustainability.

Tracking Usage of Protocols

Organizations might track:

- Number of identified concerns or referrals
- Timeliness of staff response to concerns
- Completion of follow-up actions
- Staff confidence or self-reported preparedness to carry out protocols
- Staff awareness of protocols

Evaluating and Improving Protocol Use (CQI)

CQI processes might include:

- Periodic review of protocol data (e.g., monthly or quarterly)
- Staff feedback on usability and barriers or facilitators to implementation following a crisis
- Identification of gaps or bottlenecks impacting usage
- Adjustments made to training, tools, or communication methods
- Ongoing monitoring after changes/updates are made

Tracking Youth Mental Health Outcomes

When feasible, organizations may also monitor the impact of protocol usage on youth mental health. This could include monitoring:

- Whether referrals result in connection to services
- Follow-up check-ins with youth and families
- Patterns or trends observed over time

Linking Protocol Data with Other Information

Protocol data can be strengthened by linking it with other data sources, including:

- Training participation records (i.e., which staff or roles attended the training)
- Staff turnover or onboarding data
- Feedback from community partners (e.g., community mental health, schools)
- Other youth well-being indicators already being collected by the organization (e.g., school attendance, family involvement, employment, self-reported presence of risk and protective factors by youth (see Section 1)

How MOUs with Partners Support Suicide Prevention Policies and Protocols

Information for this section was adapted from SPRC (2023) & Mental Health Improvement through Community Colleges (2025).

Community partners can help youth-serving organizations to support youth identified at risk for suicide. A Memorandum of Understanding (MOU) can help formalize these partnerships by clarifying roles, responsibilities, communication processes, and expectations before a crisis occurs.

MOUs are a great strategy for strengthening suicide identification and intervention protocols, especially when services are provided by organizations outside of the youth-serving organization's direct control. MOUs can take various forms from informal agreements to more formal written documents. Overall, they are most effective when they clearly outline how partners will work together toward a shared goal.

Situations When MOUs are Needed

Not all partnerships require a formal MOU; however, MOUs are encouraged when youth-serving organizations depend on external partners to carry out critical components of their suicide identification and response protocols.

MOUs may be appropriate when:

- Your organization refers youth to external mental health providers for suicide risk assessment, safety planning, or ongoing treatment
- Your organization relies on mobile crisis teams or other emergency response partners during or after programming hours
- A partner provides on-site or embedded services for youth (e.g., counseling)
- Clear expectations are needed around information sharing, follow-up, or coordination with families

MOUs are particularly valuable for organizations that face limited internal capacity for prevention activities and must rely on community partners to expand access to mental health services and crisis response supports.

Core Elements to Include in MOUs for Suicide Identification and Intervention

MOUs supporting suicide prevention protocols should clearly address the following areas to help ensure partnerships are clear, equitable, and sustainable:

1. **Partnership Purpose and Scope**
   - The shared goal of supporting youth identified as at risk for suicide
   - The specific services or supports covered by the agreement
2. **Roles and Responsibilities**
   - What the youth-serving organization is responsible for (e.g., ID, check-ins, referrals)
   - What the community partner is responsible for (e.g., risk assessment, crisis response, treatment)
   - Clear boundaries between non-clinical and clinical responsibilities
3. **Referral and Response Processes**
   - How referrals are initiated and received
   - Expected response timeframes
   - Procedures for urgent or after-hours situations
   - How referrals are documented
4. **Communication and Information Sharing**
   - Points of contact for each organization
   - How partners will communicate during active cases
   - What information may be shared, and under what conditions
   - What parental consent is needed for services and cases in which parental consent may be waved (e.g., during an imminent crisis situation or youth is injured)
5. **Confidentiality and Consent**
   - Compliance with applicable privacy laws (e.g., HIPPA, state laws)
   - Use of consent forms when required
   - When parental approval is needed and the process for obtaining approval
6. **Monitoring and Review**
   - How the partnership will be reviewed over time
   - Opportunities for feedback and continuous improvement
   - Processes for revising or ending the agreement

Resource 10: Sample MOUs
This resource provides editable MOU language for a variety of partnership types that your organization can copy, adapt, and incorporate into your own partnering agreements.

Resources for Suicide Risk Identification and Support

- 988 Suicide & Crisis Lifeline – Promotional Materials & Resources
- Identify and Support Resources — Suicide Prevention Resource Center
- (note: use the filter tool and select "Identify and Support" from the Strategies dropdown menu)
- Strategies for Community and School Settings for Youth Suicide Prevention – American Academy of Pediatrics
- Suicide Prevention Resource for Action — Centers for Disease Control and Prevention
- Youth Mental Health Resources – Mental Health America
- Resource Center – National Alliance on Mental Illness
- (note: use the filter tool and select "Suicide and Suicide Prevention" from the Topics dropdown menu and select "Teens and Young Adults" from the Audiences menu)
- American Foundation for Suicide Prevention
- Counseling on Access to Lethal Means (CALM) America
- The Stanley Brown Safety Plan Intervention
- Zero Suicide Toolkit
- Suicide Prevention Resource for Action: Identify and Support People at Risk (Page 56)– Centers for Disease Control (CDC)

Section 3 | After A Suicide Loss

Supporting Youth & Staff After a Suicide Loss

A suicide death can deeply affect youth, staff, families, and the broader community connected to your organization.

How an organization responds in the days and weeks following a suicide loss, often referred to as *postvention*, can support healing, reduce distress, and help lower the risk of additional suicide-related behaviors (SPRC). This section provides high-level guidance for youth-serving organizations on postvention best practices.

After A Suicide Death in Your Organization

Communication Best Practices to Follow After a Suicide Death

Adapted from American Foundation for Suicide Prevention & Suicide Prevention Resource Center (2018) & National Action Alliance for Suicide Prevention (2022).

Clear, timely, and compassionate communication is critical following a suicide death. Communication should prioritize safety, accuracy, and emotional support while avoiding speculation about the death or harmful details. Key principles for communicating after a suicide death include:

- Sharing information promptly, using clear and simple language
- Coordinating with the family of the deceased to understand what and how much information they are comfortable sharing
- Limiting details about the death and avoiding descriptions of the method or location
- Communicating to youth participants about the suicide death in small groups rather than in large assembles or during announcements
- Emphasizing that supports are available and naming specifical local and national resources
- Acknowledging grief and emotional reactions as normal responses to loss
- Using consistent messaging across staff, families, and partners to reduce confusion and rumors

Whenever possible, your organization should designate a single point of contact or small response team to manage ongoing communication after a suicide death. This helps ensure all communications are aligned and reduces the risk of misinformation.

Crisis Response Best Practices to Follow After a Suicide Death

Adapted from American Foundation for Suicide Prevention & SPRC (2018)

Immediately after a suicide death, an organization should be prepared to implement a supportive, coordinated response focused on emotional safety and stabilization. Ideally, an organization has an active crisis response lead or team who is responsible for postvention. This crisis response individual or team will likely be responsible for crisis response in a variety of crisis situations but should receive specific training in your organization's practices and protocols for responding to suicide deaths.

Effective crisis response actions are similar to how organizations should respond to youth suicide risk, but with increased focus on supporting those affected by the loss. These actions include:

- Having a leader and crisis response team in place that is responsible for gathering information about the death and leading dissemination of information on the death back out to the community
- Communicating directly with family of the deceased to confirm what information they are comfortable having shared and aligning communication with their wishes
- Identifying youth and staff who may be at higher risk due to closeness to the deceased or prior mental health concerns
- Increasing adult presence and supervision during programs and activities
- Creating space for youth to ask questions and express feelings, without forcing participation
- Maintaining regular program activities and hours to offer a sense of stability for youth and avoid unintentional glamorization of death

Staff should not be expected to provide clinical counseling unless they are trained and credentialed to do so. Instead, the focus should be on listening, observing, supporting, and connecting youth to appropriate support services when needed.

How Postvention Reduces Suicide Contagion

Suicide contagion refers to suicide risk associated with the knowledge of another person's suicidal behavior, either through direct exposure or media coverage (SPRC). Research has shown that youth are particularly at risk of experiencing suicide contagion

Research shows that timely, coordinated crisis response and postvention activities can reduce the likelihood of contagion, especially among youth. Clear and intentional communication informed by safe messaging practices, increased support and supervision, rapid connection to mental health resources, and thoughtful approaches to memorialization all help reduce distress, counter misinformation, and reinforce help-seeking.

When youth feel supported, informed, and connected to trusted adults and resources, the risk of additional harm is lowered.

Adapted from Diefendorf, S. et al., (2022); Swanson, S. A. & Colman, I. (2013); Jordan, J. R. (2017); Wen X., et al., (2025).

How to Support Youth Who Have Lost a Loved One to Suicide

Grief and other emotions after a suicide loss can look different for every young person. Some youth may want to talk openly, while other may withdraw or express feelings through behavior rather than words. Overall, it is important to help youth identify and express their emotions related to the suicide loss in ways that are healthy and meaningful for them.

Best practices for supporting youth after they have lost a loved one to suicide include:

- Offering a range of support options (one-on-one check-ins, quiet spaces, group activities, movement or art-based activities)
- Sharing grief and mental health resources with youth, families, and staff
- Providing referrals to external mental health services as needed
- Normalizing help-seeking and coping strategies, including reminding youth that support is available over time, not just immediately after the loss
- Monitoring for ongoing distress or changes in behavior that may signal need for support

Support should be ongoing and flexible to recognize that grief responses often resurface weeks or months later, with careful attention to emotions or behavior changes around anniversaries or certain life events (e.g., program conclusion, graduations, birthdays, etc.).

Adapted from American Foundation for Suicide Prevention & Suicide Prevention Resource Center (2018) & National Action Alliance for Suicide Prevention (2022)

Resource 11: National Grief Support Resources
A non-comprehensive list of state and national grief support resources to educate your organization on, develop local relationships with, and to turn to during times of loss.

Memorialization Best Practices to Follow After a Suicide Death

Memorial activities for those who have died by suicide can be meaningful and helpful to those impacted by suicide loss. Memorialization should be approached carefully to avoid unintentionally increasing risk or distress and to avoid unintentional glamorization of suicide.

Recommended best practices for memorialization include:

- Treating memorialization of any youth death the same regardless of cause of death
- Avoiding permanent or highly visible memorials that focus on the death itself or why a youth died by suicide
- Focusing on activities that emphasize hope, connection, and help-seeking, rather than the individual's death
- Focusing on the life the individual lived
- Offering optional, time-limited ways for youth to express remembrance (e.g., art, letters, moments of reflection)
- Consulting with mental health professionals or community partners when planning memorial activities
- Providing guidance to youth and staff on what types of messages and images are appropriate for written or art-based memorials and monitoring for any inappropriate, vulgar, or retraumatizing content
- Monitoring memorials for signs that other youth are experiencing a suicidal crisis or are in need of additional support

Prioritize memorials that support healing and hope, while minimizing the risk of romanticizing or sensationalizing suicide and ensure memorials for deaths of different causes are treated similarly.

Adapted from American Foundation for Suicide Prevention & Suicide Prevention Resource Center (2018) & National Action Alliance for Suicide Prevention (2022)

How Community Partners Can Support Youth After a Suicide Death

Youth-serving organizations do not need to respond alone. Community partners play an essential role in providing additional expertise, resources, and continuity of care after a youth suicide death.

Community partners to engage with after a suicide death include:

- Local officials, like law enforcement or the coroner/medical examiner
- Local mental health providers

- Crisis response teams or hotlines
- Grief support organizations
- Faith-based or cultural community leaders
- Schools

Early coordination with partners can help ensure youth and families receive appropriate support and that staff are not overwhelmed. Clear roles and communication pathways strengthen the overall response and promote shared responsibility for healing and prevention.

See guidance for creating MOUs with community partners focused on postvention on p. 42.

Best Practice Policies and Protocols for Postvention

Elements to Include in Your Postvention Policy

Postvention policies are often part of an organization's larger suicide identification and response policy. A strong postvention policy, along with its accompanying protocols should include the following elements:

- **Crisis Response Team:** Define roles and responsibilities clearly, including identification of what staff role(s) are responsible for confirming a death through appropriate sources (e.g., parents and guardians, medical professionals, law enforcement)
- **Communication:** Establish communication guidelines and boundaries
- **Youth Safety:** Emphasize youth safety, emotional support, and help seeking, particularly how to ensure timely access to mental health and grief support that aligns with different levels of youth need
- **Memorialization:** Address safe memorialization practices
- **Coordination:** Describe coordination with community partners, including establishing a media contact to handle requests
- **Policy Improvement:** Include processes for revisiting and improving existing suicide prevention policies, protocols, and training following a death

Adapted from American Foundation for Suicide Prevention, American School Counselor Association, National Association of School Psychologists & The Trevor Project (2019), After a Suicide: A Toolkit for Schools.

How to Adapt These Elements for Different Youth-Serving Settings

Postvention protocols should be adapted to the context in which youth and staff interact.

While the core elements above remain consistent, the timing, staffing structure, and communication pathways to offer support after a suicide death may differ by setting. The table below provides examples of how these core protocol considerations may look different across common youth-serving organization settings:

Table 9: Youth Camp, After-School Program, and Sports Teams

Protocol Considerations	Youth Camp	After-School Program	Sports Teams
Timing	Response may need to occur immediately due to the extended time youth spend together. Overnight settings may also require rapid evening or weekend response to a youth death.	Response may occur after program hours or the following program day after a death; more flexibility is often needed due to part-time attendance from youth or staggered activity schedules.	Response may align with practice times, games, or other scheduled team activities.
Staffing Structure	The camp director or designated crisis coordinator leads the response; while, counselors provide direct support to youth, including consulting with mental health staff if available.	The program director coordinates response; site supervisors support program staff; direct service staff monitor youth and flag any concerns; external community partners often provide mental health support.	Head coach or athletic director leads response; assistant coaches support youth and monitor; program directors or admins manage communication and partner coordination.
Communication Pathways	Information flows from leadership to counselors to youth in small groups. Parents and guardians are notified directly by leadership; coordination with local crisis or mental health partners may be needed immediately.	All staff informed about the death first; program staff communicate with youth in small groups; families notified about the death through coordinated messaging and individual outreach.	Information is often first shared with coaching staff; youth informed as a team in small groups; families are notified through existing channels; families and partners are informed of based on need.

Across all settings, effective postvention policies should describe:

- **Who** initiates the response, including who serves as a liaison with the family of the deceased
- **Who** is responsible for communication and coordination of support
- **How** youth will be supported during programming hours (and after hours if applicable) and what types of grief support you are able to offer internally
- **How** and **when** families and partners are engaged
- **What** types of grief support resources you refer staff and youth to in the community

Resource 7: Model Protocols & Resources
The Model Protocols and Resources resource provides links to best practice model protocols and guidance. Organizations are encouraged to adapt the model protocol guidance and resources to fit their specific environment and context.

How to Create Useful Protocols to Complement Your Postvention Policy

Protocols should be clear and concise, written in plain-language, easy to locate in an emergency, and practiced before they are needed. Staff may also benefit from setting-specific examples of an effective postvention response to better understand how postvention looks in practice within your organization.

Examples of helpful postvention protocol supports include visual, easy to use tools like:

- Flow charts showing step by step actions after a suicide death
- Sample communication messages for communicating with families, youth, and partners
- 1-page response checklists or quick-reference guides
- Posted or digital reminders of who to contact and what to do first after a suicide death

Example Postvention Response Checklist

An effective postvention response checklist should clearly outline how staff should respond after a youth suicide death. The checklist might include information on what to do before a suicide occurs, how to respond and support immediately following a suicide death, memorialization considerations, and how to provide ongoing support.

Adapted from Cairn Guidance & Oregon Public Health Division (2017).

Here is a condensed example of a postvention checklist:

Before a Suicide Occurs (Preparedness):

- ☐ Designate a Crisis Response Team or lead with clear roles
- ☐ Train staff on warning signs, help-seeking, and response protocols
- ☐ Ensure youth and staff know how to access mental health and crisis resources
- ☐ Establish relationships with community mental health partners

Immediately Following a Suicide Death:

- ☐ Activate the Crisis Response Team.
- ☐ Confirm the death through appropriate sources (e.g., family medical professionals, law enforcement).
- ☐ Coordinate with parents or guardians regarding what information may be shared.
- ☐ Determine who may be most impacted and what supports are needed before sharing information broadly.
- ☐ Inform staff first using clear, consistent guidance.
- ☐ Share developmentally appropriate information with youth in small groups or individual settings.
- ☐ (If applicable) Bring in trained mental health or grief support providers as needed to support youth and staff.
- ☐ Provide safe memorialization opportunities in-line with broader response practices.

In the Weeks & Months Following:

- ☐ Anticipate heightened emotions around anniversaries or significant events.
- ☐ Offer additional supports for youth and staff around high-risk periods.
- ☐ Provide reminders to staff on the warning signs of suicide and how to respond
- ☐ Provide physical spaces for youth who may be in distress to regulate.
- ☐ Hold debriefs with staff to reflect on what worked and what could be improved.
- ☐ Continue suicide prevention training and reinforce available supports.

Resource 9: Model Agenda for Protocol Development
This model meeting agenda provides a useful outline for meeting(s) focused on policy and protocol development that organizational leads can plan and facilitate.

How to Train Staff on Your Postvention Protocols

Postvention policies and protocols are only effective if staff understand them and feel confident using them. Regular, ongoing training that is adaptive, interactive, and reinforced overtime will ensure that staff are prepared to respond after a suicide death.

For more information on how to create effective training for staff, review the How to Train Staff on Your Suicide Identification and Response Protocols guidance in Section 2 on p. 25.

Recommendations for effective staff training include:

- Introducing protocols during onboarding for all staff
- Reinforcing protocols through regular refreshers, not one-time training
- Normalizing questions and uncertainty; postvention can be emotionally complex
- Emphasizing staff do not need to have all the answers; they need to follow the established process and connect youth to support

Using multiple training formats (e.g., professional development days, short videos, role-plays, dry runs of protocols) can also increase staff retention and make training accessible for different staff roles.

Adapted from Ackerman et al., (2022) & Ayer et al., (2022).

How to Adapt Core Postvention Training Content by Staff Role

Different staff within your organization interact with youth in different ways and often need role-specific training and guidance for an effective postvention response. The table below outlines core content to focus on based on staff role.

Table 10: Adapting Core Postvention Training by Staff Role

Role	Core Training Focus
Direct service staff (e.g., counselors, coaches, program assistants)	Recognizing distress in youth, managing group dynamics, maintaining routines while offering flexibility, responding to questions, knowing when to escalate concerns, information on what grief supports are available internally and externally for youth
Supervisors and administrators	Protocol development and oversight, and communication oversight

Mental health staff	Coordination with mental health partners, consultation, and referral support, memorialization best practices, developmentally appropriate grief support and resources
Administrative staff	Confidentiality, communication pathways, documentation, memorialization best practices
Crisis Response team	Protocol development and oversight, communication oversight and pathways, information on what grief supports are available internally and externally for youth, memorialization best practices

How to Track Postvention Protocol Use and Continuously Improve Your Protocols

Tracking your organization's postvention protocol use can help you learn strengthen your response over time. It also supports better overall suicide prevention activities and policy, improved training, and a culture of learning and care for staff.

Tracking Usage of Postvention Protocols

Organizations might track:

- Number of times protocol is activated
- Which supports and referrals are offered to youth
- Number of referrals made after a suicide death
- Staff self-reported preparedness to implement postvention activities

Evaluation and Continuous Quality Improvement (CQI) of Postvention Protocol Use

CQI Processes for postvention activities might include:

- Review of postvention protocols following response to all suicide deaths
- Gather staff feedback on the usability and clarity of protocols
- Assess whether communication with families and partners was timely, consistent, and aligned with policy guidance
- Evaluate whether memorial activities were aligned with policy and best practices
- Analyze what grief support resources were provided internally and externally and whether they effectively met the community's needs
- Use the information above to adjust suicide prevention polices and training after a death

For more methods and processes to track usage and evaluate organization protocols, review the *How to Track Protocol Use and Continuously Improve Your Protocols* guidance in Section 2 p. 27.

When are MOUs Related to Postvention Needed

Like any crisis response, postvention activities often require rapid coordination across multiple systems following a suicide death. A formal Memorandum of Understanding (MOU) can help clarify roles, reduce delays, and ensure consistent, compassionate response during high-stress situations.

Postvention focused MOUs should be practical, flexible, and clearly aligned with an organization's crisis response and wider suicide identification and response policies.

MOUs are particularly important when postvention activities involve:

- Shared or overlapping responsibilities between organizations (e.g., outreach, grief support, media response)
- Time-sensitive coordination following a suicide death
- Access to specialized expertise or services not available within your organization
- Information sharing that requires clarity around privacy, consent, and data protection
- Ongoing postvention supports, such as grief services, follow up supports, or group-based interventions

Organizations should consider establishing postvention MOUs *before* a suicide death occurs to avoid ambiguity during crisis response and ensure partners are prepared to act quickly and consistently.

Key Considerations for Postvention MOUs

Postvention MOUs should clearly define:

- Scope of services and limitations
- Roles during immediate, short-term, and long-term postvention phases
- Communication pathways and points of contact
- Privacy, confidentiality, and consent considerations
- Procedures for reviewing and updating the agreement

Ensuring these elements are included in your postvention-related MOUs will strengthen your community partnerships and allow youth and staff to receive timely, appropriate support after a suicide loss.

How to Adapt Model MOUs Related to Postvention for Different Partners

The following examples illustrate common postvention-focused partnerships, and the types of roles and responsibilities MOUs may address. These models can be adapted based on organizational context, capacity, and community resources.

MOU with a Community Mental Health Provider

This MOU type typically outlines:

- Roles related to grief counseling, crisis response, and short-term support services
- Referral pathways and timelines following a suicide death
- Communication protocols between organizational staff and clinicians
- Coordination around family engagement and follow-up care

MOU with a Local Outreach of Suicide Survivors

This could be a LOSS Team or similar postvention response team. To learn more about LOSS teams visit Postvention Consulting, LLC.

This MOU type may address:

- Activation criteria and notification procedures following a death
- Roles in outreach communications to peers, staff, families, or the broader community
- Boundaries between peer-based support and clinical services
- Coordination with an organization's existing crisis response or postvention plans

MOU with Additional Community Partners

Depending on your local context, organizations may find it effective to establish MOUs with:

- Mobile crisis teams or crisis lines for postvention follow up
- Faith-based or cultural community organizations providing grief support
- Public health departments supporting surveillance or community response
- Community violence prevention, survivor services, or bereavement organizations

Resource 10: Sample MOUs
This resource provides editable MOU language for a variety of partnership types that your organization can copy, adapt, and incorporate into your own partnering agreements.

Resources for Postvention

- 988 Suicide & Crisis Lifeline – Call, chat, or text to learn more about postvention resources in your area
- After a Suicide: A Toolkit for Schools — AFSP and the Suicide Prevention Resource Center (SPRC)
- Surviving a Suicide Loss: Resource and Healing Guide – The American Foundation for Suicide Prevention
- Best Practices and Recommendations for Reporting on Suicide — Reporting on Suicide
- A Manager's Guide to Suicide Postvention in the Workplace — National Action Alliance for Suicide Prevention
- Postvention Guidelines — Riverside Trauma Center
- Resources for Suicide Loss Survivors (including children and teens) – The Dougy Center
- Suicide Bereavement Support Groups Search Tool — The American Foundation for Suicide Prevention (AFSP)
- Locate a LOSS (Local Outreach to Suicide Survivors) Team – Postvention Consulting, LLC
- The Grief Journey Online Support Group – Alliance of Hope for Suicide Loss Survivors
- Suicide Prevention Resource for Action: Lessen Harms and Prevent Future Risk (Page 69) Centers for Disease Control (CDC)

Section 4 | Professional Development

Resources for Ongoing Staff Professional Development

Professional development is essential for equipping staff with the skills, awareness, and confidence needed to effectively support and advance youth suicide prevention efforts.

This section provides key suicide prevention professional development (PD) goals for staff serving in different roles with associated example PD session outlines. Links to relevant tools for incorporating into PD sessions are provided.

Additionally, this section outlines key recommendations for making PD effective and sustainable in youth-serving organizations.

Applying the Toolkit in Your Organization

Use the PD Goals and tables below to confirm what forms of professional development you will invest in for three types of staff: education/programmatic staff and volunteers, administrative staff, and mental health/youth wellness staff.

The far-left column is intended to serve as a spot to record which topic areas are represented in your PD plans. The PD topic area column provides a quick reference list of topics to ensure are covered in ongoing PD. The Related Tools & Resources column links to tools and resources which can be used to provide PD to staff.

Underneath each table you will find a recommended PD session outline for staff. Each youth-serving organization is encouraged to take the PD session outlines and tables of topics and resources to create unique PD plans that align with their culture, environments, and needs.

If an organization chooses to invest in external training/programs to address some of their PD needs *(such as investment in formal gatekeeper trainings for recognizing warning signs of suicide or trainings in safety planning for at risk youth),* they are encouraged to combine these external trainings with their own internal PD content specific to organizational protocols.

PD Goals Organized by Staff Roles

Education and Programmatic Staff & Volunteers working with youth should be trained in:

✓	PD Topic	Related Tools & Resources
	What suicide risk & protective factors are	▪ Resource 2: Risk & Protective Factors Handout
	How life-skills development and other youth development programming contributes to long-term suicide prevention outcomes	▪ Resource 2: Risk & Protective Factors Handout ▪ Resource 3: Risk Protective Factor Impact Model
	How to recognize the warning signs of suicide in youth	▪ Resource 4: Trainings – Programs List (pp. 1-4) ▪ Resource 5: Warning Signs of Suicide Flyer ▪ Resource 6: Risk Response Quick Reference Guide
	How to check-in with youth who are at increased risk for suicide	▪ Resource 4: Trainings – Programs List (pp. 1-4) ▪ Resource 6: Risk Response Quick Reference Guide
	How to provide a warm handoff for a youth at risk for suicide to an administrator or mental health staff	▪ Resource 6: Risk Response Quick Reference Guide ▪ Resource 7: Model Protocols and Resources ▪ Resource 8: Flowchart and Process Graphics

Education and Programmatic Staff PD Session Outline (Recommended time: 2 hours)

- Welcome/Why we are Here – To Promote Youth Wellbeing and Prevent Suicide (10 min)
- Introduction to Risk and Protective Factors for Suicide and how existing organizational efforts to promote youth wellbeing contribute to long-term suicide prevention (20 min)
  - If relevant, provide copies of completed Risk Protective Factor Impact Model for your Organization (Resource 3)
- Introduction to Warning Signs of Suicide and checking in with a youth of concern (20 min)
- Overview of organizational protocol steps specific for education/programmatic staff on how to connect a youth with suicide risk to administrative or mental health staff (20 min)

- Paired role-play time for staff to practice checking in with a youth of concern and implementing organizational suicide risk response protocol steps (30 min)
- Staff Debrief time to discuss reflections, lessons learned, and preparedness to play their role in suicide prevention (20 min)

Administrators and administrative staff should be trained in:

✓	PD Topic	Related Tools & Resources
	What suicide risk & protective factors are	▪ Resource 2: Risk & Protective Factors Handout
	How life-skills development and other youth development programming contributes to long-term suicide prevention outcomes	▪ Resource 2: Risk & Protective Factors Handout ▪ Resource 3: Risk Protective Factor Impact Model
	How to recognize the warning signs of suicide in youth	▪ Resource 4: Trainings – Programs List (pp. 1-4) ▪ Resource 5: Warning Signs of Suicide Flyer ▪ Resource 6: Risk Response Quick Reference Guide
	How to check-in with youth who are at increased risk for suicide	▪ Resource 4: Trainings – Programs List (pp. 1-4) ▪ Resource 6: Risk Response Quick Reference Guide
	How to communicate with parents on a youth's suicide risk, including how to follow up with a family following a referral	▪ Resource 6: Risk Response Quick Reference Guide ▪ Resource 8: Flowchart and Process Graphics
	How to document a youth's suicide risk	▪ Resource 6: Risk Response Quick Reference Guide ▪ Resource 7: Model Protocols and Resources ▪ Resource 8: Flowchart and Process Graphics
	How to implement postvention crisis response protocols	▪ Resource 4: Trainings – Programs List (pp. 14-15) ▪ Resource 7: Model Protocols and Resources

	How to safely communicate on a suicide death	▪ Resource 7: Model Protocols and Resources
	How to lead policy and protocol development and continuous quality improvement over time	▪ Resource 9: Model Agenda - Protocol Development Meeting ▪ Resource 12: Suicide Risk and Behavior Data ▪ Resource 13: Data Tracking List ▪ Resource 14: Action Plan Template
	How to track and show long-term impact on suicide prevention outcomes	▪ Resource 3: Risk Protective Factor Impact Model ▪ Resource 12: Suicide Risk and Behavior Data Sources ▪ Resource 14: Action Plan Template

Administrative Staff PD Session Outline (Recommended time: 2.5–3.5 hours)

- Welcome/Why we are Here – To Promote Youth Wellbeing and Prevent Suicide (10 min)
- Introduction to Risk and Protective Factors for Suicide and how existing organizational efforts to promote youth wellbeing contribute to long-term suicide prevention
  - If relevant, provide copies of completed Risk Protective Factor Impact Model for your Organization (20 min) or use administrative PD time to collectively complete Impact Model (40 min)
- Introduction to Warning Signs of Suicide and checking in with a youth of concern (20 min)
- In-depth training in organizational protocol steps on (40 min):
  - Connecting a youth with suicide risk to appropriate administrative or mental health staff
  - Keep a youth identified as at risk for suicide safe
  - Providing a referral or warm handoff for a youth at risk for suicide to community mental health or crisis response services and including parents in this process
  - Communicating a youth's suicide risk to parents/guardians
- Paired role-play time for staff to practice supporting at-risk youth, referring them to mental health services, and communicating with families on the suicide risk (30 min)
- Staff Debrief time to discuss reflections, lessons learned, and preparedness to play their role in suicide prevention (20 min)

- Training in organizational protocol steps on supporting community following a suicide death, with specific time focused on memorial policies, responsibilities in communicating on the death, identifying youth in need of grief support, and initiating grief support (20 min)
- Overview of data you will track to monitor long-term impact of suicide prevention efforts (15 min)

Mental health staff (social workers, counselors, specialists, etc.) should be trained in:

✓	PD Topic	Related Tools & Resources
	What suicide risk & protective factors are	▪ Resource 2: Risk & Protective Factors Handout
	How life-skills development and other youth development programming contributes to long-term suicide prevention outcomes	▪ Resource 2: Risk & Protective Factors Handout ▪ Resource 3: Risk Protective Factor Impact Model
	How to recognize the warning signs of suicide in youth	▪ Resource 4: Trainings – Programs List (pp. 1-4) ▪ Resource 5: Warning Signs of Suicide ▪ Resource 6: Risk Response Quick Reference Guide
	How to check-in with youth who are at increased risk for suicide	▪ Resource 4: Trainings – Programs List (pp. 1-4) ▪ Resource 6: Risk Response Quick Reference Guide
	How to provide appropriate suicide prevention interventions that are in-line with their areas of practice, licensure, and/or responsibility ☐ Conducting suicide risk screeners ☐ Creating Collaborative Safety Plans for youth at risk for suicide ☐ Conducting formal suicide risk assessments ☐ Referring students to community mental health providers that can offer suicide specific treatments	▪ Resource 4: Trainings – Programs List (pp. 5-13) ▪ Resource 6: Risk Response Quick Reference Guide ▪ Resource 10: Sample MOUs ▪ Zero Suicide Toolkit Identify, Engage & Treat Elements

	How to communicate with parents on a youth's suicide risk, including how to follow up with a family following a referral	▪ Resource 6: Risk Response Quick Reference Guide ▪ Resource 8: Flowchart and Process Graphics
	How to document a youth's suicide risk	▪ Resource 6: Risk Response Quick Reference Guide ▪ Resource 7: Model Protocols and Resources ▪ Resource 8: Flowchart and Process Graphics
	How to implement postvention crisis response protocols	▪ Resource 4: Trainings – Programs List (pp. 14-15) ▪ Resource 7: Model Protocols and Resources
	How to safely communicate on a suicide death	▪ Resource 7: Model Protocols and Resources
	How to provide appropriate grief support services and/or referrals following a suicide death	▪ Resource 6: Risk Response Quick Reference Guide ▪ Resource 7: Model Protocols and Resources ▪ Resource 8: Flowchart and Process Graphics

Mental Health/Student Wellness Staff PD Session Outline (Recommended time: 2–3 hours)

- Welcome/Why we are Here – To Promote Youth Wellbeing and Prevent Suicide (10 min)
- Introduction to Risk and Protective Factors for Suicide and how existing organizational efforts to promote youth wellbeing contribute to long-term suicide prevention (20 min)
  - If relevant, provide copies of completed Risk Protective Factor Impact Model for your organization
- Introduction to Warning Signs of Suicide and checking in with a youth of concern (10 min)
- In-depth training in organizational protocol steps on (40 min):
  - Keeping a youth identified as at risk for suicide safe
  - Providing youth with suicide specific interventions that align with staff licensure/training
  - Providing a referral or warm handoff for a youth at risk for suicide to community mental health or crisis response services and including parents in this process
  - Communicating a youth's suicide risk to parents/guardians

- Paired role-play time for staff to practice implementing suicide risk screeners, supporting at-risk youth, referring them to mental health services, and communicating with families on suicide risk (30 min)
- Staff debrief time to discuss reflections, lessons learned, and preparedness to play their role in suicide prevention (20 min)
- Training in organizational protocol steps on supporting community following a suicide death, with specific time focused on communicating on the death, identifying youth in need of grief support, and initiating grief support (30 min)
- Staff time to discuss and identify additional PD areas that could better prepare them to implement suicide-specific interventions that align with their roles (e.g., lethal means counseling, identifying risk in younger youth, coordination and referral with community partners) (20 min)
    - Leadership should record action items for providing mental health staff with opportunities for additional requested PD

Professional Development Sustainability

To help ensure the information contained in the toolkit remains relevant, accurate, and accessible for youth-serving organization staff, it is recommended to include it as part of ongoing organizational practices.

Toolkit-related PD can be integrated into the following organizational practices:

- **Onboarding:** Provide training in suicide prevention as part of new staff or volunteer orientation
- **Annual staff PD Days:** Individuals' memories of content fade over time without regular reminders on key content. Incorporate suicide prevention training into annual staff PD
- **Related PD Trainings:** Incorporate toolkit content into related training on topics such as reflective practices, creating safe environments, risk and harm reduction, etc.,
- **Staff Communication and Reminders:** Incorporate toolkit handouts, flow charts, and bullet lists into ongoing communication with staff such as newsletters, emails, flyers, and power points
- **Refresher Trainings:** Provide micro lessons/reminders on key content that is essential to remember such as recognizing warnings signs, implementing suicide risk response protocol steps, etc. and incorporate into ongoing staff meetings

Professional Development CQI

The needs surrounding staff PD will change overtime. For example, after staff have a baseline understanding of warning signs and how to refer a student to mental health staff, they may desire more in-depth practice on having difficult conversations with youth. The only way to know how staff PD needs in suicide prevention change is to engage in continuous quality improvement (CQI) efforts.

CQI efforts can include:

- Debriefing with staff following protocol implementation to identify what went well, what didn't, and what may need updated in outlined protocol steps or what additional training may need provided around protocols
- Debriefing with parents and youth following protocol implementation to gather their perspectives on what went well, what didn't, and what may need changed in how youth and their families are supported during a mental health crisis
- Checking in with a sampling of staff serving in different roles annually to gather their feedback on suicide-prevention related PD successes, challenges, and needs
- Conducting formal annual or biannual review of organizational policies and protocols to ensure they remain in line with available internal and external environments, resources, and services
- Monitoring data captured in **Resource 12: Suicide Risk and behavior Data Sources** and **Resource 3: Risk Protective Factor Impact Model** to note changes in suicide-related risk and protective factors and suicide related behaviors over time. Note how these changes align or don't align with organizational investment in suicide prevention activities.

Measuring Impact

As with other professional development offerings and program initiatives, it is important to measure the effectiveness of your suicide prevention efforts. Here are a few recommendations to help determine if your suicide prevention efforts are creating impact:

- Include pre- and post-training assessments on the toolkit (or offerings that include the toolkit). These pre-post-tests can help you measure:
  - Staff awareness, attitudes, and beliefs toward suicide prevention
  - Staff knowledge and skills before and after PD
  - Staff preparedness to implement suicide prevention strategies
- Monitor any change in relevant internal data related to suicide prevention. Data changes to consider monitoring include:

  - Number of youth identified as at risk for suicide
  - Number of youth showing positive suicide risk screenings
  - Number of youth referred to crisis response or mental health services following suicide risk identification
  - Number of youth successfully connected with mental health or crisis services following suicide risk identification
- Incorporating questions on toolkit application, protocol implementation, and related PD into broader staff meetings and surveys
- Asking administrative staff/supervision staff to report their observations on staff behavior related to the toolkit, protocols, and PD over time
- Including questions related to suicide prevention in existing parent or youth surveys. For example:
  - Responsiveness of staff to youth wellbeing
  - Youth ability to identify trusted adults in the organization
  - Satisfaction of educator/youth interactions
  - Youth understanding of how to seek help in the organization

Suicide prevention Data and Evaluation Tools:

The following toolkit resources can assist your organization with data collection and evaluation:

Resource 3: Risk-Protective Factor Impact Model
Can help you identify what risk and protective factors data is most important to track to show long-term suicide prevention impact.

Resource 12: Suicide Risk and Behavior Data Sources
Can help you to identify data sources to turn to for risk and protective factor data and suicide-related behavior data

Resource 13: Data Tracking List
Can help you to identify what data is most feasible to track within your organization. This resource also provides considerations for making data comparisons over time.

Putting the Toolkit into Action

Section 4 is all about preparing your organization to put the **OST Youth Suicide Prevention Toolkit** contents into action. However, action planning is often needed to effectively implement the toolkit in youth-serving organizations. Taking time to action plan can ensure the activities and goals you seek to invest in are aligned with local resources, capacity, and needs.

Effective action planning will start by writing clear goals on what needs to be accomplished. Resource 14: Toolkit Action Plan Template will ask you to write goal statements related to suicide prevention using the SMART acronym (see below).

Goals are clearer and more likely to be achieved when they are:

Table 11: SMART Goals

Specific	The objective describes who, what, when, and where
Measurable	The objective describes what/how much of a change will occur
Achievable	The objective sets realistic expectations for what will be achieved
Relevant	The objective describes outcomes relevant to the project and goal
Timebound	The objective defines when the outcome will be achieved

Once you have written your SMART Goals, you can plan for how to achieve them listing out action steps, staff or volunteers responsible, resources needed, timeline for taking identified steps, and the desired outcomes of each step. By ensuring your Goals are SMART, you can more easily identify what action steps are needed to achieve them.

Toolkit Action Plan Template

Resource 14: Action Planning Template
The Action Planning Template was developed as a tool for youth-serving organizations to lay out specific goals, action steps, and staff/volunteer responsibilities necessary to implement systemwide suicide prevention in organizations.

This template guides your team in establishing goals around 3 key areas of suicide prevention:

- Linking efforts promoting protective factors with suicide prevention outcomes
- Providing Professional Development in suicide prevention
- Writing (or updating) suicide risk response and postvention protocols

Use this resource to put this toolkit into action in your youth-serving organization.

Tools & Resources

Index of Tools and Resources

Six Key Suicide Prevention Components

Multi-Tiered Suicide Prevention for Schools

School suicide prevention is most effective when it brings together a variety of prevention strategies that ensure no youth falls through cracks in the system.

Taking steps to prepare your whole school community to prevent and respond to suicide can save lives.

A multi-faceted approach that trains school staff in essential suicide prevention knowledge, develops supportive school climates, and puts in place policies that ensure youth are effectively supported can prevent suicide.

Learn about each of our six key components for multi-tiered school suicide prevention below.

Suicide Prevention at EDC

Education Development Center (EDC) has sixty- five years of experience collaborating with public and private partners to advance quality education, health equity, and suicide prevention. EDC Solutions makes our most effective initiatives directly accessible to mission-driven organizations, agencies, and professionals.

6 Key Components

1. Engaging School Community Members

Every member of a school community—teachers, administrators, families/guardians, counselors, and others—has a role to play in school suicide prevention. Schools are best positioned to provide these efforts in suicide prevention when the whole community is engaged.

In addition to any trainings around identifying and supporting youth who are at risk for suicide, these stakeholders require a clear understanding of school suicide prevention protocols and resources. [1,2,3,4]

2. Developing Community Partnerships

To provide effective prevention, schools must develop and maintain strong relationships with community stakeholders, including mental health providers, healthcare agencies, crisis centers, and community suicide prevention advocates.

These partnerships provide access to local resources and area experts who can support protocol development and implementation of prevention strategies. These partners can also provide crisis or counseling services when a young person is struggling or after a suicide death.[1,2]

3. Written Policies & Protocols for Identifying & Supporting Students at Risk of Suicide

A system-wide approach to school suicide prevention will include written protocols for supporting youth who are at risk for suicide (suicide risk response protocols). Schools should have protocols in place to guide interventions and follow-up when a young person is in crisis.

Schools should invest in protocols staff can follow when a student screens positive for suicide risk or a student expresses suicide intent. These protocols should include roles and responsibilities of key school staff, chains of communication, linkages with community mental health services, and re-entry guidance for youth who return to school after a crisis.[1,5]

4. Written Policies & Protocols for Response After a Suicide

When a death by suicide occurs, some youth within the school system may be at increased risk for suicide. The school's response after a suicide (also called 'postvention') can mitigate this increased suicide risk while acknowledging the community's need to grieve the loss.

Schools should create protocols before a death by suicide occurs, including information on communicating with stakeholders and the news media, mobilizing a response team, providing youth and staff with appropriate support services, and incorporating safety considerations around memorials and social media.[1,6]

5. Identification & Support of Youth Who Are At Risk for Suicide

Several evidence-based strategies can be used to identify youth who are at risk of suicide, ranging from screening tools and suicide risk assessments to trainings that educate teachers, staff, and youth about the warning signs of suicide and how to support students at risk.

It is essential to choose trainings and strategies that are a good fit for your school, and that your protocols are included in the training to ensure the school is prepared to support youth identified as at risk for suicide. All school staff, students, and the broader school community should engage in trainings and be familiar with protocols for supporting youth identified as at risk.[1,2,3,7,8]

6. Promoting Protective Factors

School systems that support multi-tiered development of positive mental health, social emotional skills, and trusted relationships with adults are also developing key elements of a system-wide approach to suicide prevention. Education systems and community climates that promote positive youth development are increasing protective factors against suicide. Schools and staff can embrace trauma-informed practices and policies which help to establish a safe and supportive school environment for young people.[2,9,10]

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Risk & Protective Factors

Multi-Tiered Suicide Prevention for Schools

Risk factors are characteristics of a person or environment that **increase** the likelihood of a negative outcome. In suicide prevention, the goal is to reduce the risk factors so fewer individuals will consider, attempt, or die by suicide.

Protective factors are characteristics of a person or environment that **decrease** the likelihood of a negative outcome. Suicide prevention efforts increase protective factors so fewer individuals will consider, attempt, or die by suicide.

Risk and protective factors are found at various settings including individual, relational, community, and societal. Examples of risk and protective factors in each of these settings are in the chart below.

Setting	Risk Factor	Protective Factor
Societal	▪ Stigma ▪ Access to lethal means ▪ Unsafe media portrayals of suicide	▪ Access to healthcare ▪ Restrictions on lethal means
Community	▪ Few sources of supportive relationships ▪ Barriers to health care ▪ Suicide cluster in the community	▪ Safe and supportive organization and community environments ▪ Sources of continued care after psychiatric hospitalization
Relationship	▪ Adverse childhood experiences ▪ Bullying ▪ Family history of suicide ▪ Relationship problems ▪ Sexual violence	▪ Connectedness to friends, family, and community support ▪ Supportive relationships with healthcare providers
Individual	▪ Prior suicide attempt(s) ▪ Misuse/abuse of alcohol or drugs ▪ Mental illness ▪ Access to lethal means ▪ Social isolation ▪ Chronic disease and disability	▪ Coping and problem-solving skills ▪ Cultural and religious beliefs that discourage suicide

Definitions adapted from:
https://www.sprc.org/sites/default/files/migrate/library/RiskProtectiveFactorsPrimer.pdf

Risk & Protective Factor Impact Planning Model

Introduction: The **Out of School Time Youth Suicide Prevention Toolkit Risk & Protective Factor Impact Model Template** has been developed to simplify and adapt existing logic model templates to make it easy for youth-serving organizations to map out how their efforts to promote youth wellbeing are contributing to suicide prevention. Common youth-serving organization practices such as investing in life-skill development programming, creating supportive cultures, and linking youth with trusted adults, all contribute to the reduction of risk factors for suicide and increase in protective factors against suicide.

The template below can be used to help your organization map out how existing and new efforts can contribute to suicide prevention over time. Youth-serving organizations are encouraged to track data related to risk and protective factors as well as instances of suicidal thoughts, attempts, and deaths in their organization and communities. Tracking this data can enable organizations to see changes in related risk and protective factors for suicide and link these with changes in suicide-related thoughts and behaviors over the long term. The Impact Model provides a visual for noting such relationships and can help you identify key risk and protective factors and suicide-related data to track.

Page 2 in this document provides an example of a completed Impact Model Template. Page 3 provides a blank Impact Model Template that can be completed by youth-serving organizations.

Directions:

Begin by listing your organization and a brief situation statement that describes your need and reason(s) for investing in youth suicide prevention. Then use each of the columns in the Impact model to list out:

- **Inputs** (resources you will invest),
- **Outputs** (activities you will do and groups you will reach), and
- **Outcomes** (risk and protective factors and suicide-related behaviors that will change).

Example: Mock Impact Model Template — Completed

Organization: North Central's Stellar Youth Nonprofit

Situation Statement: Our nonprofit serves middle and high school age youth by providing after school programming focused on youth life-skills development. Since 2020, youth have been disclosing thoughts of suicide in increased numbers to our volunteer staff. Staff have also identified decreased youth engagement in peer networking activities.

<table>
<tr><th>Inputs</th><th colspan="2">Outputs</th><th colspan="3">Outcomes</th></tr>
<tr><th>Resources</th><th>Activities
What We Will Do</th><th>People
Who We Will Reach</th><th>Risk Factors
Reduced</th><th>Protective Factors
Increased</th><th>Long Term Impact
(See Resource 12 for data sources)</th></tr>
<tr><td rowspan="3">▪ Staff Time
▪ Grant $
▪ X Life skill development program
▪ National chapter guidance on youth voice</td><td>Continue after-school, life-skill development programming for middle school age youth</td><td>Youth ages 11-13 engaged in our after-school enrichment program</td><td>▪ Impulsivity
▪ Poor decision-making
▪ Relationship problems
▪ Bullying</td><td>▪ Coping and problem-solving skills
▪ Healthy Relationships</td><td rowspan="3">Reported suicidal thoughts decrease in youth involved in our after-school program

Youth suicide attempt rate in our 4-county service region decreases

Youth suicides are prevented</td></tr>
<tr><td>Initiate youth peer buddy system for all age youth</td><td>All youth reached by our organization</td><td>▪ Social Isolation</td><td>▪ Social Connectedness
▪ Supportive environments</td></tr>
<tr><td>Incorporate practices for promoting youth voice in daily work with high schoolers</td><td>Youth ages 14-18</td><td>▪ Hopelessness
▪ Few supportive relationships</td><td>▪ Coping and problem-solving skills
▪ Supportive environments</td></tr>
</table>

Risk & Protective Factor Impact Planning Model

Organization:

Situation Statement:

Inputs	Outputs		Outcomes		
Resources	Activities What We Will Do	People Who We Will Reach	Risk Factors Reduced	Protective Factors Increased	Long Term Impact

Replicate table as needed to add additional rows.

Recommended Suicide Prevention Trainings & Programs

Suicide Risk Identification, Support, and Postvention

The professional development opportunities, trainings, and programs provided in this resource have been chosen based on their evidence-base, feasibility, and sustainability. They are organized according to their use in helping organizations to identify and support youth at risk of suicide and postvention activities after a suicide death. Turn to the list of resources that are most relevant to the needs your organization has identified based on the youth community you serve and current staff capacity.

Trainings with white shading may be available nationally at no cost or low cost and may also be offered or sponsored for free or at reduced cost by community mental health organizations in your area, such as Mental Health America affiliates, AFSP chapters, or state or territorial departments or offices focused on suicide prevention. Organizations are encouraged to connect with these partners before purchasing or independently arranging training. Trainings with blue shading have an associated cost and may require direct purchase, registration, or contracting with the training provider.

This list is meant to be a non-exhaustive list of professional development opportunities, trainings, and programs relevant to your suicide prevention activities. For more individualized support determining which trainings and programs would best match the needs and capacity of your organization, contact EDC Solutions to learn more about our Education and Wellbeing consultation and technical assistance services at solutions.edc.org/solutions/education-wellbeing.

Trainings/Programs on Identifying Youth Who Are at Risk for Suicide

Professional Development, Trainings, & Programs That May Be Offered at Low or No Cost:					
Training/Program	**Purpose/Summary**	**Format**	**Intended Audience**	**Website**	**For More Information**
Mental Health First Aid (MHFA) & Youth Mental Health First Aid (YMHFA)	This course helps adults recognize the signs of mental illness and substance misuse and respond in supportive, informed ways. It builds practical skills for assisting someone in a mental health crisis and connecting them to appropriate professional help.	Full-day, in-person, interactive training.	Adult staff and/or parents/guardians. Youth version of MHFA focuses specifically on understanding and responding to signs of mental illness and substance misuse in youth.	mentalhealthfirstaid.org Information on Youth MHFA is available at https://www.mentalhealthfirstaid.org/population-focused-modules/youth/	To learn about the different types of MHFA group trainings available and schedule a training visit: https://mentalhealthfirstaid.org/organizations/#types
Question Persuade Refer (QPR)	Provides a short training on recognizing the warning signs for suicide, asking someone if they are thinking about killing themselves, and connecting them with mental health services.	In-Person or self-Paced options available for those wanting to become a QPR instructor. One-time online/virtual trainings available with content for individuals in specific roles	Adult staff.	qprinstitute.com/	To purchase and access online QPR trainings visit: https://qprinstitute.com/professional-training To find or schedule an in-person training near you fill out the form under "In-Person Training" → "Find an Instructor": https://qprinstitute.com/

		(e.g., have a QPR for school health professionals and a QPR for sport coaches).			
SafeTALK	Training that teaches adults and teenagers to recognize the warning signs of suicide, engage someone at risk for suicide, and connect them with safety/help resources.	4 hour, in-person training including presentations, audiovisuals, and skills practice.	Adult staff and/or parents/guardians. Teenagers 15 +.	livingworks.net/safetalk	If a self-paced, online course (90 minutes) is better suited for your organizational needs, learn more about LivingWorks Starts here: https://livingworks.net/training/livingworks-start/ To find a training near you visit: https://findtraining.livingworks.net/?program=safeTALK
Talk Saves Lives	Training provides an overview of the scope of the problem, an understanding of suicide risk and protective factors, information on the warning signs of suicide, and steps to keep yourself and others safe. There are five different trainings under the Talk Saves Lives umbrella including an Introduction to Suicide Prevention and Suicide Prevention in the LGBTQ Community.	45-60 minute in-person training.	Adult staff and/or parents/guardians.	afsp.org/talk-saves-lives	Connect with your local AFSP chapter to find a training near you: https://afsp.org/find-a-local-chapter/ Visit the AFSP Chapter Program Calendar to find a virtual Talk Saves Lives session: https://afsp.org/calendar/

Trevor Project's CARE (Connect, Accept, Respond, Empower) Training	This interactive training helps adults understand suicide risk among LGBTQ youth, including the environmental stressors that can increase vulnerability. It also provides strategies for responding to suicide risk and creating safer, more supportive school environments for all young people.	90-minute virtual or in-person training. (Trevor also offers custom modules as standalone trainings, e.g., Safe and Supportive Schools)	Youth-serving professionals	https://www.thetrevorproject.org/care-training/	Email education@thetrevorproject.org to discuss training needs with a Trevor Education staff. Trevor offers immediate grants for schools and community organizations to cover all training costs.
Professional Development, Trainings, & Programs Available to Purchase:					
Training/Program	**Purpose/Summary**	**Format**	**Intended Audience**	**Website**	**For More Information**
Connect Suicide Prevention & Intervention Training	Training that teaches community members how to recognize the warning signs of suicide and intervene with a person at risk, as well as helping the community to develop across-system capacity to develop a safety net for	In-person training that can be offered in segments of 1 or 2 days. The 1-day training focuses on education only. The 2-day training focuses on education	Adult staff, with a specialization in bringing together a variety of community partners.	theconnectprogram.org/available-services/suicide-prevention-and-intervention-training-with-a-community-based-approach/	Visit the Connect website to learn more: https://theconnectprogram.org/

	individuals at risk for suicide.	and community planning.			
Signs of Suicide: Suicide Prevention for Communities	This workshop helps adults build the confidence and skills to recognize when someone may be at risk for suicide and respond effectively. Through interactive learning, participants learn to identify warning signs, use safe language, apply the ACT (Acknowledge, Care, Tell) framework, and connect individuals to appropriate supports while promoting safety.	2-hour In-person training	Community groups, youth-serving agencies, workplaces, and parent/caregiver groups	https://sossignsofsuicide.org/trainings/suicide-prevention-for-communities/	Visit the SOS Trainings & Events website to schedule a training: https://sossignsofsuicide.org/trainings/

Strengthening Organization Staff Ability to Support Students Who Are at Risk for Suicide

Professional Development, Trainings, & Programs That May Be Offered at Low or No Cost:					
Training/Program	**Purpose/Summary**	**Format**	**Intended Audience**	**Website**	**For More Information**
988 Crisis Line	24/7 free mental health, suicide, and substance misuse crisis line that is available to youth and adults by calling or texting 988.	Trained crisis line counselors can help stabilize crisis callers, texters, or chatters and provider referrals to community resources/ services, including	Resource for staff, parents/ guardians, and students of any age who are able to access and use a phone.	https://988lifeline.org/	To learn more about 988 Crisis Centers in your State or Territory visit: https://988lifeline.org/learn/our-crisis-centers/crisis-centers-by-state-and-u-s-territory/

	Individuals can also access 988 via internet chat from any computer, tablet, or phone by visiting chat.988lifeline.org	emergency services when needed. Individuals worried about a student, peer, or colleague can also contact 988 to seek advice or providing support.			
ASIST (Applied Suicide Intervention Skills Training)	Provides training in recognizing the warning signs of suicide and assessing suicide risk, providing suicide-specific interventions, and developing a safety plan to keep youth safe.	Two-day face-to-face workshop, including presentations, discussions, simulations, and audio visuals.	Mental health counselors, professionals, and social workers.	livingworks.net/asist	To find an ASIST training near you, visit: https://findtraining.livingworks.net/?program=ASIST
CAMS (Collaborative Assessment and Management of Suicidality)	Training on using the CAMS framework and associated suicide status form to assess suicide risk and create a treatment plan specifically for individuals with serious thoughts of suicide.	3 hour online foundational training and/or 7 hour in-person role-play training, providing direct practice using the CAMS suicide status form.	Mental health professionals	cams-care.com/training-certification/	To learn more about CAMS and purchase the program visit: https://cams-care.com/training-certification/cams-trained/
Let's Talk	Peer Recovery Specialists (adults who have experienced similar mental health challenges and recovered) provide emotional support services to adult clients as they seek out and engage in formal mental healthcare.	MHA Peer Recovery Specialists engage in in-person or telephone appointments that are 30-45 minutes in length with individuals who are 18 years or older.	Resource for staff, parents/ guardians, and students who are 18 years of age or older.	https://mhanational.org/	To find an MHA Affiliate near you and learn about their program offerings visit: https://mhanational.org/affiliates/

MHA Support Groups (Depression Anxiety and Bipolar, Survivors of Suicide, and Survivors of Sexual Assault)	Peer led support groups that provide group dialogue for individuals sharing similar experiences.	Support groups are hosted one or two times per month virtually or in-person.	Resource for staff, parents/ guardians, and students who are 18 years of age or older.	https://mhanational.org/	To find an MHA Affiliate near you and learn about their support group offerings visit: https://mhanational.org/affiliates/
NAMI Connections Support Group & Family Support Group	NAMI Connections and NAMI Family Support Group are peer-led support programs that create structured spaces for mutual support and shared learning. NAMI Connections is for adults living with serious mental illness, while NAMI Family Support Group is designed for family members supporting a loved one with serious mental illness.	Weekly, in-person, 90-minute, support groups located at the NAMI Office.	Resource for staff, parents/ guardians, and students who are 18 years of age or older. Also offer a Connections Support Group specifically for LGBTQ+ adults living with mental illness.	https://www.nami.org/support-groups/nami-connection/	To your local NAMI chapter and learn about their support group offerings visit: https://www.nami.org/find-your-local-nami/
NAMI Peer-to-Peer Education and Family to Family Education	Peer to Peer and Family to Family are educational classes that provide information and support related to living with mental illness and navigating treatment. Peer to Peer is designed for individuals living with mental illness, while Family to Family helps caregivers and family members support a loved	8-week, in-person classes held at the NAMI office and taught by trained peer mentors.	Resource for staff, parents/ guardians, and students who are 18 years of age or older.	https://www.nami.org/programs/nami-family-to-family/	To find a virtual or in-person NAMI Family-to-Family scheduled near you visit: https://www.nami.org/program/nami-family-to-family/

	one while also caring for themselves.				
Online Mental Health Screenings	Anonymous, free, online screening tools anyone can use to see if they may be experiencing common mental health challenges. Includes a Youth Mental Health Test.	Online screenings take less than 15 min. to complete and provide follow-up and resources. Results can be saved and shared with trusted adults.	Resource for staff, parents/ guardians, and students in middle or high school.	https://screening.mhanational.org/screening-tools/	To access the screener visit: https://screening.mhanational.org/screening-tools/ To find an MHA Affiliate near you and learn about their support resources visit: https://mhanational.org/affiliates/
Systems-of-Care Navigator Services	A short-term case management program where MHA case managers connect individuals with clinical mental health services that fit their needs.	MHA case managers will research available mental health services and facilitate connections between families and mental health providers.	Resource for staff, parents/ guardians, and families of youth to use when making external referrals to mental health services.	https://mhanational.org/what-we-do/	To find an MHA Affiliate near you and learn about their support resources visit: https://mhanational.org/affiliates/
Professional Development, Trainings, & Programs Available Free Online					
Training/Program	**Purpose/Summary**	**Format**	**Intended Audience**	**Website**	**For More Information**
Counseling on Access to Lethal Means	Provides mental health professionals (counselors, social workers, therapists) training in discussing means safety with individuals struggling with suicidality.	Free online training.	Mental health professionals (including community and school mental health professionals)	solutions.edc.org/solutions/zero-suicide-institute/services/trainings/counseling-access-lethal-means-calm	Enroll in the free training at: solutions.edc.org/solutions/zero-suicide-institute/services/trainings/counseling-access-lethal-means-calm
Columbia Suicide Severity Rating Scale (C-SSRS) Trainings	Trainings on effectively using the Columbia Suicide Severity Rating Scale (suicide risk screener and assessment).	Free online trainings in multiple formats incl.: Interactive module, pre-recorded webinars, & live webinars, all 1 hour or less. Also	Both mental health and other student support staff (such as nurses, faith leaders, guidance counselors, etc.)	cssrs.columbia.edu/training/training-options/	Learn more on all types of available trainings at cssrs.columbia.edu/training/training-options/

		provide 90-minute, in-person workshops when requested.			
Safety Planning Intervention for Suicidal Individuals	Training on providing a safety planning intervention for individuals who are at risk for suicide, including an overview of when to use a safety plan and the steps in conducting an evidence-informed safety plan.	Free online, training on conducting a safety plan with individuals struggling with suicidal thoughts.	Mental health professionals (including community and school mental health professionals)	practiceinnovations.org/portals/0/SafetyPlanning/shell.html	Access the free online training at http://practiceinnovations.org/portals/0/SafetyPlanning/shell.html
The Jason Foundation Suicide Prevention Training Modules	Various 1-2 online, interactive courses on best practices for preventing youth suicide and responding to youth in crisis. Course topics include: bullying and suicide, teen depression, suicide contagion, suicide postvention, the history of suicide prevention, and more.	Free online trainings on a variety of youth suicide prevention and mental wellness topics.	Staff, mental health professionals, and any adult who interacts with young people.	jasonfoundation.com/get-involved/educator-youth-worker-coach/professional-development-series/professional-development-training-modules	Register to access the free online training modules here: jasonfoundation.my.site.com/lms/s/self-register?startURL=%2Flms%2Fs%2F The Jason Foundation also offers a free student curriculum for the awareness and prevention of youth suicide. A digital or physical copy can be request here: jasonfoundation.com/get-involved/student-curriculum
Professional Development, Trainings, & Programs Available to Purchase:					
Training/Program	**Purpose/Summary**	**Format**	**Intended Audience**	**Website**	**For More Information**
Assessing and Managing Suicide Risk (AMSR)	Provides mental health professionals (counselors, social workers, therapists) training in assessing an individuals' current level of suicide risk and how to monitor that suicide risk over time	In-Person or online training for mental health professionals.	Mental health professionals (including community and school mental health professionals)	solutions.edc.org/solutions/zero-suicide-institute/amsr	Information on in-person and online trainings available at solutions.edc.org/solutions/zero-suicide-institute/amsr/services

Certified QPR + Pathfinders Training	Training provides basic education on recognizing suicide warning signs and how to intervene-- coupled with training on how to engage in assessing and managing suicide risk, safety planning, provide grief support specific to suicide loss, and carrying out key postvention steps following a suicide death.	In-depth, 14-hour online training, including reading, activities, and multimedia.	Staff serving in roles to promote youth wellbeing (social workers, nurses, faith leaders, guidance counselors, etc.)	qprinstitute.com/qpr-pathfinder	Learn more at qprinstitute.com/qpr-pathfinder
Collaborative Safety Planning – EDC Solutions	Equips participants with practical, evidence-informed strategies to support individuals who may be experiencing suicidal thoughts, emotional distress, or a mental health crisis. The training focuses on building confidence and competence in developing collaborative safety plans and counseling on reducing access to lethal means to improve safety and care.	Virtual, 4-hour training, including structured role plays, peer feedback, and guided discussion	Healthcare, education, and community professionals who support individuals experiencing distress or suicide risk; clinical licensure is not required.	solutions.edc.org/solutions/zero-suicide-institute/services/trainings/collaborative-safety-planning	Contact solutions@edc.org for questions or to schedule a training for your organization Join an upcoming virtual training here: solutions.edc.org/solutions/zero-suicide-institute/events

Strengthening Organizational Preparedness to Implement a Postvention Response

Professional Development, Trainings, & Programs That May Be Offered at Low or No Cost:					
Training/Program	**Purpose/Summary**	**Format**	**Intended Audience**	**Website**	**For More Information**
988 Crisis Line	24/7 free mental health, suicide, and substance misuse crisis line that is available to youth and adults by calling or texting 988. Individuals can also access 988 via internet chat from any computer, tablet, or phone by visiting chat.988lifeline.org	Trained crisis line counselors can help stabilize crisis callers, texters, or chatters and provider referrals to community resources/ services, including emergency services when needed. Individuals worried about a student, peer, or colleague can also contact 988 to seek advice or providing support.	Resource for staff, parents/ guardians, and students of any age who are able to access and use a phone.	https://988lifeline.org/	To learn more about 988 Crisis Centers in your State or Territory visit: https://988lifeline.org/learn/our-crisis-centers/crisis-centers-by-state-and-u-s-territory/
AFSP Suicide Loss Support Group Facilitator Training	Training provides education, practice, and a model for creating and facilitating support groups for suicide loss survivors. AFSP offers two courses: one on facilitating adult support groups and another on facilitating child and teen support groups.	Training includes lectures, interactive discussion, and role-playing.	Mental health professionals and survivors of suicide loss (Recommended that survivors of suicide loss wait 2 years before becoming support group facilitators)	afsp.org/facilitating-a-suicide-bereavement-support-group	To find an AFSP chapter near you and learn about their training offerings visit: https://afsp.org/find-a-local-chapter/

Professional Development, Trainings, & Programs Available to Purchase:					
Training/Program	**Purpose/Summary**	**Format**	**Intended Audience**	**Website**	**For More Information**
Connect Postvention Training: Supporting Communities After a Suicide	Provides communities with in-depth training on creating and implementing strong postvention response plans, implementing strategies to support a grieving community and mitigating future suicide risk.	In-person training, available at a variety of levels of length and depth in content.	Communities and Community-serving organizations	theconnectprogram.org	Visit theconnectprogram.org/services under "Connect Standard Training Series" to find the Connect Suicide Postvention training

Warning Signs of Suicide Flyer

WARNING SIGNS OF SUICIDE:

The behaviors listed below may be some of the signs that someone is thinking about suicide.

TALKING ABOUT:

- Wanting to die
- Great guilt or shame
- Being a burden to others

FEELING:

- Empty, hopeless, trapped, or having no reason to live
- Extremely sad, more anxious, agitated, or full of rage
- Unbearable emotional or physical pain

CHANGING BEHAVIOR, SUCH AS:

- Making a plan or researching ways to die
- Withdrawing from friends, saying goodbye, giving away important items, or making a will
- Taking dangerous risks such as driving extremely fast
- Displaying extreme mood swings
- Eating or sleeping more or less
- Using drugs or alcohol more often

If these warning signs apply to you or someone you know, get help as soon as possible, particularly if the behavior is new or has increased recently.

988 Suicide & Crisis Lifeline
Call or text 988
Chat at 988lifeline.org

Crisis Text Line
Text "HELLO" to 741741

NIH National Institute of Mental Health

www.nimh.nih.gov/suicideprevention

NIMH Identifier No. OM 22-4316

Suicide Identification & Response

Risk Response Quick Reference Guide

This resource is intended as a quick reference guide of how to identify and respond to youth suicide risk within youth-serving organizations. Non-clinical staff are not expected to assess, diagnose, or provide counseling. Their role is to notice warning signs, respond supportively, maintain safety, and connect the youth to the appropriate supervisor, caregiver, crisis resource, or mental health support. Please consult your organization's suicide identification and response policies and procedures for more detailed guidance.

Purpose: Use this guide when a youth talks about wanting to die, expresses hopelessness, mentions self-harm or suicide, shows concerning behavior, or when another young person reports concern about a peer.

Warning Signs of Suicide

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Talking about feeling hopeless or having no reason to live
- Increase the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

If a youth expresses any of the following immediate warning signs, they should immediately be supported and not left alone until connected with crisis support:

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or obtaining a gun or other lethal means for suicide

Simple Response Flow

Notice → Ask → Stay → Share → Connect → Document

Notice warning signs or concerning statement

Ask directly about suicide or self-harm

Stay with the youth if safety is a concern

Share concern with your supervisor or designated mental health lead

Connect the youth to crisis help, emergency support, or their parents/guardians

Document what happened and follow your organization policy

What to Do Right Away

If you are concerned about a youth:

- Stay calm and stay with the youth
- Take what they say seriously
- Ask directly and clearly about whether they are thinking about suicide or self-harm
- Do not leave the youth alone if there is an immediate safety concern
- Contact your supervisor or designated lead right away according to your organization's protocol
- Engage a parent or guardian and other supportive adults based on your organization's protocol and youth's level of risk
- Connect the youth to crisis or emergency support
- Document what happened and what actions were taken
- Store documentation in a secure, organization-approved space

What to Say

It is important to use clear, calm, and direct language when responding to youth in crisis.

1. **Start the conversation and ask about suicide:**
    - "I've noticed you seem really overwhelmed, and I just want to check in."

- "You seem like you are dealing with a lot right now. Can we walk about it?"
- "Have you been having any thoughts killing yourself?"
- "Sometimes when people feel like this, they think about ending their life. Is that happening to you?"

If a youth shares any thoughts of suicide or self-harm, it is important to let them know that you have a duty to report the concern. Be clear on who you will report the concern to (usually their parents and organizational lead). It is important to report all suicide concerns to parents. See page 18 for information on limited situations when parental notification can be waved.

2. **If the youth responds yes:**
   - "Thank you for telling me."
   - "I'm really glad you shared this with me."
   - "You do not have to handle this alone."
   - "My job is to help keep you safe, so I need to involve additional support."
3. **If the youth responds no, but you are still concerned:**
   - "Thank you for talking with me. I'm still concerned about how you're feeling."
   - "I want to connect you with more support."
   - "Let's get another trusted adult involved so we can help in case you ever feel this way again."

Avoid any responses or language that minimizes or shames the youth. Remember to emphasize that support is available and you are there to help them. They are not alone.

When to Escalate

It is advised to get immediate help right away if a youth:

- says they are going to act on suicidal thoughts right now
- has a plan or access to lethal means (e.g., things they can use to end their life including firearms, medication, access to a high place, etc.)
- has recently attempted suicide or engaged in serious self-harm

- is highly agitated, intoxicated, or unable to stay safe or regulate
- cannot be safely supervised in the current setting (e.g., virtual setting)

In these situations, it is important to remain with the youth and follow your organization's emergency procedures, including contacting emergency or crisis services.

When Same-Day Follow Up Is Needed

It is recommended that you share your concern with your supervisor and youth's parents and make a referral to support services on the same-day suicide risk is identified when the youth:

- reports suicidal thoughts, even without immediate intent
- expresses hopelessness, wanting to disappear, or feeling like a burden
- shows significant emotional distress or major behavior changes
- has experienced a recent crisis, loss, or traumatic event

Communicating with Parents or Guardians

Remember to follow your organization's policy and process for notifying parents or guardians of identified suicide risk. When speaking with a parent or guardian:

- stay calm and factual
- share what the youth said or what was observed
- explain what steps have already been taken and any referrals made
- emphasize concern for safety and available support
- **do not delay emergency action if youth is actively attempting suicide or at imminent risk**

Example: "I am calling because we are concerned about your child's safety based on a conversation we had with him today. We want to make sure you are aware and he gets support right away."

Connecting Youth to Support

Depending on your organization's policies and procedures, available support services for youth can include:

- On-site supervisor or designated mental health/crisis lead

- School or organizational counselor, social worker, psychologist, or other mental health professionals
- Community mental health provider
- Mobile crisis team
- 988 Suicide & Crisis Lifeline
- 911 or emergency services if there is immediate danger

Organization Contact: _____

Supervisor/Lead: _____

Local Crisis Resource (988): _____

Documentation Reminders

Document your conversation and any actions taken to support a youth according to your organization's procedures. This can include:

- What the youth said
- What behaviors you or another adult observed
- What questions you asked
- What actions were taken
- Who was notified, explicitly recording notification date and time of parents and agreed upon next steps
- Time and date of the conversation or incident
- What follow-up steps were recommended and taken

Follow Up Actions

It is recommended that an organizational staff follow up with the family of the youth identified as at risk for suicide to check-in on youth wellbeing and support them in taking any previously agreed upon next steps. This can be your opportunity to help families trouble-shoot any challenges that arose in getting supports for youth.

Items to check-in on during the follow-up call

- Current safety/wellbeing of the youth
- Ability for the family to connect with any external mental health providers or resources previously discussed
- What lingering questions they might have about available mental health resources or suicide risk
- What support or information your organization might be able to provide to them during this time
- Confirming expectation that you will follow up with the family again in the coming days to check-in on the youth

Example: "I am calling to check in and see how your son/daughter is doing. I wanted to see if you have had any challenges following up on the referrals to resources and if there is any additional support or information our organization can provide your family during this time."

Note: If families are not open to a follow-up call, that is okay. It is still recommended to do due diligence in reaching out as it shows the families you care, are available to support them, and can increase the likelihood that there is follow-through on referrals to community resources. Additionally, research shows that "caring contacts" (outreach to individuals who have struggled with thoughts of suicide) helps to reduce future suicide attempts.

Reference: Skopp, N. A., Smolenski, D. J., Bush, N. E., Beech, E. H., Workman, D. E., Edwards-Stewart, A., & Belsher, B. E. (2023). Caring contacts for suicide prevention: A systematic review and meta-analysis. Psychological Services, 20(1), 74–83. https://doi.org/10.1037/ser0000645

Best Practice Guidance for Suicide Risk Response & Postvention

Youth-serving organizations vary widely in structure, staffing, and access to mental health resources. To support adaptation across settings, this resource provides examples of national organizations and initiatives that offer guidance, frameworks, and model protocols for identifying and responding to youth risk in community settings. It also includes resources that may help organizations develop suicide postvention policies and protocols to guide response, communication, and support following a suicide attempt, suicide death, or other suicide-related crisis.

Model Suicide Identification, Response, and Postvention Policy

American Foundation for Suicide Prevention

Youth-serving organizations may consider this model policy as a starting point when developing suicide prevention, intervention, and postvention protocols tailored to their own environment. While developed for school settings, the resource offers a comprehensive framework with actionable guidance, sample language, parent/caregiver engagement considerations, and procedures for responding to suicide-related crises, including suicide deaths.

- Model School District Policy on Suicide Prevention
  https://afsp.org/model-school-policy-on-suicide-prevention/

Suicide Postvention Best Practices

American Foundation for Suicide Prevention & Suicide Prevention Resource Center

This resource provides best practice guidance for responding to suicide attempts and deaths. While developed for K12 Education Systems, this resource provides relevant and useful guidance for safely and effectively communicating on a suicide death, memorializing a life lost to suicide and supporting youth following a death.

- After a Suicide: A Toolkit for Schools
  https://sprc.org/resources/after-suicide-toolkit-schools

American Foundation for Suicide Prevention

This resource provides workplace leadership and human resource professionals with best practice guidance for creating postvention protocols for their environment to provide responsive and ongoing support to employees after a suicide death. The resource includes sample language, memorialization considerations, and additional postvention templates.

- After a Suicide: Postvention Toolkit for Workplaces
  https://afsp.org/story/american-foundation-for-suicide-prevention-launches-best-practices-toolkit

Summer Camps and Seasonal Youth Programs

American Camp Association (ACA)

Mental health support, crisis response planning, and staff roles in camp settings

- Health Forms & Records for Campers & Staff
  https://www.acacamps.org/resources/health-forms-records-campers-staff
- Mental Health Resources – Tips for Camps
  https://www.acacamps.org/resources/mental-health-resources-tips-camps
- Crisis Communications Toolkit
  https://www.acacamps.org/resources/crisis-communications-tool-kit
- Messaging Manual for Camps: Responding to Tragedy Thoughtfully and Reassuringly
  https://www.acacamps.org/sites/default/files/2025-07/Messaging-Manual-for-Camps.pdf
- Camp Crisis Hotline (800-573-9019) & Crisis Resources
  https://www.acacamps.org/resources/camp-crisis-hotline

After-School Programs

National After School Association (NAA)

Youth safety, wellness, and trauma-informed practices for OST programs

- Resource Library
  https://naaweb.org/page/NAAResources
- The State of Afterschool Quality – Focus Briefs
  https://naaweb.org/page/FocusBriefs

Community-Based Youth Organizations and Clubs

Boys & Girls Club of America

Club safety, crisis response, and youth well-being guidance

- Child Safety Policies and Actions
  https://www.bgca.org/about-us/child-safety/safety-policies-and-actions/
- Health and Wellness Programs
  https://www.bgca.org/programs/health-wellness/
- Youth Mental Health
  https://www.bgca.org/empowering-kids/kids-and-mental-health/

Youth Sports and Recreation Programs

National Recreation and Park Association (NRPA)

Mental health, youth safety, and crisis response considerations in recreation settings

- NRPA Skill Builders – De-escalation Strategies
  https://learning.nrpa.org/products/de-escalation-strategies#tab-product_tab_overview
- NRPA Skill Builders – Facilitating Difficult Conversations
  https://learning.nrpa.org/products/facilitating-difficult-conversations

Positive Coaching Alliance

Guidance for coaches on recognizing distress and supporting youth wellbeing

- PCA Resource Zone – Mental Wellness
  https://positivecoach.org/resource-zone/?_resource_topic_dropdown=mental-wellness
- PCA Resource Zone – Parent/Coach Partnership
  https://positivecoach.org/resource-zone/?_resource_topic_dropdown=parent-coach-partnership
- PCA Resource Zone – Team Culture
  https://positivecoach.org/resource-zone/?_resource_topic_dropdown=team-culture

Faith-Based Programs

National Action Alliance for Suicide Prevention — Faith.Hope.Life

An initiative that supports faith communities to increase protective factors against suicide

- Main Website
  https://theactionalliance.org/faith-hope-life)
- Suicide Prevention Competencies for Faith Leaders: Supporting Life Before, During, and After a Suicidal Crisis
  https://theactionalliance.org/sites/default/files/fhl_competencies_v8_interactive.pdf
- Faith Leaders' Guide to Self-Care After a Suicide Video
  https://theactionalliance.org/resource/faith-leaders-guide-self-care-after-suicide-video

Tools to Supplement Suicide Prevention Identification & Response Policies

This resource provides example flowcharts and process graphics designed to help organizations operationalize their suicide prevention identification and response policies. The visuals offer clear, step-by-step illustrations of recommended actions, roles, and communication pathways when a youth may be at risk for suicide. These examples are intended to support staff training, reinforce established protocols, and make response procedures easier to understand and implement in real-world situations. A list of additional resources is also provided at the end of this document.

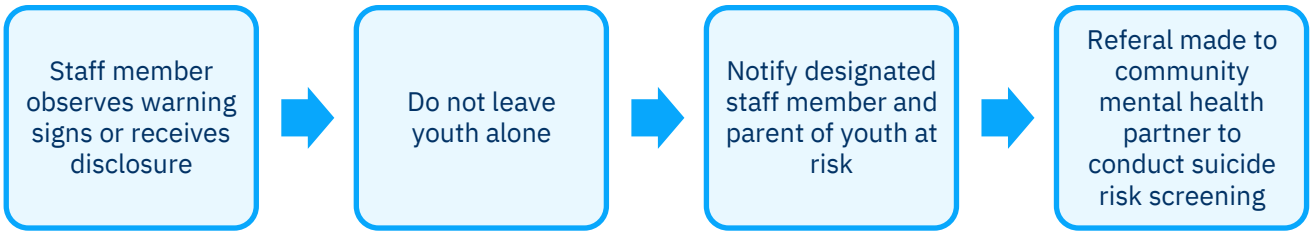
Youth-serving organizations are invited to copy and adapt the flow charts and graphics provided below to fit their organizational needs and environments and are also encouraged to incorporate useful flow charts and graphics into their own protocols.

Example Flowcharts and Process Graphics

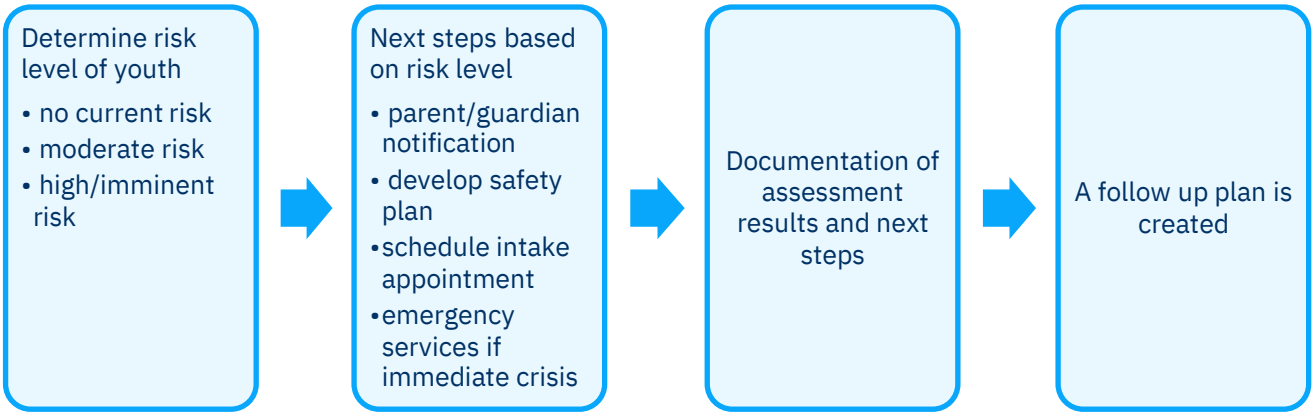
Example 1: Process for Youth Identified as At Risk for Suicide

Purpose: Provide a step-by-step guidance process for what staff should do if they notice warning signs and how community partners will determine risk level.

Staff Role:

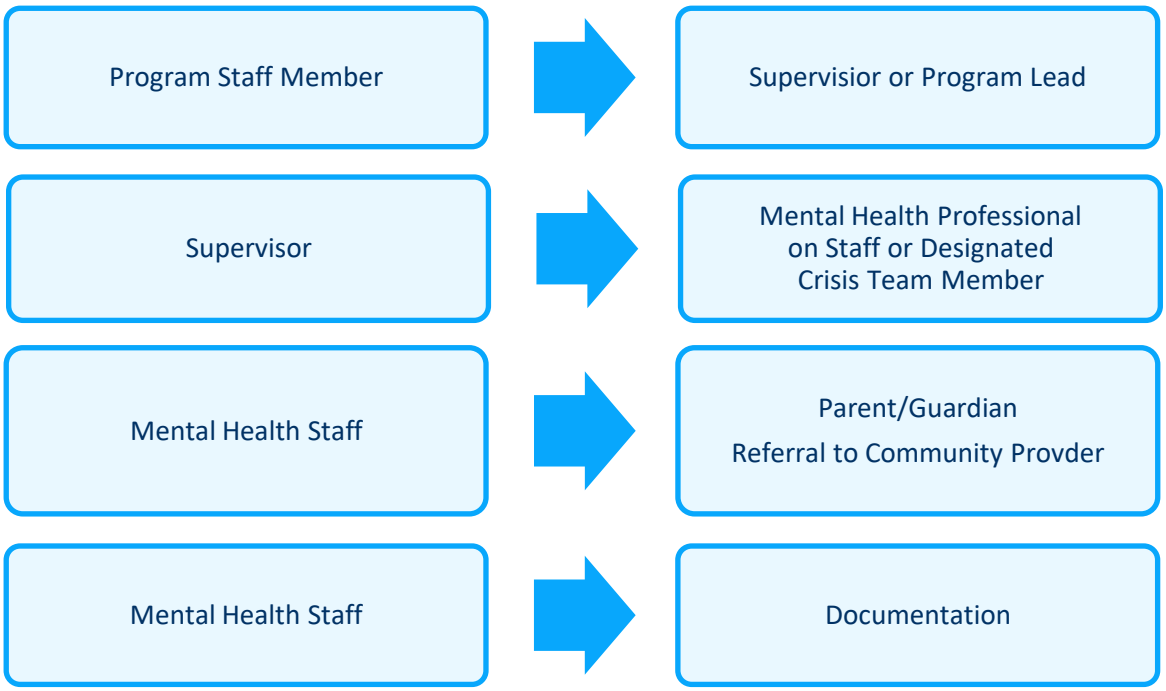


Licensed Clinical Organizational Mental Health Provider or Community Partner Role:



Example 2: Staff Reporting Pathway Flowchart

Purpose: Clarifies who staff should notify about a youth identified at risk based on their role and how information moves through the organization.



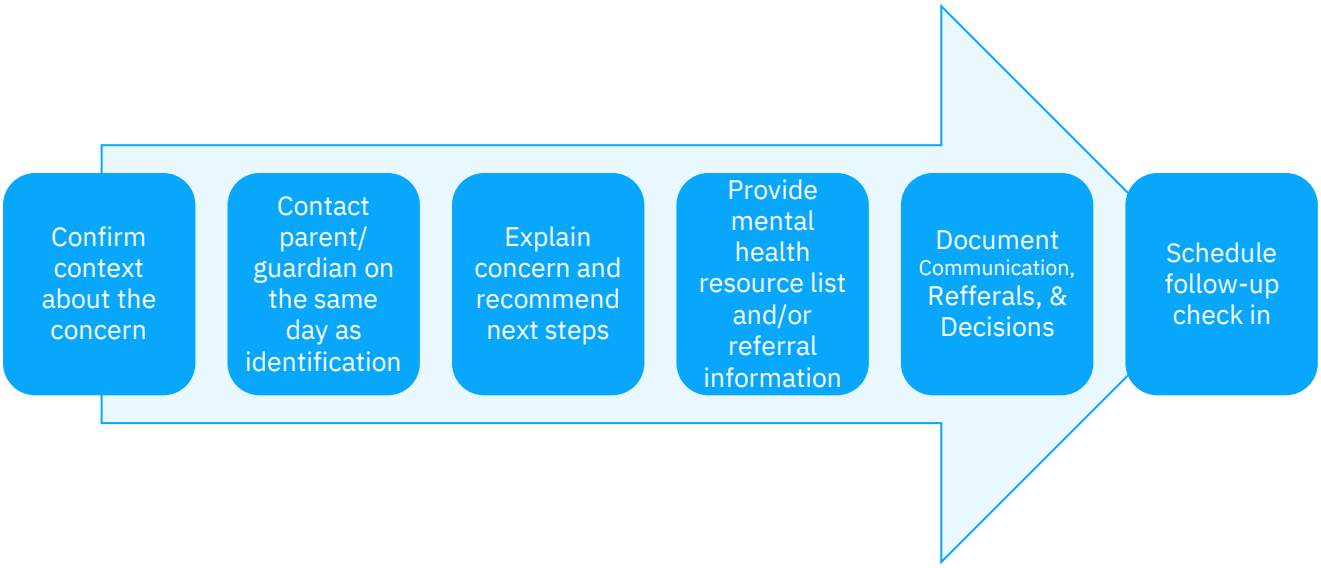
Example 3: Suicide Risk Level Decision Tree

Purpose: Help staff determine the appropriate response depending on risk severity of a youth.

Risk Level	Indicators	Response
Low	Distress but no suicidal ideation	Provide support and monitor; notify parents
Moderate	Suicidal ideation without a plan	Parent contact and referral to community mental health provider
High	Has a plan or recent attempt	Monitor for safety/do not leave youth alone. Warm handoff for suicide risk assessment by licensed mental health staff or community mental health professional
Imminent	Active threat or attempt in progress	Call emergency services or mobile crisis

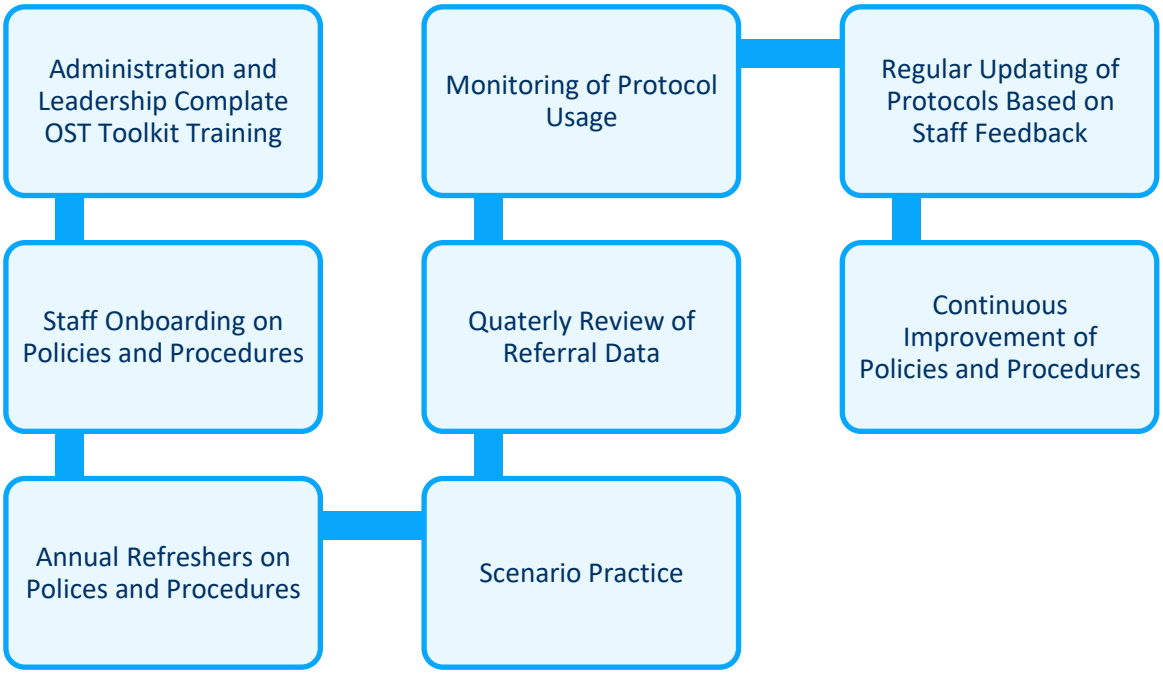
Example 4: Parent/Guardian Notification Process Graphic

Purpose: Shows a clear sequence for communicating with families.



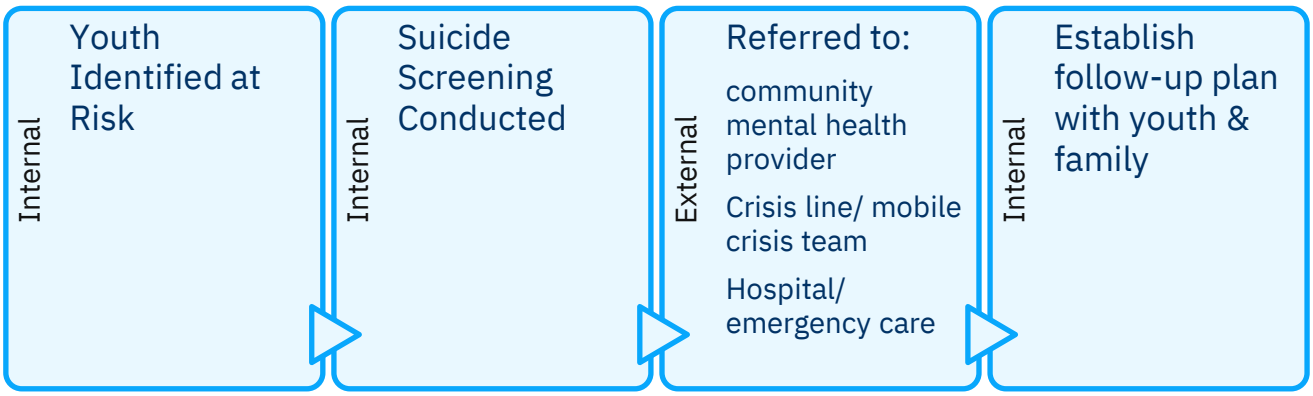
Example 5: Staff Training Implementation Process Graphic

Purpose: Shows staff how your organization sustains training on your organizational suicide identification and response policies and procedures.



Example 6: Referral Pathway Graphic

Purpose: Clearly illustrates how youth move between services once risk is identified.



Example 7: Community Mental Health Contact Sheets

Purpose: provide an accessible resource for staff of contact information for relevant local community mental health resources.

Organization	Services	Phone #	Referral Process
Community Mental Health Center	Crisis services, individual therapy, social skills groups	###-###-####	Call intake line
Mobile Crisis Team	Dispatch on-site crisis response	###-###-####	Available 24/7 via calling number or online contact form
Hospital Emergency Department	Psychiatric evaluation, immediate medical services	###-###-####	Walk-in
Other resources identified by your organization			

Additional Risk Response Process Graphics, Tools, and Resources

HEARD Alliance – Youth Mental Health & Suicide Prevention Resources

https://www.heardalliance.org/schools

Their K-12 Mental Health Promotion & Suicide Prevention Toolkit includes guidance, sample risk charts, assessment forms, and templates that can be adapted for your organization.

ESD 112 Regional School Safety Center – Suicide Prevention Protocol Flowchart

https://www.esd112.org/wp-content/uploads/Suicide-Prevention-Protocol-Flowchart.pdf

An example school response flowchart with screening and referral steps that can be adapted for your organization.

Kansas Department of Education – Suicide Awareness and Prevention

https://www.ksde.gov/Agency/Division-of-Learning-Services/Student-Staff-Training/Prevention-and-Responsive-Culture/Suicide-Awareness-and-Prevention/Kansas-Suicide-Prevention-Response-and-Postvention-Toolkit

This webpage contains the full *Kansas Suicide Prevention, Intervention, Reintegration, and Postvention Toolkit* that can be adapted for your organization and links to the individual appendices of the toolkit, including templates, prevention and postvention response checklists, sample support plans, and language for notifying youth, staff, and families about a youth suicide death.

988 Suicide & Crisis Lifeline – Print Materials

https://orders.gpo.gov/SAMHSA988/Pubs.aspx

Your organization can order free print materials of 988 resources, including wallet cards, magnets, posters, notepads, and notecards. These resources can be given to staff to keep on their person and posted in areas frequently used by staff and youth.

Model Staff Meeting Agenda for Protocol Development

This resource has been created to provide examples for facilitating organizational meetings focused on the development and improvement of suicide risk response and after a suicide death protocols. The model includes major agenda items as well as related facilitator discussion questions and links to relevant resources where appropriate. Use this agenda as a starting point for your team. You may identify additional items to add or others to remove. You will likely want to spread these agenda items out across more than one meeting.

Recommended Actions Prior to Meeting

- Identify a small group of staff to participate in protocol development meeting(s). These staff should represent administrative, programming, and mental health/wellness support perspectives whenever possible.
  - Depending on the size of your organization, there may be additional perspectives to consider engaging such as organizational first responders/crisis response team members, volunteer perspectives, educator perspectives, legal perspectives, etc.
- At least 2 weeks out from protocol development meeting, email out copies of Resource 6 (Risk Response Quick Reference Guide) to staff to review in advance of meeting
- The day before or day of the meeting, print copies of most relevant links from Resource 7 and most helpful graphics from Resource 8 or pull up on projector screen for staff to be able to review as protocol adaptations are discussed

Model Agenda

1. **Welcome/Explanation of Why Staff Are Here** — Recommended Time: 10min.
   a. To provide feedback on experiences around responding to youth suicide risk
   b. To help adapt model protocol resources to an organization-specific protocol

2. **Review Model Protocol Resources** — Recommended Time: 1–2hrs.
   a. Discuss staff reactions to model protocol content, steps, and flow

   Example Facilitator Discussion Questions:
   - What protocol elements feel relevant to our youth-serving organization? Why?
   - What protocol elements do not feel relevant? Why?

- How will the steps or flow provided in this model protocol need to be adapted for our organizational structure and work with youth?
- What steps can we address through internal organizational resources?
- What steps do we need to address through external partnerships?

b. Capture staff responses in a shared working notes documents or use AI to run a transcription of staff discussion

3. **Adapt and/or draft organization-specific protocols** — Recommended Time: 1.5–3hrs.

a. Based on staff feedback, begin by either:

i. copying and pasting relevant protocol steps over to working document and discussing adaptations needed to language as content is copied over OR

ii. starting with a blank document and writing out steps that align with model content provided *Note: Option i. is less time-consuming*

Example Facilitator Discussion Questions:

- How does this step align with broader organizational practices?
- How feasible is this step to integrate into daily practices/work with our youth?
- How might this step need adapted for youth of different ages?
- How might this step need adapted for different programming, services, or activities we offer?
- What concerns do you have around implementing this step in our unique work with youth?

4. **Discuss protocol rollout for staff** — Recommended Time: 1hr.

a. Once protocols are drafted, take time to discuss your organizational plans for training staff and/or volunteers in protocol steps

Example Facilitator Discussion Questions:

- What steps are most important for our direct programming, mental health, and administrative staff to know? (add additional staff/volunteer roles to this question as appropriate)
- How will we train each of these staff roles in the relevant protocols?
- What existing professional development, training, or onboarding activities can these protocols be integrated into?

5. **Check in on staff use of protocols** — Recommended Time: 30min.–1hr., repeat periodically

   a. After staff training on protocols occur and they begin being used to inform efforts, your team will want to come back together to discuss staff reactions, questions, and concerns, as well as any challenges or successes related to actual implementation of protocol steps

      Example Facilitator Discussion Questions:

      - What were staff concerns, questions, or anticipated shared challenges to presented protocols?
      - What did staff like/believe would be helpful about the presented protocols?
      - What challenges have arisen while staff have been following protocol steps?
      - What successes have arisen while staff have been following protocol steps?
      - What are implications for improving protocols for future use? What changes to the protocols are needed?

Model Memorandums of Understanding

Template 1: Youth-Serving Organization & Mental Health Provider

Memorandum of Understanding

Between

[YSO Name]

And

[Mental Health Provider Organization Name]

1. Purpose

The purpose of this Memorandum of Understanding (MOU) is to establish a collaborative partnership between **[YSO Name]** and **[Provider Name]** to support the identification, referral, and treatment of youth who may be at risk for suicide or experiencing significant mental health concerns. This partnership aims to improve timely access to suicide risk assessment, safety planning, and mental health services for youth served by **[YSO Name]**.

2. Scope of Partnership

This agreement outlines:

- Referral of youth identified as at risk for suicide
- Communication and coordination related to referrals
- Follow-up and continuity of care, as appropriate and permitted

This agreement does not create an employment or supervisory relationship between the parties.

3. Roles and Responsibilities

[Youth-Serving Organization Name] will:

- Identify youth of concern using internal suicide identification and response protocols
- Conduct supportive check-ins and notify designated supervisors
- Obtain appropriate caregiver consent prior to referral, unless otherwise permitted by law
- Initiate referrals to **[Provider Name]** following agreed-upon procedures
- Document referral actions according to organizational policy

[Mental Health Provider Name] will:

- Receive and process referrals from **[YSO Name]**
- Conduct suicide risk assessments and provide clinically appropriate services
- Communicate referral outcomes as permitted by consent and applicable laws
- Maintain all clinical records and licensure requirements

4. Referral Process

Referrals will be made by **[designated role/title]** at **[YSO Name]** via **[method]**.
Expected response time from **[Provider Name]** is **[timeframe]**.

Urgent or imminent risk situations will be handled according to emergency protocols outlined by each organization.

5. Communication and Information Sharing

- Primary points of contact are listed in Section 10
- Information will be shared only with appropriate consent and in compliance with applicable privacy laws
- Partners agree to communicate as needed to support continuity of care

6. Confidentiality

Both parties agree to comply with all applicable privacy and confidentiality laws, including HIPAA and relevant state regulations.

7. Monitoring and Review

The partnership will be reviewed **[annually/biannually]** to assess effectiveness and identify needed adjustments.

8. Term and Termination

This MOU is effective from **[start date]** through **[end date]**, will be reviewed **[frequency]**, and may be updated as protocols or resources change. The agreement may be terminated by either party with **[number]** days written notice.

9. Non-Binding Agreement

This MOU is not intended to create a legally binding obligation.

10. Points of Contact

[YSO Contact Name, Title, Email, Phone]
[Provider Contact Name, Title, Email, Phone]

Signatures

[YSO Authorized Signature] Date:

_____

[Provider Authorized Signature] Date:

_____

Template 2: Youth-Serving Organization & Mobile Crisis Team

Memorandum of Understanding

Between

[YSO Name]

And

[Mobile Crisis Team/Agency Name]

1. Purpose

This MOU establishes a partnership to support rapid response when youth served by **[YSO Name]** are identified as being at imminent risk for suicide and/or needing support after a suicide death.

2. Scope of Partnership

The agreement outlines:

- Criteria for contacting the mobile crisis team
- Response expectations and availability
- Roles during crisis response and follow-up

3. Roles and Responsibilities

[Youth-Serving Organization Name] will:

- Identify youth at imminent risk using internal protocols
- Contact the mobile crisis team when criteria are met
- Ensure staff supervision and youth safety while awaiting response
- Notify caregivers and administrators as required

[Mobile Crisis Team Name] will:

- Respond to crisis calls according to availability and scope
- Conduct on-site or virtual crisis assessments
- Determine next steps (e.g., stabilization, referral, emergency services)
- Communicate outcomes as permitted

4. Crisis Response Procedures

- Crisis team may be contacted via **[phone/dispatch method]**

- Typical response time: **[timeframe]**
- After-hours availability: **[details]**

5. Post-Crisis Follow Up

Partners will coordinate post-crisis follow-up, including:

- Referral to ongoing services
- Communication with caregivers
- Staff debriefing, as appropriate

6. Confidentiality

Information sharing will comply with applicable privacy laws and organizational policies.

7. Review and Duration

This MOU is effective from **[start date]** through **[end date]**, will be reviewed **[frequency]**, and may be updated as protocols or resources change. The agreement may be terminated by either party with [number] days written notice.

[YSO Contact Name, Title, Email, Phone]
[Crisis Team Contact Name, Title, Email, Phone]

Signatures

[YSO Authorized Signature] Date:

_____

[Crisis Team Authorized Signature] Date:

_____

Template 3: Youth-Serving Organization & Crisis Line/Emergency Support Partner

Memorandum of Understanding

Between

[YSO Name]

And

[Crisis Line/Emergency Support Partner/Agency Name]

1. Purpose

This MOU supports coordination between **[YSO Name]** and **[Partner Name]** to ensure youth have access to immediate crisis support when suicide risk is identified and/or needing support after a suicide death.

2. Scope of Partnership

This agreement outlines:

- Connecting youth to crisis support services
- Clarifying staff roles when using crisis lines or emergency services
- Supporting follow-up after crisis intervention

3. Roles and Responsibilities

[Youth-Serving Organization Name] will:

- Identify youth who may benefit from crisis support
- Support youth in contacting crisis services when appropriate
- Notify caregivers and supervisors as required
- Document actions taken

[Partner Name] will:

- Provide crisis intervention services consistent with their scope
- Offer guidance on next steps or referrals
- Share general outcome information when permitted

4. Use of Crisis Services

Crisis services may be accessed by:

- Youth independently
- Youth with staff support
- Staff initiating contact during emergencies

5. Communications and Follow Up

Partners will coordinate, when possible, to support continuity of care following crisis intervention.

6. Confidentiality

All interactions will adhere to applicable confidentiality and privacy standards.

7. Term and Review

This MOU is effective from **[start date]** through **[end date]**, will be reviewed **[frequency]**, and may be updated as protocols or resources change. The agreement may be terminated by either party with **[number]** days written notice.

[YSO Contact Name, Title, Email, Phone]
[Crisis Team Contact Name, Title, Email, Phone]

Signatures

[YSO Authorized Signature] Date:

_____

[Crisis Team Authorized Signature] Date:

_____

National Grief Support Resources

Experiencing loss can bring many emotions and finding the right support can make a meaningful difference during the grieving process. The following list includes grief support resources available nationally that provide information, counseling, and connections to supportive communities. These resources can help your staff, youth, and families find guidance, understanding, and support as they navigate grief.

AFSP Suicide Loss Support Groups (Use search tool to find nearby support groups)
https://afsp.org/find-a-support-group/

MHA Survivors of Suicide Loss Support Groups (use search tool to find nearby suicide loss support group)
https://mhanational.org/affiliates/

Locate a Support Center or Camp Near You – National Alliance for Children's Grief
https://childrengrieve.org/find-support/

The Grief Journey – Alliance of Hope for Suicide Loss Survivors
https://allianceofhope.org/the-survivor-experience/the-grief-journey/

Grief Resources – Good Grief
https://good-grief.org/resources/

Fact Sheet for Survivors of Loss – SAMHSA
https://library.samhsa.gov/product/fact-sheet-survivors-loss/pep25-01-006

Childhood Traumatic Grief: Youth Information Sheet – The National Child Traumatic Stress Network
https://www.nctsn.org/resources/childhood-traumatic-grief-youth-information-sheet

Grief Support and Resources for Kids – Dougy Center, The National Grief Center for Children & Families
https://www.dougy.org/grief-support-resources/kids
https://www.dougy.org/resources/cause-of-death/suicide

Suicide Risk & Behavior Data Sources

Introduction

This resource provides a curated list of data sources that can help inform suicide prevention planning, response, and evaluation. It includes local resources, common statewide data sources, and national datasets that offer information on suicide deaths, suicide attempts, risk and protective factors, and related behavioral health trends. Together, these sources can support youth organizations in understanding local needs, identifying patterns, and using data to guide prevention efforts, decision-making, and resource development.

State and Local Data Sources

To access state and local data sources, you will often need to develop relationships with the individuals, communities, and organizations that collect and store suicide-related data. Partnerships are essential to ensuring that your organization has the tools and data you need to describe the problem of suicide for the youth population you serve. For guidance and resources on how to build effective partnerships, visit the Suicide Prevention Resource Center under Partnership and Collaboration. Links have been provided for local or state data sources with publicly available information.

The following are some state, county, and community data sources. This is not intended to be an exhaustive list. There may be other sources of data available in your region.

Data Source	Type of Data
KIDS COUNT Data https://datacenter.aecf.org/locations	▪ Statewide child wellbeing data ▪ Local and statewide youth indicators that impact mental health and resilience (risk and protective factors)
Adult and juvenile courts	▪ Suicide-related behavior ▪ Suicide death data for individuals with criminal legal system involvement
Community coalitions and task forces (e.g., substance abuse prevention workgroup)	▪ Risk and protective factors ▪ Contexts surrounding suicide-related behaviors (e.g., community readiness assessments)

Emergency medical services and ambulance companies	▪ Suicidal ideation and suicide attempt data ▪ Trends associated with suicide-related behavior
Health and mental health departments	▪ Suicidal ideation, suicide death, and suicide attempt data ▪ Suicide-related behaviors
Healthcare and behavioral healthcare systems	▪ Suicidal ideation, suicide death, and suicide attempt data ▪ Shared risk and protective factors (e.g., the conditions and influences that affect suicidal behavior AND behavioral health, like the presence of community violence) ▪ Trends associated with suicide-related behavior
Justice department	▪ Suicide attempt and suicide death data for individuals with legal system involvement
K-12 schools	▪ Student mental health ▪ Suicide-related behaviors ▪ Risk and protective factors (e.g., feelings of isolation, drug use, interpersonal support, etc.)
Law enforcement agencies	▪ Suicide attempt and suicide death data
Medical examiners and/or coroners' offices Search online for your county's coroner	▪ Suicide death data
Poison control https://www.poison.org/webpoisoncontrol-data-analysis-dashboard	▪ Suicide attempt and non-suicidal self-poisoning data ▪ Real-time poison exposure data (unintentional, single substance poison exposures)

Suicide mortality review teams (including child death review teams) https://www.in.gov/health/safesleep/fatality-review/overdose-fatality-review/	▪ Suicide death data ▪ Community trends for suicide-related behavior ▪ Risk and protective factors
Universities and other higher education institutions	▪ Student mental health ▪ Suicide-related behaviors ▪ Risk and protective factors (e.g., feelings of isolation, drug use, interpersonal support, etc.)

National Data Sources

The following is a list of common national sources for suicide related data that provide free access to aggregate data from multiple systems. Some of these data sources allow users to drill down to state, regional, county, or city-level data. This list is not exhaustive. The sources have been chosen due to their public availability and their provision of risk and protective factor data or suicide-specific data.

Data Source	Type of Data	Level of Data	How to Access
National Survey of Drug Use and Health (NSDUH)	▪ Suicide attempts ▪ Suicidal ideation ▪ Risk and protective factors	▪ National ▪ State ▪ Regional	https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health
ASTHO Suicide Indicators Tools	▪ Risk and protective factors ▪ Suicide behavior	▪ National ▪ State ▪ County ▪ City ▪ Census Track	ASHTO Webpage User Guide: Suicide Indicators Explorer Guide
CDC Wonder	▪ Suicide death data (including provisional)	▪ National ▪ State ▪ County of residence ▪ County of occurrence	wonder.cdc.gov User Guide: wonder.cdc.gov/wonder/help/quickstart.html
Rural Data Explorer	▪ Risk and protective factors	▪ National ▪ State ▪ County	ruralhealthinfo.org/data-explorer User Guide: ruralhealthinfo.org/visualizations/help

WISQARS	▪ Suicide ▪ Death data ▪ Cost of death data ▪ Injury data (including attempt) ▪ Cost of nonfatal injury ▪ Leading causes of death	▪ National ▪ Regional ▪ State	https://wisqars.cdc.gov/ WISQARS Data Modules: https://wisqars.cdc.gov/help/
Youth Risk Behavior Surveillance System (YRBSS)	▪ Suicide attempts ▪ Suicidal ideation ▪ Risk and protective factors	▪ National ▪ State ▪ Select Cities	cdc.gov/yrbs/index.html

Key Data Tracking List

Provided below is a list of key data indicators to consider tracking to help monitor and show impact in your organization. Consider this list a starting point. You may identify additional pieces of data your organization will track that are not listed below. Likewise, not all pieces of data below will be relevant or feasible for your organization.

Key Data Indicators

Immediate Data to Track	Follow-Up Data to Track	Long-Term Data to Track
▪ Reported changes in knowledge, skills, or capacity ▪ Number of events held ▪ Number of individuals attending programs/ trainings ▪ Number of programs incorporating SEL, suicide prevention, or other mental health content ▪ Number of individuals downloading or reading information (such as policies and protocols) ▪ Number of emails sent or messages posted on social media ▪ Number of flyers, pamphlets, cards, or other resources distributed ▪ Number of individuals visiting website/ webpage ▪ Number of meetings held	▪ Reported use of knowledge, skills, or capacity through 3-, 6-, or 12-month follow-up surveys post event ▪ Number of youth identified as at risk for suicide ▪ Number of youth identified as at risk for suicide who are successfully connected with a mental health staff ▪ Number of youth referred to community mental health providers ▪ Number of youth referred to community mental health providers who successfully connect with provider ▪ Number of individuals reporting key suicide risk and protective factors (e.g., social isolation, bullying, substance use, positive or negative mental health) via surveys or discussions ▪ Changes in youth reporting thoughts of suicide via surveys or conversations with mental health staff ▪ Changes in youth reporting making suicide plans or attempting suicide via surveys or conversations with mental health staff	▪ Changes in regional youth suicide attempt rates ▪ Changes in regional youth suicide death rates

When choosing Follow-Up Data to track note what number/percent change you observe and the timeframe. When incorporating Long Term Data, keep in mind that your goal is to prevent youth suicide attempts and deaths—but showing impact on this at a community level is very difficult. We encourage organizations to use risk and protective factor data as proxy data points that will help you to show impact on your way to prevented attempts and deaths (See Resource 2 and Resource 3). To observe impact on attempts and deaths, analysis of regional and state data is usually required.

For each type of data tracked, be sure to note demographic differences in data such as...
Differences in location/geography
Differences in grade levels or age
Differences in race and ethnicity
Differences in sexual orientation and gender identity
Differences in socioeconomic status

This demographic data can help you to identify youth and staff groups who may need increased training, resources, or support.

What data feel the most important & feasible to collect within your efforts?

Immediate Data to Track:

Follow Up Data to Track:

Action Plan Template

About Action Plans

The goal of an action plan is to create a framework that helps outline specific goals and the steps, participants, timeline and outcomes related to each goal. You may be familiar with the SMART model when developing goals—creating goals that are Specific, Measurable, Achievable, Relevant and Time based. Other models include making sure that goals honor the circumstances and needs of all involved. Use your experience with other models to inform your action planning.

This action plan template is designed to assist with planning for the development of key areas in the OST Youth Suicide Prevention Toolkit. Action plans are living breathing documents that should be used to plan and guide your work but also be updated as needed. Taking the time to plan now can help avoid excessive updates and wasted time and resources in the future.

Use the three tables below to create your organization's goals related to Protective Factors, Protocol Development, and PD and to identify specific tasks and action steps that can help you to achieve each goal.

Integration of Protective Factors

Example Goal Statement: By August 2026, educate our organization's staff on the role their life skill development practices play in reducing youth suicide risk.

Your Goal Statement:

Action Step	Responsible Person(s)	Resources Needed	Timeline	Desired Outcomes

Professional Development

Example Goal Statement: In Fall 2026, provide at least 1 training opportunity for mental health, administrative, and programmatic staff to increase their knowledge and engagement in suicide prevention efforts.

Your Goal Statement:

Action Step	Responsible Person(s)	Resources Needed	Timeline	Desired Outcomes

Develop Protocols

Example Goal Statement: By December 2026, establish procedures and protocols for effectively responding to youth suicide risk and for supporting the community in the event of a death by suicide.

Your Goal Statement:

Action Step	Responsible Person(s)	Resources Needed	Timeline	Desired Outcomes

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