EDC.ORG

RESOURCE

K–12 Suicide Prevention Toolkit

A Multi-Tiered Approach to School Suicide Prevention

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

Acknowledgements

K–12 Suicide Prevention Toolkit: A Multi-Tiered Approach to Suicide Prevention in Schools was prepared by the following Education Development Center (EDC) staff:

Sommer Albert, *MSW*
Training and Technical Assistance Associate

Michelle Majeres, *CPS*
Training and Technical Assistance Associate

Shawna Hite-Jones, *MPH, MCHES*
Senior Manager of Prevention Initiatives

Teresa Sherman, *MA, MBA*
Communications & Engagement Manager, EDC Solutions

We would like to thank the members of the review committee for their guidance:

John Ackerman, *PhD, ABPP*
Suicide Prevention Clinical Manager
Center for Suicide Prevention and Research, Nationwide Children's Hospital

Sarah Brummett, *MA, JD*
Chief Operating Officer
Sources of Strength

Elizabeth Cunningham, *OTR/L*
Student Engagement Coordinator, Elem & Jr. High Physical Education
Attica Consolidated School Corporation

Alycia Dadd, *PhD*
Director of Mental Health
Darien Public Schools

Melanie Davis, *PhD*
School Psychologist, Director of Student Services & SEL Coordinator
Central Catholic Jr-Sr High School

Richard Fournier, *EdD*
Director, Education & Wellbeing
EDC

Shai Fuxman, *EdD*
Principle Research Scientist, Managing Project Director
EDC

Julie Goldstein Grumet, *PhD*
Vice President, Suicide Prevention Strategy, Director, Zero Suicide Institute
EDC

Ashley Husbands
Public Health Advisor, Government Project Officer
Division of Suicide Prevention and Community Supports (DSPCS) Suicide Prevention Branch, SAMHSA Center for Mental Health Services (CMHS)

Alex Karydi, *PhD*
Project Director
National Training and Technical Assistance Center for Child, Youth, and Family Mental Health (NTTAC), EDC

Nancy Lever, *PhD*

Associate Professor

National Center for School Mental Health, University of Maryland School of Medicine

Kurt Michael, *PhD*

Licensed Psychologist, Vice President, Prevention & Crisis Response Consulting

The Jed Foundation

Amy Molloy, *MSW, MEd*

Senior Project Associate

Zero Suicide Institute, EDC

Naomi Porter

Peer Navigator, Northwest Health

Changemaker, National Collaborative for Transformative Youth Policy

Perri Rosen, *PhD, NCSP*

Consulting Psychologist

Pennsylvania Department of Human Services, Office of Mental Health & Substance Abuse Services

Shelby Rowe, *MBA*

Founder and Principal Consultant

Lhakoffi, LLC

Jonathan B. Singer, *PhD, NCSP*

Professor, School of Social Work

Loyola University Chicago

Caitlyn Short, *MPH*

State Suicide Prevention Director

Division of Mental Health and Addiction, Indiana Family and Social Services Administration

Meghan Smith, *MEd, MS*

Deputy Chief, Prevention and Intervention

The School District of Philadelphia, Office of Prevention and Intervention

Martha Thomas

Chief Education Officer

The Defensive Line

Nia West Bay, *PhD*

Executive Director

National Collaborative for Transformative Youth Policy

Legal Disclaimer

The suicide prevention content and resources provided through the services and trainings of Education Development Center, Inc. are intended to provide organizations with a range of best practice options and resources designed to improve suicide prevention care. Please note that the recommended options and resources are not intended to be exclusive and may not be appropriate for all people in all settings. Organizational leaders and staff should review other resources, protocols, and practices to select the most appropriate and complementary options that meet their ultimate goals and needs.

Copyright © 2026 by Education Development Center, Inc.

A Message from EDC

School communities play a critical role in fostering relationships, promoting mental health, and creating environments where young people can thrive.

EDC created the K–12 Suicide Prevention Toolkit: A Multi-Tiered Approach to Suicide Prevention in Schools as a resource to help school districts implement comprehensive approaches to suicide prevention that align with Multi-Tiered Systems of Support (MTSS). EDC recognized the need to align the suicide prevention field's language with that of school systems, and this toolkit does just that—by showing how suicide prevention can be incorporated into MTSS.

The K–12 Suicide Prevention Toolkit is grounded in EDC's evidence-informed Multi-Tiered Suicide Prevention for Schools (MTSP) framework. It provides practical guidance to help school communities promote protective factors, identify and support students at increased risk for suicide, and respond effectively following a crisis or suicide death. Whether your district is just beginning this work or building on existing student well-being efforts, this toolkit can help make suicide prevention a part of everyday practice in your school community.

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 to the Suicide Prevention Resource Center, and serves as the training center for Assessing and Managing Suicide Risk (AMSR) and Zero Suicide. EDC brings extensive experience partnering with school districts to advance student wellbeing and safe, supportive learning environments. Through work in MTSS, life skills development, and trauma-informed practice, EDC helps schools implement evidence-informed supports that promote students' wellbeing and readiness to learn.

The K–12 Suicide Prevention Toolkit reflects what we have learned through our practice with schools implementing EDC's MTSP framework. Recommendations throughout this resource grew from best practices, questions, experiences, and challenges shared by schools dedicated to preventing suicide. We highlight these perspectives to show how suicide prevention can be applied in diverse school settings.

While training staff to recognize the warning signs of suicide is an important component of prevention, training alone is not enough. Schools need clear policies, protocols, and supportive environments. This toolkit is designed to help districts strengthen multi-tiered suicide prevention and build the capacity needed to support students and staff in this journey.

EDC.ORG

Table of Contents

Section 1 | What is Effective School-Based Suicide Prevention? 6

Section 2 | Engaging School Community Members 18

Section 3 | Community Partnerships 29

Section 4 | Policies and Protocols for Identifying and Supporting Students at Risk 40

Section 5 | Written Policies and Protocols for After a Suicide Death 50

Section 6 | Identification and Support of Youth Who are At Risk for Suicide 65

Section 7 | Promoting Protective Factors 89

Section 8 | Assessing and Monitoring Districtwide Multi-Tiered Suicide Prevention Efforts . 101

Section 9 | Sustaining Multi-Tiered School Suicide Prevention 114

Citations 124

Resource 1: Risk and Protective Factors 132

Resource 2: Warning Signs of Suicide 133

Resource 3: Recommended Suicide Prevention Trainings & Programs 134

Resource 4: Common Terms in School-Based Suicide Prevention 154

Resource 5: Multi-Tiered School Prevention (MTSP) for Schools Key Components 155

Resource 6: Resources for Cultural Competence 159

Resource 7: Sample MOUs 164

Resource 8: National and Local Resource List Template 171

Resource 9: Tools for Identification and Response Policies 175

Resource 10: Risk Response Quick Reference Guide 184

Resource 11: Model Development Protocol Development 191

Resource 12: Supporting Children Through Grief 194

Resource 13: National Grief Support Resources 196

Resource 14: Screening Assessment Considerations..... 197

Resource 15: Safety Planning with Elementary Youth Primer 201

Resource 16: Lethal Means in Suicide Prevention 206

Resource 17: Risk-Protective Factor Impact Model 209

Resource 18: Suicide Prevention Data Sources 215

Resource 19: Data Tracking List 219

Resource 20: Sustainability Handout 221

Section 1 | What is Effective School-Based Suicide Prevention?

Introduction

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.

Preparing the entire school community to prevent and respond to suicide saves 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 (HHS 2024; Katz et al., 2013; Miller et al., 2009).

This toolkit draws from K–12 suicide prevention research and evaluation, EDC's Multi-Tiered Suicide Prevention for Schools and Zero Suicide frameworks, and key resources from the field to provide a districtwide suicide prevention implementation guide.

National Data on Youth Suicide Rates

National data indicate that youth suicide remains a significant concern in the United States. Suicide is the second leading cause of death among individuals ages 10–24. Although recent data suggest modest declines in suicide deaths among some youth populations, rates remain substantially higher than a decade ago (CDC, 2024). The Centers for Disease Control and Prevention's 2023 Youth Risk Behavior Survey found that 20.4% of U.S. high school students had seriously considered attempting suicide and 9.5% reported at least one suicide attempt during the previous year, demonstrating that suicidal thoughts and behaviors remain common among adolescents (CDC, 2023). Recent data also emphasizes persistent disparities in youth suicide rates (American Academy of Pediatrics, 2024).

For more information on youth populations who are at increased risk for suicide thoughts, attempts, and deaths visit:

- CDC Suicide Data and Statistics webpage: Provides broad overview of suicide death data in the US)
- CDC Youth Risk Behavior Survey Explorer: Provides information on suicide thoughts and attempts across different demographic groups. Click on "Unintentional Injuries and Violence" to find suicide-specific information

These national trends demonstrate the need to invest in more comprehensive suicide prevention efforts that extend beyond traditional awareness campaigns or trainings. Now more

than ever, schools need comprehensive systems that both support youth already at risk for suicide and strengthen protective factors against suicide for the whole school community.

Overview of Youth Suicide Risk & Protective Factors

Understanding youth suicide risk and protective factors can help districts recognize the broader conditions, experiences, and supports that may increase or reduce a young person's risk for suicide. Risk and protective factors do not predict a suicide attempt or death on their own. Instead, they can help school teams identify opportunities to reduce risk and strengthen supports for all students.

Risk factors are the behaviors and situations that increase the likelihood of a negative outcome, like youth suicide. Examples of risk factors in school communities include:

- Family history of suicide
- Relationship problems
- Hopelessness
- Social stressors like bullying or social isolation
- Lack of social supports
- Discrimination
- A recent loss, such as the death of a family member, friend, or pet

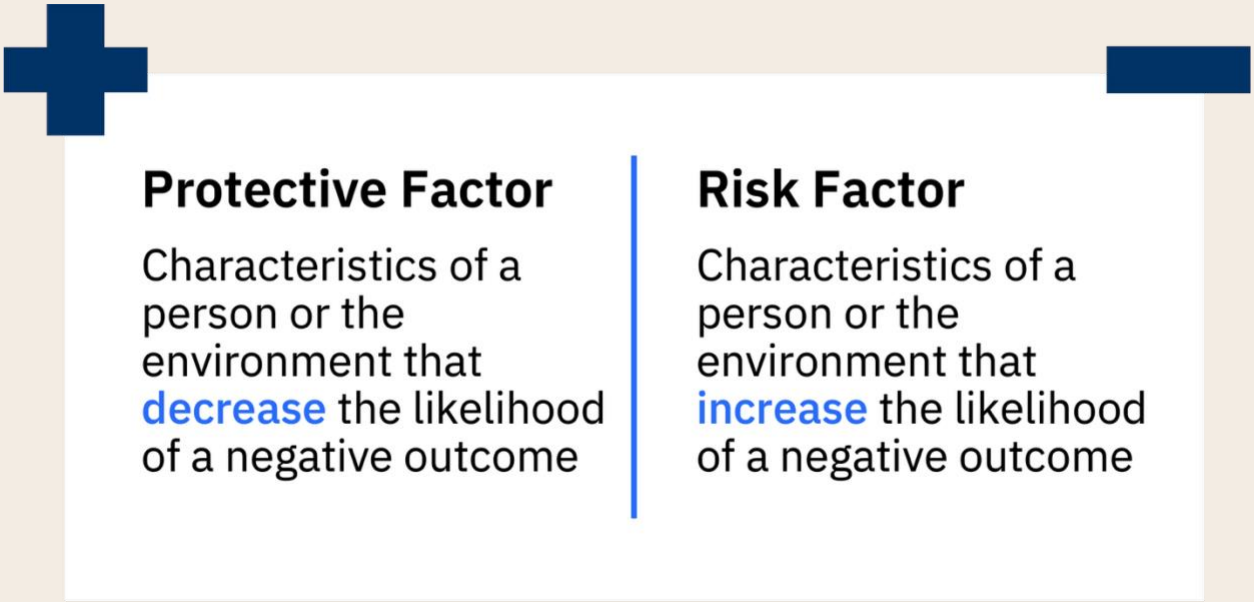
Protective factors are the environments, characteristics, and relationships that support wellbeing and provide the skills youth need to respond to change and adversity in their lives. Youth can still experience suicide-related thoughts and behavior with protective factors present; but protective factors can reduce the likelihood that a youth will experience suicidal thoughts or die by suicide. Additionally, protective factors can reduce all students' risk for suicide within a given community.

Protective factors include:

- Safe and supportive schools and communities
- Presence of positive relationships with trusted adults (mentors, coaches, teachers)
- Access to resources (economic, health, mental health)
- Lethal means safety, such as securing firearms and securely storing medications
- Strong, healthy connections to peers and family
- Cultural and/or religious beliefs that discourage suicide

Risk and Protective Factor Lists adapted from CDC (2024b)

Figure 1: Risk and Protective Factor Definitions



The Resource 1: Risk & Protective Factors handout provides an overview of risk and protective factors for suicide.

Risk and Protective Factors in School Settings

Schools play an important role in strengthening protective factors. This includes fostering supportive relationships with students, practicing active listening, creating safe opportunities for peer connection, incorporating youth voice and choice, encouraging self-expression, engaging families, and helping students build life skills through trauma-informed and developmentally appropriate practices.

Schools can also implement strategies to reduce risk factors by:

- Maintaining safe and supportive environments
- Providing ongoing staff training on youth mental health and suicide prevention
- Ensuring clear policies and procedures for responding to student mental health concerns
- Building strong referral processes with community mental health providers before a crisis occurs

Teams should also consider how school practices address broader student needs, such as food insecurity, housing needs, supervision and safety, social media-related concerns, and reducing access to lethal means for suicide during the school day and school-sponsored activities.

Schools often cannot eliminate every risk factor in students' lives, but they can play a unique role in strengthening protective factors and creating environments that support student well-being.

Resource 1: Risk and Protective Factors
This handout provides information for K–12 schools as a replicable one-pager that your district can use to print and distribute information on risk and protective factors to the school community.

Overview of Warning Signs of Suicide

Warning signs are behaviors, statements, or changes that may indicate a student is experiencing serious distress or may be at increased or immediate risk for suicide. Warning signs can look different across students, so changes from a student's typical behavior are particularly important to notice.

Common warning signs to be aware of include:

- Talking about feeling trapped or in unbearable pain
  - *Example statements:* "I can't take it anymore," "The pain never goes away"
- Talking about being a burden to others
  - *Example statements:* "You would be better off without me," "All I do is make things worse for my friends."
- Talking about feeling hopeless or having no reason to live
  - *Example statements:* "Nothing ever gets better," "No one would even care if I were gone."
- Increasing use of alcohol or drugs
- Acting anxious or agitated, behaving recklessly, or being unusually angry
- Sleeping too little or too much
- Withdrawing from friends, family, or usual activities or feeling isolated
- Showing rage or talking about seeking revenge
  - *Example statements:* "They will all be sorry," "I will show them"
- Displaying extreme mood swings
- Searching online for a way to kill oneself or obtaining a way to do so (e.g., lethal means)

List of warning signs adapted and expanded from SPRC (n.d.)

It is important to remember that risk is a spectrum. Because warning signs can look different across students, school staff should consider each student's developmental, cultural, and personal context. This is why developing strong relationships with students is crucial.

A strong, trusting relationship with a student helps staff to recognize when a behavior is beyond a student's typical behavior and may signal concern. For example, just because a shy kid has a few close friends, it does not mean they are at risk for suicide. But when that shy youth withdraws from their close friends or family, they are demonstrating a warning sign.

Immediate Warning Signs

Some warning signs require immediate action. If a student expresses any of the following *immediate* warning signs, they should be supported right away and not left alone until connected with crisis support:

- Talking about wanting to die or kill themselves
- Reports or you witness the student searching for or obtaining a way to kill themselves, such as searching online or obtaining a gun
- Giving away meaningful possessions or engaging in other preparatory behaviors, such as writing goodbye notes or saying goodbye to people as though they will not be seen again

School staff do not need to determine suicide risk level on their own. They should follow their school district's suicide risk response protocol and connect the student with designated mental health staff or crisis supports.

If a student, family member, staff member, or other person is experiencing a mental health or substance use crisis, thoughts of suicide, or concern about someone else, call, text, or chat 988.

988 is a free, 24/7 U.S. hotline providing immediate support to youth and adults who experience mental distress, have suicidal thoughts, or face an emotional crisis. Districts should actively promote 988 as a resource available for all youth, families, and staff.

Resource 2: Warning Signs of Suicide
This flyer developed by the National Institute of Mental Health provides a quick reference on suicide warning signs that can be distributed to staff, families, and community partners.

Risk and Protective Factors vs. Warning Signs

Risk factors, protective factors, and warning signs for youth suicide are all important to be aware of to effectively identify and respond to youth suicide.

- **Risk factors** are characteristics or experiences that may increase the likelihood that a young person will consider or attempt suicide.
- **Protective factors** are strengths, supports, and conditions that can help reduce risk and promote wellbeing. As mentioned above, school communities need to consider the role of *both* risk and protective factors to effectively address youth suicide in their community.
- **Warning signs** are different because they are the behaviors or changes that can indicate a young person is *currently* in distress or at immediate, serious risk, and they need prompt support like being connected to crisis services.

For more detailed information about identifying and supporting students at risk, see Section 6.

To learn more about recognizing and responding to warning signs, school teams should consider training staff in an evidence-based suicide prevention program that teaches individuals how to recognize the warning signs of a mental health crisis, also known as gatekeeper training. To consider which gatekeeper training is best suited for your organization, see the SPRC resource: Selecting and Implementing a Gatekeeper Training (2020).

Resource 3: Trainings & Programs List
This resource offers a non-exhaustive list of suicide prevention related professional development training and programs available nationally.

Resource 4: Common Terms in School-Based Suicide Prevention
Quick access to common terms can be helpful when discussing suicide prevention with members of the school community. This one-pager can be copied, printed, and distributed.

Engaging Voices of Lived Experience

Developing effective suicide prevention systems also requires listening to the people most affected by them. School suicide prevention efforts are strongest when they are informed by the voices of people who have been directly affected by suicide, suicide risk, and recovery.

> **Individuals with suicide-centered lived experience may include youth, families, and staff who have experienced suicidal thoughts or behaviors, supported a loved one through suicide risk, lost someone to suicide, or navigated school-based or community-based mental health supports (SPRC, 2023).**

Lived experience perspectives can help school teams identify gaps in current policies or practices and make support more accessible.

The goal is not to ask people to disclose their personal stories, but to create meaningful opportunities for their perspectives to shape how schools identify and support youth at risk.

Before inviting individuals with lived experience to your suicide prevention planning tables, have explicit goals, boundaries, and asks in mind. This will ensure the voice of lived experience is thoughtfully integrated and acted upon and not brought in as a checklist item to complete.

For additional guidance on lived experience, visit the Action Alliance for Suicide Prevention.

Meaningful Ways to Engage Individuals with Lived Experience

Schools and districts should engage individuals with lived experience in meaningful ways that go beyond asking individuals to review materials after decisions have already been made. Whenever possible, schools should co-design suicide prevention efforts with lived experience advisors and offer multiple ways to participate, so individuals can choose roles that feel safe, appropriate, and aligned with their areas of personal interest and expertise.

Meaningful engagement might include inviting lived experience advisors to:

- Review suicide prevention, intervention, and postvention protocols for clarity and feasibility.
- Provide feedback on how schools communicate with students, caregivers, and staff about suicide risk and support.
- Help design student-facing materials that explain how to seek help for oneself or a friend.
- Advise on staff training scenarios related to warning signs, direct questioning about suicide, warm handoffs from school district staff to community crisis services, safety planning, and family notification.
- Review re-entry practices for students returning after hospitalization, crisis evaluation, or extended mental health-related absence.
- Participate in district or community suicide prevention coalitions, advisory groups, or wellness teams.
- Help identify barriers that students and families may face when trying to access school or community mental health supports.
- Provide recommendations for how a school might improve its environment to better promote protective factors against suicide.

For specific guidance on effectively engaging families and youth in suicide prevention efforts, visit Section 2.

Lived Experience Privacy Considerations

Because experiences with suicide are personal and deeply impactful, privacy, consent, and emotional safety must be prioritized. No one should be expected to disclose personal experiences or share their story to be involved in suicide prevention efforts. Additionally, no one's lived experience should be shared without clear permission.

If storytelling is included in your prevention efforts, it should follow safe messaging practices discussed below. When done thoughtfully, lived experience engagement can help schools build suicide prevention systems that are more compassionate, accessible, and effective in identifying and supporting youth at risk.

To learn more about best practices related to lived experience, visit the Lived Experience section on the Zero Suicide Toolkit.

Recommendations for Engaging Voices of Lived Experience: Throughout this toolkit, call out boxes are included to help you consider how the voice of lived experience can inform different strategies within a comprehensive approach to suicide prevention.

Safe and Effective Messaging for Suicide Prevention

Asking youth directly about suicide and promoting information on how to find help can increase their abilities to connect with resources available. Talking about suicide does not put the idea in students' heads.

Safe and effective messaging is an important part of effective suicide prevention. Because students, families, and staff may have suicide-centered lived experience, the words and details used when talking about suicide can either reduce stigma and encourage help-seeking, or cause distress and reinforce harmful narratives. School can use safe messaging when talking about suicide by:

- Using respectful, person-centered, non-sensational language
- Avoiding graphic details about methods, locations, or circumstances of past attempts or death
- Emphasizing hope, recovery, connection, and available support

Examples of safe and effective language when discussing suicide include:

- Saying "died by suicide" or "suicide death" instead of "committed suicide"
- Saying "suicide attempt" or "nonfatal suicide attempt" instead of "successful", "unsuccessful", or "failed" attempt
- Avoiding describing suicide as an "epidemic", "inevitable", or "unpreventable"

For additional guidance and examples of safe and effective messaging, visit the Framework for Successful Messaging resource from the National Action Alliance for Suicide Prevention.

A Comprehensive, Multi-Tiered Approach to Suicide Prevention

A comprehensive, multi-tiered approach to school suicide prevention helps ensure that all students are supported before, during, and after a crisis. Effective suicide prevention is not a single training, policy, or program.

It requires coordinated strategies that strengthen protective factors for all students, prepare school staff and community members to recognize and respond to warning signs, and create clear systems of support for students who are at risk (Ackerman & Horowitz, 2022; HHS, 2024; Erbacher et al, 2023; Michael and Brausch, 2026).

Throughout this toolkit, the terms "comprehensive," "multi-tiered" and "systemwide" suicide prevention are used interchangeably to refer to the concept of investing in multiple strategies that enable districtwide investment in suicide prevention.

Key Components of Effective School-Based Suicide Prevention

EDC's Multi-Tiered Suicide Prevention for School's (MTSP) Six Key Components offer school districts a practical framework for systemwide suicide prevention efforts. These 6 Key components provide the framework for this toolkit's content.

Figure 2: MTSP's 6 Key Components of Suicide Prevention

Substance Abuse and Mental Health Services Administration. Preventing Suicide: A Toolkit for High Schools. HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2012

6 Key Components

#1. Engaging School Community Members

Suicide prevention is a shared responsibility across the school community. Schools can strengthen prevention efforts by helping staff, students, families, and other partners understand their role in promoting protective factors, recognizing concerns, following school protocols, connecting youth to support, or providing evidence-based suicide specific interventions.

#2. Developing Community Partnerships

Strong community partnerships expand a school's capacity to prevent and respond to suicide risk. Mental health providers, crisis centers, healthcare agencies, and suicide prevention organizations, such as local American Foundation for Suicide Prevention (AFSP) chapters or Mental Health America affiliates, can help schools develop protocols, provide training, and provide students and families with needed services.

#3. Written Policies and Protocols for Identifying and Supporting Students at Risk

Clear written protocols help ensure that students at risk for suicide receive timely and consistent support. These protocols should guide staff in identifying students at risk, responding to suicide risk, communicating with key partners, connecting students to services, and supporting students as they return to school after a crisis.

#4. Written Policies and Protocols for Response After a Suicide (Postvention Protocols)

Postvention protocols help schools respond safely and compassionately after a suicide death. These plans should outline how to communicate with the school community about a death, mobilize support for students across levels of need, provide appropriate grief and safety supports to students and staff following the loss, and reduce suicide risk for students who may be especially vulnerable or impacted by the loss.

#5. Identification and Support of Youth Who Are at Risk for Suicide

Schools can use training, education, screenings, risk assessments, and referral processes to identify and support students who may be at risk. These strategies should align with school protocols to ensure students are connected effectively and consistently to appropriate care and support.

#6. Promoting Protective Factors

Schools reduce suicide risk by creating environments where students feel safe, connected, valued, and supported. Efforts that promote positive mental health, life skills, trusted relationships, and trauma-informed practices are essential parts of comprehensive suicide prevention.

School teams should not and are not expected to do this work alone. State and territorial partners can help districts identify local supports and align school-based prevention efforts with broader state priorities. School districts should connect with their state or territorial suicide prevention office and visit the SPRC State Pages to locate state-specific suicide prevention plans, resources, contacts, and technical assistance.

Resource 5: Multi-Tiered Suicide Prevention in Schools (MTSP) Key Components
This resource provides more detailed information on the six key components, including the evidence base for the framework.

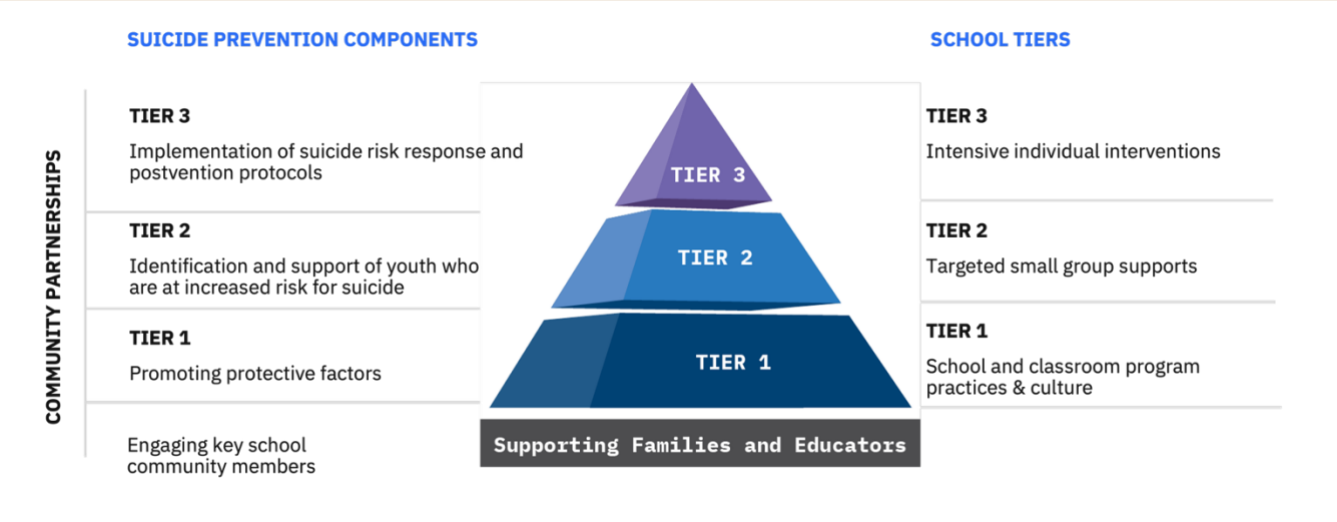
Aligning the MTSP 6 Key Components with MTSS

The MTSP framework aligns with the three tiers of Multi-Tiered Systems of Support (MTSS). Interventions and support are provided to youth in schools ranging from:

- **Tier 1 universal supports** that reach the entire school or classroom
- **Tier 2 targeted supports** that reach small groups of students who are at heightened risk for a negative health outcome, like showing signs of distress or having high numbers of risk factors for suicide present in their lives
- **Tier 3 intensive supports** that provide individual interventions for students who are already struggling and in need of additional support (NCII, n.d).

The pyramid below (Figure 3) illustrates how all six key components can fit within MTSS. This pyramid is not meant to be a static picture of suicide prevention, but to help us map the components into familiar terminology and services that schools provide.

Figure 3: MTSP Suicide Prevention Components Across MTSS Tiers



The pyramid is a simplistic view of the six key components, and some prevention activities may span across more than one tier.

For example, a suicide risk response policy could be seen as a Tier 1 intervention as it is a resource influencing the culture and practices of the entire school, while implementing that suicide risk response policy would be seen as guiding Tier 3 interventions.

Likewise, some efforts to identify students at increased risk for suicide (such as implementing universal screeners) might be seen as a Tier 1 intervention reaching all students.

However, identifying youth who are at elevated risk for suicide is represented as a Tier 2 intervention, because tools such as student wellness screeners or trainings on warning signs can help identify youth subgroups who are at increased and need additional follow-up vs. preventing all youth from becoming at risk in the first place.

It is helpful to note that “Community Partnerships” are represented on the left side of the figure because our community partners play key roles in all Tiers. “Engaging Key School Community Members” is shown at the bottom of the figure as this component provides a foundation to all other components.

Section 2 | Engaging School Community Members

Multi-Tiered Suicide Prevention (MTSP) for Schools Key Component #1

For an overview of all Key Components in MTSP, visit Section 1.

Intended Readers

Section 2 is particularly relevant for school administrators whose leadership support is essential for the creation of a school team that is dedicated to student wellness and suicide prevention. Additionally, any school community members likely to serve on a team leading school change efforts related to student mental health and suicide prevention will benefit from the roles, responsibilities, and activities laid out across this section.

Everyone Has a Role to Play

Every member of the school community has a role to play in suicide prevention. Teachers, administrators, counselors, nurses, support staff, students, and families all contribute in different ways.

Schools are best positioned to implement comprehensive suicide prevention when all school community members understand the school's priorities, know how to connect students to support, and are familiar with relevant suicide risk and response policies and protocols.

Roles of School Staff Members

The level and type of staff engagement in life skills development, mental health promotion, and suicide prevention will look different in every school, and not all staff need the same level of knowledge or involvement. All school staff should be aware of the school district's commitment to student mental health and suicide prevention, understand their role in supporting student well-being, and be actively informed about district suicide prevention related programs, strategies, protocols, and policies.

> **Engaging school community members is foundational to suicide prevention activities across all tiers of a Multi-Tiered System of Supports. Visit Section 1 for an overview of universal, targeted, and intensive student supports.**

While all staff have roles to play in suicide prevention, different school staff will have different roles. When brought together, these different roles provide shared ownership for suicide

prevention and make a comprehensive approach possible. Common roles and responsibilities are provided in the table below (Table 1).

Please note that in many schools there will be areas of overlap in responsibility across staff. For example, all staff should be responsible for promoting a culture of wellness, so school counselors and nurses may both be trained to create collaborative safety plans with youth. This overlap allows for key suicide prevention activities and interventions to be implemented even when staff in a certain role are unavailable.

In contrast, some roles should only be completed by specific staff with specialized training, such as limiting the implementation of formal suicide risk assessments to clinically licensed mental health staff. Your school may engage staff in different roles than outlined in the table below based on local context and resources.

Table 1: Staff Roles and Suicide Specific Responsibilities

Staff Role	Suicide-Specific Responsibilities
Administrative Staff	▪ Responsible for developing and maintaining relationships with community partners centered on student mental health and suicide prevention ▪ Responsible for establishing, overseeing, and updating policies and protocols related to suicide prevention ▪ Responsible for ensuring that trainings on suicide prevention occur and that the school community is aware of policies and protocols ▪ Often responsible for communicating with and notifying families on school policies, protocols, and services related to suicide prevention ▪ Often responsible for communicating with community first responders around supports needed to keep students safe in the case of an active suicide-related crisis at school or school-sponsored events ▪ Responsible for providing statements to the media in the case of a suicide-related crisis that reflect families' preferences ▪ Responsible for leading the promotion of a culture supportive of student wellness across the school environment ▪ Responsible for ensuring adherence to state legislative mandates related to suicide prevention
Student Wellness Staff (School Guidance or Adjustment	▪ Responsible for providing support to youth in distress or struggling with thoughts of suicide ▪ Responsible for implementing suicide risk screenings

Counselors; School Nurses)	▪ Responsible for collaborating with internal or external clinically licensed mental health providers in conducting suicide risk assessments ▪ Responsible for implementing the safety planning intervention with youth identified as at risk for suicide (or collaborating with outside mental health providers in conducting safety planning) ▪ Responsible for referring youth in need of additional mental health services to community providers ▪ Often responsible for communicating with families when a student is experiencing a suicidal crisis ▪ Responsible for promoting a culture of wellness
Clinically Licensed School Mental Health Staff (Social Workers, Psychologists, Clinically Licensed Counselors)	▪ Responsible for providing support to youth in distress or struggling with thoughts of suicide ▪ Responsible for implementing suicide risk screenings ▪ Responsible for implementing suicide risk assessments ▪ Responsible for implementing the safety planning intervention with youth identified as at risk for suicide (or collaborating with outside mental health providers in conducting safety planning) ▪ Responsible for providing lethal means counseling to students who are at risk for suicide and their families ▪ Responsible for referring youth in need of additional mental health services to community providers ▪ Often responsible for communicating with parents/guardians when a student is experiencing a suicidal crisis ▪ Responsible for promoting a culture of wellness
School Resource Officer	▪ Responsible for knowing the warnings signs of suicide and school policies and protocols on how to respond ▪ Responsible for connecting students they believe are at risk for suicide with school mental health professionals or crisis response team members according to school protocols ▪ Often responsible for communicating with community first responders around supports needed to keep students safe in the case of active suicide-related crisis at school or school-sponsored events

	▪ Can provide guidance to school wellness and mental health staff in what to know about lethal means so they are better prepared to engage in safety planning with families of students at risk for suicide ▪ Responsible for promoting life skills development and/or promoting protective factors for suicide ▪ Responsible for promoting a culture of wellness
Crisis Response Staff	▪ Responsible for responding and supporting youth in and/or after a suicide-related crisis (often includes mental health staff) ▪ Responsible for carrying out established protocols for suicide-related crisis, attempts, and deaths ▪ Responsible for notifying parents/guardians and the wider school community of a student death by suicide ▪ Responsible for providing statements to the media in the case of a suicide-related crisis that reflect families' preferences
Education and Other Support Staff	▪ Responsible for knowing the warnings signs of suicide and school policies and protocols on how to respond ▪ Responsible for connecting students they believe are at risk for suicide with school mental health professionals or crisis response team members according to school protocols ▪ Responsible for promoting life skills development and/or promoting protective factors for suicide ▪ Responsible for promoting a culture of wellness

Specific roles for different staff members should be delineated in the school policies and protocols. Likewise, the roles outlined in your protocols should consider your local resources, context, and community preferences.

For example, some schools have clinically licensed mental health staff who can provide formal suicide risk assessments, while other schools will need to ensure staff are prepared to coordinate with external clinical mental health professionals to provide risk assessments.

Additionally, school teams should consider how families' experiences, cultural contexts, and preferences affect their engagement with school staff. For example, families who have experienced harm involving law enforcement may prefer not to engage in conversations on lethal means safety with school resource officers. But school resource officers can provide expert advice to the counselors and social workers seeking to have effective conversations with families on firearms or other lethal means in their homes.

Additional guidance on policies, protocols, and school staff roles is provided in Section 3 and Section 4 of this toolkit.

For additional guidance on common staff roles and responsibilities in school suicide prevention, read the following Suicide Prevention Resource Center resources:

- Preventing Suicide: The Role of High School Teachers
- Preventing Suicide: The Role of High School Mental Health Providers

Professional Development and Training

Schools can incorporate life skills, mental health promotion, and suicide prevention into their ongoing efforts to communicate, train, and meet with staff. Recurring reminders, training, and meetings demonstrate your school's commitment to suicide prevention and help keep the topic fresh. Whenever the school invests in new or existing suicide prevention programming, strategies, or activities, information on efforts should be shared with all staff.

Resource 3: Trainings & Programs List

This resource offers a non-exhaustive list evidence-based professional development opportunities, trainings, and programs for staff to grow their suicide prevention related skills and knowledge. The list includes trainings and programs on Tier 1 strategies that promote suicide prevention, Tier 2-3 strategies for identifying and supporting youth who are at risk of suicide, and Tier 1-3 strategies for effectively implementing a postvention response after a suicide death.

Communicating Staff Roles and Responsibilities

Schools engaged in Multi-Tiered Suicide Prevention (MTSP) for Schools have effectively communicated roles and expectations around suicide prevention with staff through the following strategies:

- Incorporating relevant information and training into staff onboarding
- Incorporating relevant information and training into annual Professional Development (PD) days
- Providing written reminders on warning signs and protocol response steps on magnets
- Sharing information at all staff meetings or student wellness focused meetings
- Providing refresher training opportunities
- Providing laminated process flow charts for protocols
- Sharing information in all staff emails or newsletters

Additional professional development guidance:

- For PD on recognizing warning signs of suicide and supporting students identified as at risk for suicide, visit Section 6.
- For additional guidance around PD on suicide prevention and postvention policies and protocols, visit Section 4 and Section 5.
- For PD related to promoting life skills development, visit Section 7.

Engaging Students and Families

While school staff play a central role in implementing suicide prevention efforts, meaningful prevention also depends on active partnerships with students and their families/guardians. Schools should incorporate life skills, mental health promotion, and suicide prevention into their ongoing communication with students and families. Though there is no required format or frequency, regular communication helps demonstrate the school's commitment to student well-being and keeps families informed about available supports and prevention efforts.

This section provides recommendations for engaging students and families broadly within suicide prevention efforts. The strategies provided below can strengthen our efforts to engage the voice of lived experience. Efforts to strengthen the voice of lived experience can also improve our broader efforts to effectively engage families and students. For additional guidance about incorporating lived experience in your efforts, see Section 1.

Considerations around Family Engagement

Research shows that when K–12 districts effectively engage with and/or partner with families in their efforts, students' wellbeing, behaviors, and academics improve (Smith et al., 2020). For families/guardians, active engagement may include participation in discussions, providing feedback on school initiatives, volunteering when appropriate, and reinforcing Life Skills Development, mental health promotion, and suicide prevention at home.

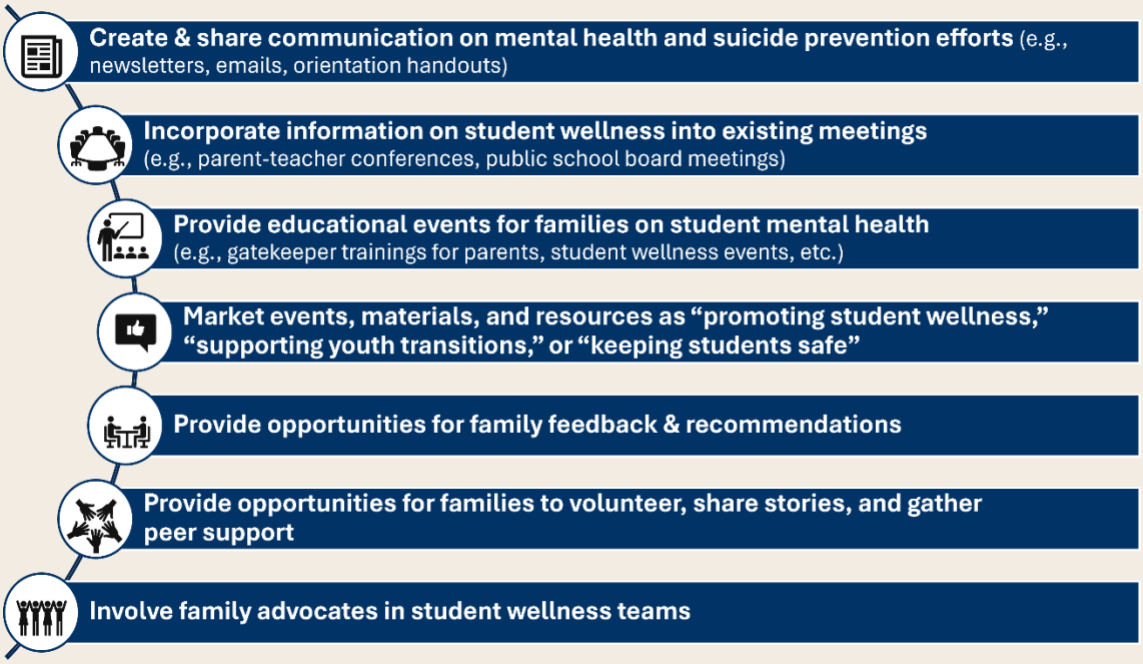
Schools engaged in Multi-Tiered Suicide Prevention (MTSP) for Schools have effectively engaged families through the following strategies:

- Creating and sharing communication materials on life skill development, mental health promotion, and suicide prevention policies and protocols through multiple channels, such as newsletters, emails, and orientation handouts
- Providing opportunities for family feedback and recommendations within existing meetings such as Parent-Teacher Association meetings or public school board meetings
- Sharing out information on life skills, mental health, and suicide prevention within existing school events such as students' sporting events, plays, or debates

- Providing educational events for families on life skills, mental health, or suicide prevention through existing student wellness events
- Hosting education events online during lunch or after work hours to facilitate easier access to information
- Involving families with lived experience related to mental health and suicide prevention in existing student wellness steams
- Providing opportunities for families to volunteer, share stories, and gather peer support
- Framing meetings and events as "promoting student wellbeing" or "keeping our students safe" and incorporating suicide prevention within these larger topics

Figure 4 below provides a summary of key family engagement recommendations

Figure 4: Recommendations for Engaging Families in School Suicide Prevention Efforts



It is important to step back and reflect on efforts to engage families over time and consider why parents are or are not actively engaged in conversations on student mental health and suicide prevention.

Limited participation does not necessarily indicate lack of interest. Work schedules, transportation, language, previous experiences with institutions, stigma, disability/access needs, or limited internet access may all affect participation.

To effectively address barriers to family engagement, school systems should seek to increase cultural competence within their efforts and to align communication, engagement, and

feedback opportunities with the different values, needs, strengths, cultures, beliefs, ability status, contexts, and environments of the families they serve.

Culturally Competent Family Engagement

Seeking to be culturally competent in communication requires us to understand the needs of the families in our community, including understanding the different beliefs around mental health and suicide prevention, whether these beliefs carry stigma, and families' preferred communication styles. Cultural competence also means providing information in clear, accessible language and making it available in multiple formats and languages.

Schools should create opportunities for students and families/guardians to ask questions, express concerns, and provide feedback on communication methods and messages.

Steps districts can take to increase cultural competence in their efforts with families include:

- Investing in multiple types of communication that reach different families in different ways (for example, text, email, meetings, community discussions, tables at existing school events)
- Identifying and actively engaging families and youth from different grade levels, developmental abilities, backgrounds, languages, neighborhoods, and lived experiences
- Hiring and training staff with skills in different languages, cultures, and experiences
- Identifying community partners to collaborate with in reaching families (see cultural competence in Section 3)
- Reviewing whether internal services, resources, and communication align with the different values, strengths, needs, languages, cultures, beliefs, ability status, and experiences of the different communities your school serves
- Providing multiple methods for families to offer feedback, including in-person opportunities, virtual, and anonymous feedback through surveys or written notes

Being culturally competent is an ongoing practice. It does not mean that an individual needs to become an expert in someone else's culture. Instead, it means we approach our interactions with individuals who are different from us with kindness, respect, and a willingness to learn about who they are.

Resource 6: Resources for Cultural Competence

This resource provides a list of national organizations that can support districts in effectively working with different populations at increased or increasing risk for suicide. This list provides organizations with specialized focus on different groups and direct links to their websites.

Student Voice Considerations

There is a growing body of research on the need, value, and impact of student voice in schools. The Regional Education Laboratory (n.d.) defines student voice as, "The way in which all students have opportunities to participate in and/or influence the education decisions that will shape their lives and the lives of their peers." There is no more important educational topic for youth voice than their mental health and well-being.

Student voice strengthens the selection, implementation, and monitoring of school-based suicide prevention activities when done well. However, it is important to provide limitations and guidance around the requests placed on students. Students should never be asked to serve as clinicians, to provide crisis response services, or to serve in peer counseling roles for which they have not been trained. Clearly defined roles and maintaining safety are key to effectively engaging student voice.

Research conducted on engaging student voice has shown the following positive impacts for school systems (Black et al., 2014; Van Pelt et al., 2024; Zhang et al., 2024):

- Improved academic engagement and achievement in students
- Decreased student absenteeism
- Increased students' sense of agency, self-esteem, belonging, and competence
- Contributed to positive school cultures where students felt connected with adults
- Provided students with skills they could use throughout their lives

Most research on incorporating student voice has been done at the high school or middle school level. But there is growing research on elementary-age student voice engagement, particularly at the upper elementary grade levels. This research shows promising findings but is limited (Serriere et al., 2012).

It is important to note that these impacts require staff investment in true engagement and recognition of youth as shared decision-makers and not solely surface-level involvement. For example, student engagement should include a feedback loop.

When school districts say they are seeking to promote student voice, but then do not act on students' input, fail to share back the results of their input, or fail to create any meaningful change, students can come away feeling patronized (Holquist et al., 2023).

After gathering student input, schools should communicate what they heard, what decisions were made, what actions will follow, and when students can expect an update. When schools cannot act on a recommendation, they should explain why and identify other ways students can contribute. This allows youth to see the tangible changes that come from using their voice.

Figure 5 provides a visual of differing levels of student voice and engagement. School teams can use the figure to reflect on and identify their current level of student voice engagement and plan a more gradual move toward stronger partnerships with students over time.

Figure 5: Levels of Student Voice

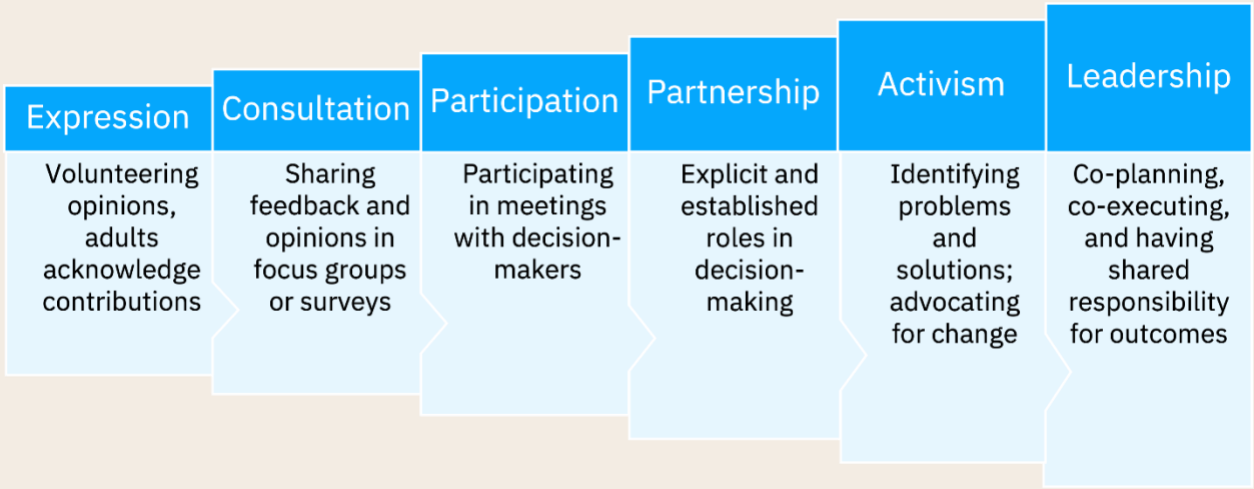


Figure adapted from Center for 2022 Hanover Research.

Meaningful Ways to Engage Student Voice

Schools engaged in Multi-Tiered Suicide Prevention (MTSP) for Schools have effectively engaged students through the following strategies:

- Conducting student wellness surveys and using survey data related to risk and protective factors for suicide to inform suicide prevention efforts
- Hosting classroom discussions, peer leadership meetings, or other conversations on what is needed to better promote mental health in their school environment
- Engaging in follow up with youth who experience a mental health crisis to ask how the school identification, response, and supports provided could be improved
- Giving students opportunities to lead the development of events, trainings, or other programs focused on mental health promotion, such as mental health awareness nights or weeks during May Mental Health and September Suicide Prevention Months
- Hosting a formal student leadership body on campus such as an Active Minds or Bring Change to Mind Chapter
- Inviting students with relevant lived experience to be members of a broader student wellness team that may typically only be made up of adult staff

For a free public, toolkit on engaging Student Voice visit the Search Institute's Student Voice Toolkit.

Engaging Voices of Lived Experience: The starting place for all efforts to strengthen cultural competence should be the identification and active engagement of youth from different grade levels and youth and families who possess different values, strengths, needs, languages, cultures, beliefs, ability status, and experiences.

Take time to identify local family and student advocates who are supporters of ongoing life skill development, mental health promotion, and suicide prevention efforts across groups and provide opportunities for them to meaningfully inform your efforts.

Key to engagement with the wider school community is ensuring that engagement is meaningful and in-line with individuals' interests and experiences. For additional guidance on engaging the voices of lived experience, visit Section 1.

Engaging Key School Community Members in the Real World

Tippecanoe School Corporation

Tippecanoe School Corporation (TSC) serves over 13,000 students. To create a truly districtwide investment in suicide prevention across its 20 distinct school buildings, TSC invited staff and families from all schools to join in a formal mental health and suicide prevention committee during the initial planning, assessment, and pilot implementation period of comprehensive suicide prevention efforts.

To effectively manage the large team, TSC formed 3 subcommittees dedicated to key tasks in youth suicide prevention: Mental Health Literacy, Communication, and Youth-at-Risk. Now 4 years post the initial pilot period, TSC continues to maintain a committee dedicated to student wellness broadly that meets each semester to discuss changing needs, challenges, and successes in their work and ensure the dedicated focus on youth suicide prevention continues.

To garner and maintain districtwide buy-in for their efforts, TSC's committee has used EDC's Multi-Tiered Suicide Prevention (MTSP) for Schools Environmental Assessment to identify needs and strengths in suicide prevention and then repeated this assessment annually to track their ongoing progress.

Section 3 | Community Partnerships

Multi-Tiered Suicide Prevention for Schools (MTSP) Key Component #2

For an overview of all Key Components in MTSP, visit Section 1.

Intended Readers

Section 3 is particularly relevant for school administrators whose leadership support is essential for the creation of partnerships with community organizations dedicated to youth and family wellness and suicide prevention. Additionally, school student wellness and mental health staff such as guidance and adjustment counselors, social workers, or school psychologists will benefit from this section as they will often be tasked with direct implementation of partnership development.

Partnering with the Community

Schools cannot provide all services students and families may need in-house. To provide effective prevention, schools must develop and maintain strong relationships with public and private community organizations, including mental health providers, health care agencies, crisis centers, and community suicide prevention advocates.

These partnerships provide access to local resources and subject matter experts who can support protocol development, implementation of suicide prevention activities, resource development, and coordinated responses before, during, and after a suicide-related crisis (HHS, 2024; NCSMH, NASP, MHTTCN, 2024).

Community partnerships are most effective when they are established and in place prior to the implementation of suicide risk response or suicide death protocols, making the proactive establishment of partnerships with community organizations key to suicide prevention efforts.

Community Partnerships Across MTSS

Community partners can support all tiers of a Multi-Tiered System of Supports. School staff often lead universal Tier 1 prevention; school and community professionals may share responsibility for targeted Tier 2 support, and community-based clinical providers may provide more intensive Tier 3 services.

For additional information on MTSS and suicide prevention, visit Section 1.

State and Territorial Partnerships

Nearly all states and territories are engaging in some form of suicide prevention focused on youth. State Departments of Education and Mental Health often provide access to free or low-cost, evidence-based suicide prevention training, resources, and guidance. Likewise, state suicide prevention coalitions and nonprofits often offer resources and programming in suicide prevention specific to schools.

Before investing in a new suicide prevention program or training, districts should learn what is already available through their state or territorial systems.

Common sources of school suicide prevention guidance and support that states may offer include:

- Specific legislation calling for specific suicide prevention efforts in schools. Visit AFSP for a list of relevant school suicide prevention policies.
- Model policies and protocols for school suicide prevention.
- Free marketing resources to promote the national 988 Suicide and Crisis Lifeline. Search 988 and your state in your internet search tool to find available resources.
- Action plans, goals, and resources focused on youth suicide prevention. Visit the SPRC State Pages to locate state or territorial specific contacts, plans, resources, and technical assistance.

The 988 Suicide and Crisis Lifeline is a free, 24/7 U.S. hotline providing immediate support to youth and adults who experience mental distress, have thoughts of suicide, or face an emotional crisis. 988 connects individuals with trained crisis counselors. If a student, family member, staff member, or other person is experiencing a mental health or substance use crisis, thoughts of suicide, or concerns about someone else, they can call or text 988 or chat online.

Taking steps to learn what resources, guidance, and plans your state has for youth suicide prevention now will strengthen your school's abilities to effectively prevent suicide in the future.

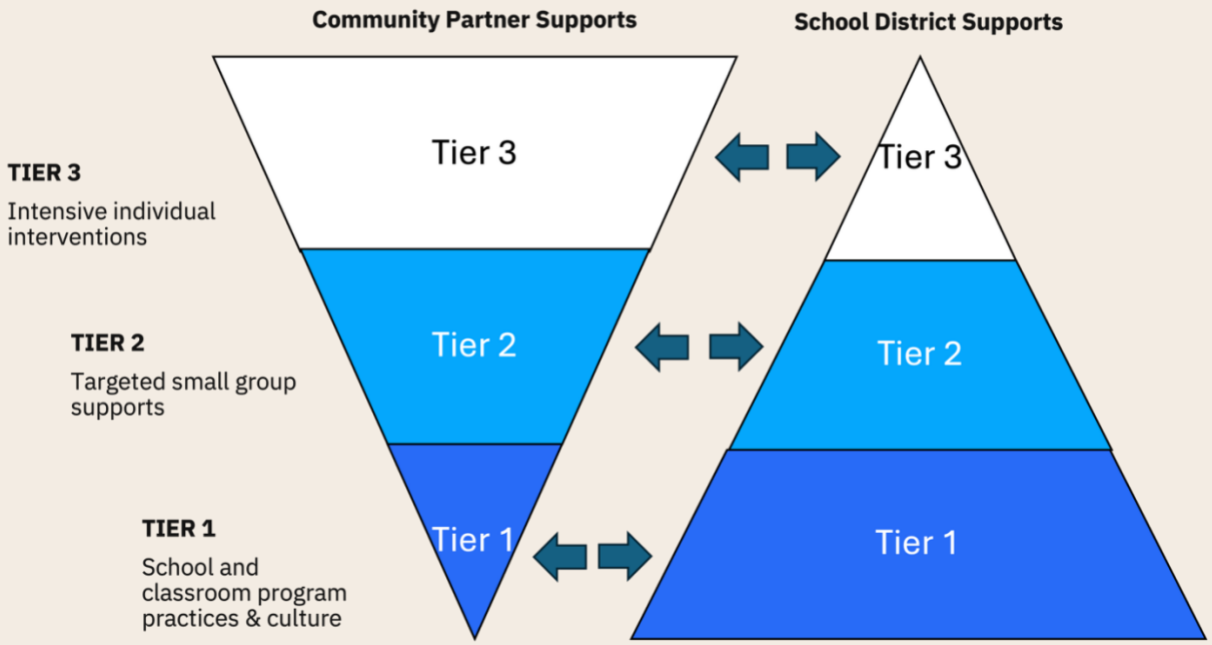
Roles of Community Partners

Effective collaboration between school-employed and external community mental health partners broadens available supports and enhances access to mental health care (Rochelle et al., 2026). The roles of school and community partners will differ based on the unique resources and needs of your local community.

One way to understand these complementary roles is through a Multi-Tiered System of Support, as seen in Figure 6. Ideally, a district is well-prepared to implement services, resources, and supports at the Tier 1 level. As the needs of students increase to Tiers 2 and 3, the role of community partners may increase while that of school staff may decrease:

- **Tier 1:** Implemented primarily by school staff with support from community professionals. For example, school staff can effectively lead the rollout of life-skill development curriculums in their district, but community partners may be able to provide useful resources to support the implementation of those programs.
- **Tier 2:** Implemented by both school-employed student wellness and mental health professionals, other relevant specialized support personnel (such as guidance or adjustment counselors and nurses), and community professionals. For example, a school adjustment counselor may co-facilitate small-group grief support groups with a local Chaplain following a suicide loss.
- **Tier 3:** Implemented primarily by licensed clinical staff from the community with support from school-employed mental health professionals. A community psychologist meets weekly with a student struggling with thoughts of suicide at a school's social work office to provide cognitive behavioral therapy for suicide sessions. The community psychologist provides recommendations to the school social worker on how to ensure the student is effectively supported within the constraints of the academic environment.

Figure 6: School and Community Partners and Tiered Supports



Adapted from NCSMH, NASP, & NCSMHN, 2024.

Regardless of the tier in which they provide services, schools can collaborate with community partners across the full continuum of suicide prevention and response. These partnership opportunities include:

- **Prevention:** Partner with organizations to promote mental health awareness trainings, provide counseling and support services, and build protective factors before a crisis occurs. Schools can also play key roles in educating the community on the mental health and suicide prevention resources available from community partners and building connections between those partners and families. For example, a school might invite community partners to host booths during student orientation days to share their local mental health services and resources.
- **Mental Health Supports:** Collaborate on student re-entry plans following hospitalization. Offer counseling and support to families experiencing mental health challenges. Create Memorandums of Understanding (MOUs) outlining the onsite services mental health providers can provide. For example, partners may be able to offer counseling sessions in the school social work office every Wednesday. Turn to Resource 7: Sample MOUs for customizable templates for these agreements.
- **Crisis Intervention:** Create effective referral processes from the school to community mental health providers or mobile crisis teams. Establish expectations for when direct handoffs to first responders is necessary to keep a student safe and how emergency handoffs will occur to promote student dignity. Create MOUs to guide these referrals.
  - A mobile crisis team is a group of mental health professionals and peer support specialists who respond in real-time to behavioral health emergencies in communities. These teams provide rapid assessment, stabilization, and connection to appropriate services and can be initiated through implementation of school protocols that outline referrals to mobile crisis teams. Take time to identify if/what mobile crisis teams are available in your community prior to a crisis.
- **Postvention:** Ensure grief counseling and other support services are readily available to students, families, and staff following a suicide loss. For example, partners may have staff trained in traumatic grief approaches who can provide Tier 3 mental health treatment to students most impacted by a suicide loss.
- **Sustainability:** Community partnerships help sustain prevention and response efforts by sharing resources, expertise, and responsibility over time. For example, community partners may be able to offer ongoing suicide awareness trainings to new staff at no cost to the district or provide mental health staff who can be available to provide suicide risk assessments as needed during the annual rollout of universal mental health screeners in a middle school.

- **Policy and Protocol Development:** Strong, established partnerships can be formalized within organizational policies and protocols, creating clear roles and coordinated responses before a crisis occurs. For example, a local mobile crisis team may be explicitly named in district suicide risk response protocols as a partner to call to provide onsite suicide risk response and warm handoffs to crisis stabilization units for youth at imminent risk for suicide.

For additional guidance on partnering with community mental health providers in offering mental health and crisis services to students who are at risk for suicide visit, Section 6.

Engaging Community Partners

Community partners can provide valuable insight into local community needs, strengths, and assets. Since they provide direct services to families, they may also be able to help schools think through ways in which to make information more accessible and available (see Cultural Competence section below).

The following table provides a non-exhaustive list of ideal community partners to consider engaging with in school suicide prevention efforts:

Table 2: Community Partners Engagement List

Partner	Engagement Opportunities
Local non-profits and advocacy groups dedicated to mental health and suicide prevention (e.g., Mental Health America, National Alliance of Mental Illness, and American Foundation for Suicide Prevention Chapters)	▪ Often able to provide low-cost or free trainings ▪ Serve as connectors to mental health services, and/or experts in suicide prevention on school student wellness teams dedicated to suicide prevention
Local mental health service providers and agencies	▪ Often able to provide mental health and crisis response services, suicide-specific interventions, and grief/suicide loss supports
Local agencies providing social safety nets to families and students (e.g., Job and Family Service Agencies, Domestic Violence Shelters, child welfare, food pantries etc.)	▪ Often able to support districts in addressing community-level risk and protective factors for suicide
Local out of school time organizations and agencies supporting youth (e.g., Boys and Girls Clubs, 4-H Clubs, and YMCAs)	▪ Often able to support districts in addressing community-level risk and protective factors for suicide

Local departments of Mental Health and Public Health	▪ Often able to provide data on community needs, risk and protective factors, and suicide attempt or death data to inform efforts ▪ Often able to provide small funding opportunities focused on mental health or suicide prevention ▪ Often able to help link schools to relevant resources and services from the state
Local faith-based organizations and places of worship	▪ Often able to support districts in addressing community-level risk and protective factors for suicide ▪ Often able to provide faith-based counseling or grief support resources for students and families
Local health care providers and hospital staff	▪ Often able to provide mental health and crisis response services, suicide-specific interventions, and grief/suicide loss supports ▪ Often able to provide hospital data on suicide attempts
Local crisis center workers (including local 988 Suicide and Crisis Lifeline staff or volunteers)	▪ Often able to provide mental health and crisis response services, suicide-specific interventions, and grief/suicide loss supports
Local suicide prevention task force	▪ Often able to support districts in addressing community-level risk and protective factors for suicide ▪ Often able to provide low-cost/free training

Resource 8: National and Local Resources Template

This resource can help your district to record key community partners and how and when to contact them. This resource can be copied, printed, and distributed to staff engaged in partnering with and referring families to external resources. This resource should be periodically updated by your district over time.

Cultural Competence

The American Speech Hearing Language Association (n.d.) defines cultural competence as "understanding and appropriately including and responding to the combination of cultural variables and the full range of dimensions of diversity that an individual brings to interactions." This definition highlights the importance of considering the different variables that influence how a community engages in, responds to, and promotes suicide prevention. Community partners can play key roles in strengthening our cultural competence in our efforts to support students and families.

Districts engaged in EDC's Multi-Tiered Suicide Prevention (MTSP) for Schools services have partnered with community partners to strengthen cultural competence in suicide prevention efforts through the following strategies:

- Partners provide insights into the beliefs, needs, barriers, and strengths within the families and youths they support
- Partners review and provide feedback on school district resources to ensure they align with the culture and environment of their communities
- Partners inform the development of local suicide prevention plans to ensure they align with the needs of their communities
- Partners share their own strategies, resources, services, and programs that are aligned with local communities

It is important to be aware of your community partners' strengths, challenges, and opportunities for growth in reaching and serving students. For example, if you know that a community agency has developed a suite of resources in Spanish, you can connect with that organization when seeking to increase supports for your Spanish-speaking students. Or if you identify that many students in need of mental health services lack reliable transportation, you may be able to collaborate with your local mental health providers to offer mental health service sessions in the school wellness center.

While these are just two examples, it is important to consistently ask whether students of different demographics, environments, and backgrounds benefit from partners' community resources and services. If you have strong relationships with partners, you can collaborate to identify areas for growth and increase effective resources and services.

The National Association of School Psychologists provides a useful Self-Assessment Checklist school districts and community partners alike can use to assess their practices and identify tangible steps to take to improve cultural competence.

Resource 6: Resources for Cultural Competence This resource prepares districts in effectively working with different populations at increased or increasing risk for suicide. This list provides organizations with specialized focus on different groups and direct links to their websites.

Community Asset Mapping

Asset mapping is the community-driven cataloging of community services, resources, and unique strengths to identify regional capabilities and needs (Rural Health Information Hub, 2025). It provides a clear picture of the available resources within a community. It also provides a visual representation of resources that can be shared with staff, students, and families, and an understanding of how those resources are being used and where.

Districts are encouraged to engage in community asset mapping to gain a more accurate understanding of their local resources. Districts engaged in EDC's MTSP have found that the creation of Community Asset Maps and related resource lists help them to identify unique and non-traditional services partners offer, such as local churches providing social workers and local non-profits providing limited pro bono (or free) counseling.

Community Asset Mapping serves as a helpful tool in guiding schools in the development of community partnerships before crisis or suicide-risk response supports are needed. When relationships are already in place, it strengthens schools' abilities to call on community partners in real-time.

Without taking time to research and learn about local resources, districts may overlook available community supports that are well aligned with their local culture, needs, and beliefs.

For example, a rural district may have limited outpatient behavioral health services, but may still benefit from local faith institutions, 988 or other crisis lines, primary care physicians, and/or access to tele-behavioral health services that can bolster their mental health resources.

Asset mapping can also be used to identify community partners who provide services that address community stressors related to suicide risk (such as local food banks or temporary housing supports).

While there are many guides available to inform formal asset mapping efforts, asset mapping can also be as informal as reaching out to new and current community partners to learn more about their resources, services, and supports and recording what you learn from those discussions.

Ultimately, any formal or informal community asset mapping effort should result in a list of tangible resources, contacts, and ways to access them for the school community.

Asset Mapping for Your School Community

Useful questions you can use to guide your asset mapping discussions with community partners include:

- What is the focus area(s) of your organization or agency?
- What are your services, resources, or assistance that would you like the average school community or family member to know about?
- What do you offer that we aren't already aware of?
- What are opportunities for our district and organization to partner?
- What existing events, workgroups or activities would you like to see our school involved in?
- What groups and communities does your organization have strong experience serving or working with?
- What unique services, resources, or supports does your organization offer to different community groups?

Useful guides for Asset mapping include:

- UCLA's Center for Health Policy Research Asset Mapping Guide
- Digital Mapping Guide: Google My Maps—Jane Goodall's Roots & Shoots
- Meeting Engagement Tool: Community Asset mapping- Office for Coastal Management

Engaging Voices of Lived Experience: Youth and families with lived experience in mental health crisis, thoughts of suicide, attempts, or deaths will have advice on whether community organizations provided effective supports to them during their crisis or loss. Consider engaging individuals with lived experience in the exploration of what community agencies are available to support others experiencing similar challenges and loss.

Likewise, youth and families may have recommendations on how to improve referrals, warm handoffs, and linkages to available community partners through their personal experiences engaging with them. Recommendations can be incorporated into the resource lists developed through the community asset mapping processes. For additional guidance, visit Section 1.

Resource 8: National and Local Resources Template

This resource provides a useful template you can use to create an actionable list of local resources for strengthening your suicide prevention, risk-response, and postvention efforts.

Building Effective Partnerships

Building and maintaining community partnerships requires intentional engagement. Active engagement can take many forms, including:

- Incorporating community partner resources and services into your suicide prevention programs, plans, and/or protocols
- Setting up feedback sessions on existing efforts
- Providing volunteer opportunities as appropriate
- Inviting relevant community partners to sit on your school's student wellness team

The goal is to move beyond awareness and identify how community partners' expertise, skills, and resources can be intentionally integrated into school life skills development, mental health promotion, and suicide prevention efforts.

A good starting place for partnership development is simply hosting informal calls to learn about one another's needs, goals, services, and resources and/or to attend partners' existing coalitions, workgroups, or advisory boards to get to know their work more.

Maintaining Ongoing Collaboration

Once partnerships have been established, regular communication helps strengthen collaboration over time. Schools can engage in recurring reminders, training, and meetings with community partners focused on life skills, mental health promotion, and suicide prevention.

They can also ensure community partners are aware of their district's efforts in these areas and provide opportunities for community partners to provide feedback, guidance, and support.

Regular communication can occur through participation in community health and wellness coalitions, school administrative outreach, and invitations for community partners to participate in school student wellness teams and associated planning efforts.

Additionally, keep in mind that your community partners often want to reach the families and youth involved in your school system.

Engagement with community partners should not be seen as just benefiting your district but also strengthening the ability of your partners to reach students and families with their unique resources, services, and supports.

Small steps to facilitate connections between partners and families, such as inviting community mental health providers to host an informational table at a school-sponsored event, can go a long way in developing mutually beneficial relationships between your school and area partners and contribute to long-term sustainability of partnerships.

Planning for Sustainability in Partnerships

In addition to maintaining strong relationships, sustaining effective partnerships requires planning for long-term resources and funding. The best places to seek local sources of funding will differ from one community to another.

However, all school districts should be aware of national, state, and local foundations that have a focus on student wellness, government sources of funding that are available to support student wellness, and their community's own in-kind resources that can support sustained efforts, such as volunteers offering free advertising or food for a community event.

Keep in mind that not all life skills, mental health promotion, and suicide prevention efforts require significant annual dollar investments. Some training, programs, and strategies may only require start-up funding and then can be sustained through school and community partner ownership of roles and responsibilities.

Prioritize prevention efforts that district and community partners can incorporate into their ongoing roles and responsibilities over the long term.

For more information on sustaining comprehensive suicide prevention efforts, visit Section 9.

Community Partnerships in the Real World

Metropolitan School District

The Metropolitan School District (MSD) of Warren County is a small, rural district serving approximately 1300 students across four buildings. Early in MSD's suicide prevention planning, they recognized the need to address gaps in mental health services for students.

MSD conducted a Community Asset Map focused on identifying what services and resources were available across their community to support students' safety, mental health, and wellbeing.

Through phone calls, emails, and exploration of community partner resources, MSD created a Community Resource Guide PDF that uncovered a variety of community services addressing risk and protective factors for suicide, as well as nontraditional mental health services such as those provided from area churches.

MSD now provides this resource guide to school counselors, social workers, and other staff to help them effectively link youth and families to available services that can promote their wellbeing, address underlying risk factors for suicide, and help them get the support they need in times of crisis.

More than a guide, this resource has helped MSD to identify local resources they didn't realize they had at the onset of their suicide prevention journey.

Section 4 | Policies and Protocols for Identifying and Supporting Students at Risk for Suicide

Multi-Tiered Suicide Prevention for Schools (MTSP) Key Component #3

For an overview of all Key Components in MTSP, visit Section 1.

Intended Readers

Section 4 is particularly relevant for school wellness staff such as guidance or adjustment counselors, social workers, and school psychologists who will often be responsible for leading the development of district policies and protocols. School administrators and school resource officers whose support is essential for the creation and approval of policies and protocols should understand the core recommendations in this section.

Any wider education staff or community members who will provide feedback or guidance on the development of policies and protocols will benefit from the Core Content to Include in Policy and Protocols checklist.

Essential Policies & Protocols

District policies and protocols should guide how staff identify and support youth at risk for suicide. Schools should invest in protocols that staff can follow when a student screens positive for suicide risk, or a student shows warning signs of suicide.

These policies and protocols should include roles and responsibilities of key school staff, chains of communication, linkages with community mental health services, guidance for partnering with parents, and re-entry guidance for youth who return to school after a crisis (Moutier et al., 2019).

With increasing rates of elementary-age youth suicide risk in the US, it essential that suicide risk response protocols are developed for elementary through high school in school systems, considering adaptations that may be needed for different buildings and developmental levels of youth (Bridge et al, 2015; NCSMH, 2021; Ruch et al., 2021).

Getting Started in Policy and Protocol Development

No school district should write their own policies and protocols from scratch. There are key resources available from the field to inform protocol development, including model policies and protocols that a district can use as a starting point for their own text.

The table below provides four common district starting points for protocol development and associated first steps they can take to strengthen their protocols:

Table 3: Common Starting Points for Protocol Development

District Policy and Protocol Starting Point	First Steps
My district has no policies or protocols for suicide risk response	▪ Review Model Policy and Protocol Resources from the field ▪ Copy, and adapt text to your local environment
My district has a high-level policy in place but lacks detailed protocols for steps to take in suicide risk response	▪ Review Resource 9: Tools for Identification and Response Policies ▪ Copy and adapt content to your local environment ▪ Note in developed protocol steps how they support the requirements of the higher-level policy
My district has policies and detailed protocols in place, but they are old/outdated	▪ Review Policy and Protocol Resources from the field and compare existing text with best practice guidance ▪ Review Resource 9: Tools for Identification and Response Policies ▪ Update outdated steps in existing protocols ▪ Flag needed updates and copy and adapt protocol steps to your local environment
My district has policies and detailed protocols in place, but few staff or school community members are aware of them	▪ Invest in Professional Development (PD) needed to train staff in protocol steps relevant to their roles ▪ Establish training and onboarding guidelines for maintaining ongoing PD in policies and protocols ▪ Identify key protocol content to share with families and students

Evidence-Informed Resources for Policy and Protocol Development

National-Level Resources

The recognized best practice resource for the development of school district suicide prevention policies is the Model School District Policy on Suicide Prevention from the American

Foundation for Suicide Prevention, American School Counselors Association, National Association of School Psychologists, and the TREVOR Project.

While this resource is your guiding document for policy and protocol development, it is helpful to supplement the high-level policy text with more in-depth protocol steps and resources.

Turn to Resource 9: Tools for Identification and Response Policies and Resource 10: Suicide Risk Response Quick Reference Guide for examples of protocol steps that can strengthen policy language by providing easy to access and follow steps staff can take during a crisis response.

The 988 Suicide and Crisis Lifeline is a free, 24/7 US hotline providing immediate support to youth and adults who experience mental distress, have suicidal thoughts, or face an emotional crisis. District policies and protocols can actively promote 988 as a resource available to support youth at risk of suicide.

State- or Territorial-Level Resources

Many States or Territories provide their own model of school suicide prevention policies, protocols, and text for adaptation. Find your state guidance on school suicide prevention policies and protocols by visiting your state's department of education website.

Or visit SPRC's States section and click on your state or territory. Once on SPRC's state page, you will be able to find your state or territory's suicide prevention contact or links to your state's suicide prevention website(s) where you can ask or explore what guidance is available for policies and protocols.

Adaptation Considerations

Both state and national guidance can provide model language, core content to include, and examples relevant to the policies and protocols you will develop. By aligning your district policies with state and national guidelines, you can feel confident that you are incorporating known best practices into your policies and protocols. However, local adaptations will usually be needed as you create and maintain your own policies and protocols.

Areas that require adaptation often include:

- What staff roles are involved in outlined steps (e.g., does an administrator or school social worker notify parents of a student's suicide risk?)
- What methods are used to identify students who are at risk of suicide (e.g., screenings, training on warning signs, etc.)
- What in-house mental health supports, and crisis services can be provided to students based on local staff capacity and resources

- What outside partners students are referred to for mental health and crisis supports aligned with their levels of need

Common roles different staff can play in suicide prevention are outlined in Section 2. Refer to the table provided to guide your outlined roles for different staff. See table below for additional information on each of the bullets above.

Resource 11: Model Staff Meeting Agenda for Protocol Development
This resource provides a meeting agenda template that can guide your team through reviewing, developing, or updating school policies and protocols for identifying and responding to youth suicide risk.

Core Content to Include in Policies and Protocols

The table below outlines core items to ensure are addressed through school district policies and protocols for identifying and supporting youth at risk of suicide. Print this table and use the far-right column to check off items that are included in existing policies and protocols or to track items' inclusion in policies and protocols as they are developed:

Table 4: Core Content to Include in Policies and Protocols

Topical Item	Item Considerations	X
Identified primary and secondary staff members in charge of implementing suicide risk response protocols	Staff tasked with overseeing suicide risk response policies and protocols are usually referred to as "suicide risk response coordinators." Primary and secondary members should be identified to ensure steps can be implemented even during a staff absence from school.	
Steps for staff to take in identifying and assessing youth at risk of suicide	Policy and protocol steps should include information on the roles of different staff (teachers, counselors, administrators, etc.). For example, while all staff should know what to do if they identify a student as at risk for suicide, only school mental health providers or external mental health providers should be given the role of assessing youths' current level of suicide risk (whether they are in immediate crisis).	
Steps for staff to take to support youth after a suicide-related crisis or attempt	Policy and protocol steps should include information on what to do after a student has expressed a desire to die, after they have expressed a plan to attempt suicide, and after they have attempted suicide. This guidance should again include information on the roles of different staff (teachers, counselors, administrators, etc.) in supporting youth.	

	Protocols should include when and how first responders are engaged in keeping the school community safe following an active suicide attempt on campus or during a school-sponsored event.	
Directions for communicating with staff, students, and families on a student's suicide risk	Policy and protocol guidance should include information on who oversees communication with different members of the school community, what forms of communication are used for different members of the community, and the order of communication. For example, notifying school mental health professionals, then administrators, and then parents. Guidance should also note limited cases when the wider school community needs to be informed such as during an active suicide attempt on campus or during a school-sponsored event.	
Directions for referring students to internal and external mental health providers	Policy and protocol guidance should list partnering mental health providers, when and how parental consent needs to be obtained for referrals, how to make a referral, when referring a student to the emergency department versus outpatient mental health services is necessary, and how to ensure warm handoffs from school staff to external mental health providers. Guidance should note how follow-up with students and families following referrals will occur to promote/encourage follow-through from students and families on referrals.	
Directions for documenting steps taken and protecting confidentiality	Policy and protocol guidance should provide forms staff can use to document what steps were taken to identify, assess, and refer students. This guidance should also provide forms to record when and how communication with different members of the school community occurred. When used effectively, these forms can help protect a school from litigation.	
Directions for supporting a student identified as at risk for suicide as they return to school	Often called student reentry policies and protocols, these policies and protocols should identify any in-school supports students will receive, how missed exams or assignments will be handled, how students will catch up on missed lessons and homework, how communication with families/guardians will occur, and how immediate student well-being will be monitored.	

Directions for providing long-term support to students identified as at risk for suicide	Long-term policies and protocols should include how long internal and external school supports will be provided to students, how student well-being will be monitored over time, and how ongoing communication with families/guardians on students will occur.	
Culturally competent approaches for supporting youth at risk of suicide	Policies should require that information shared on suicide risk response policies and protocols are provided in appropriate formats, languages, and methods to ensure all parents/guardians are able to understand the content. Policies and protocols can go a step further by including recommendations for identifying parent/guardian beliefs surrounding suicide and referring students to culturally appropriate sources of support. These sources of support might include faith-based providers, mental health providers with special knowledge of the student culture, and community resources that can address other student needs (such as housing support services or food pantries).	

Table information adapted and expanded from Moutier et al., 2019 & SAMHSA, 2012

Suicide Risk Response Protocols and Suicide Risk Litigation

Many schools have concerns over potential risk for litigation surrounding students' suicide risk. However, few suicide litigation cases against schools have resulted in guilty verdicts. Litigation cases that have been won against K–12 schools or school staff have centered on a lack of parental notification on students' risk (Erbacher et al., 2023). As such, districts are encouraged to explicitly note how parental notification is handled within their suicide risk response protocols, including steps for maintaining communication records and cases when parental notification can and cannot be waived as recommended in the table above.

When policies and protocols include recognized best practice risk-response steps and interventions, parental notification expectations, and clear record-keeping processes, it can protect districts from litigation.

For a helpful overview of a school's legal responsibility in preventing student suicide and a summary of relevant litigation cases visit KAPPAN's 2019 blog on Student Suicide and School Liability.

Protocol Checklists, Flow Charts, and Graphics

All high-level policies will be made more actionable for on-the-ground use by providing supporting checklists, flow charts, and/or graphics that can outline key steps for staff to take during high-intensity situations.

Consider using Resource 9: Tools for Identification and Response Policies and Resource 10: Suicide Risk Response Quick Reference Guide to guide your creation of these supplemental tools.

Once checklists, flow charts, or graphics are created, consider how to distribute them to your school community. Districts engaged in MTSP have used the following strategies to distribute protocol tools to staff:

- Print and laminate copies of tools and provide to each educator or wellness staff to keep in their classroom and/or office
- Create magnets or cardstock printings of flow charts staff can place on desks or in classroom door pockets for quick access
- Place printed copies of checklists in classroom crisis protocol folders
- Maintain digital copies of flow charts and checklists on a webpage or shared drive that can be easily accessed through a direct link or bookmark on each staff's computer

Developmental Considerations

As district policies are developed, updated, or strengthened, keep in mind development considerations across grade levels and how to ensure the steps outlined meet the needs of each school building. For example, the protocol steps for checking in with students exhibiting warning signs of suicide may benefit from providing adapted examples of how young vs. older youth may display warning signs, as well as language to use to check-in with youth of concern in elementary versus high school.

For additional information on steps to identify and support students at risk of suicide visit Section 6.

Staff Professional Development and Training in Policies and Protocols

School districts may sometimes go for extended periods of time without identifying a student at risk for suicide. This can make it easy for core warning signs of suicide and steps for supporting students exhibiting those warning signs to be forgotten.

Because of this, it is essential to provide regular training on how to access suicide risk response protocols, implement them, and maintain records related to them. Ideally, schools will incorporate trainings on suicide risk response policies and protocols into the following staff Professional Development (PD):

- Annual teacher-in-service days
- Onboarding for all new staff in the school

- Following a school suicide risk response that demonstrated challenges in implementation
- Anytime there is an update or change to the policies and protocols

Recommendations for Training Content

Trainings on suicide risk response policies and protocols should review the core content of the policies and protocols, educate staff on their distinct roles within those policies, and provide reminders to staff on how to access the policies and protocols when needed. Often, it is helpful to pair protocol training with any effort to train staff in the warning signs of suicide (such as building in time at the end of a QPR or Mental Health First Aid Training to give an overview of a district's related protocols).

Emphasis should be placed on training staff in steps specific to their roles in the community. Likewise, it is ideal to have tabletop dry runs of policies and protocols when possible so staff can practice implementing them. Be sure to share where and how any suicide risk response checklists, flow charts, or graphics are being stored and how they can be accessed (see Protocol Checklists, Flow Charts, and Graphics above).

Student and Family Communication on Policies and Protocols

Students and families/guardians do not need in-depth education on the policy and protocol processes. However, both groups benefit from their access to and understanding of core content in suicide risk response protocols. See guidance and considerations for communicating with both families and students below.

Family Communication on Policies and Protocols

Include information on suicide risk response protocols with information you send to parents on other school policies and protocols each year. Ideally, you will be able to share a summary document that lays out the steps your school takes when a student is identified as at risk for suicide. This summary document should focus on describing:

- How and when parents of students who are struggling with thoughts of suicide will be notified
- What in-house mental health services can be provided
- How student referrals to in-school and out-of-school mental health services will be handled
- How parental rights are maintained during crisis situations, how consent for student mental health services will be sought, and what student emergency services can be provided without parental consent

- How confidentiality of student and families are protected and the limited situations when this confidentiality may be waved

Student Communication on Policies and Protocols

Aim to provide students with simple, summary information that encourages them to reach out to identified school staff if they are worried about themselves or a friend. This summary information should describe the following:

- Appropriate school staff students can notify of any suicide-related concerns (including teachers, school counselors, coaches, bus drivers, nurses, and more) who have been trained in community helper trainings (i.e., how to identify youth at risk of suicide and refer them to mental health services)
- What internal or external mental health services may be provided (such as a formal suicide risk screening, risk assessment, a collaborative safety plan, or suicide specific treatment)
    - For additional information on these services visit Section 6.
- When privacy will be protected versus when parents/guardians must be notified

This information can be provided to students through usual forms of communication on policies and procedures, including student handbooks. It is also ideal to review this information annually with students as part of student orientation days or during health education or other relevant classes.

> **Providing information on suicide policies and protocols during large student assemblies is discouraged. Small groups provide more appropriate routes for formal discussions on suicide-related protocols and allows staff to monitor whether students need additional support. Visit Section 1 for more information on safe messaging.**

Continuous Quality Improvement (CQI) in Policies and Protocols

The environment and circumstances surrounding schools constantly change. It is essential that policies and protocols reflect these changes over time. Revisit your policies and protocols at preset times each year to discuss what may need changed, what aspects of the policies and protocols work or do not work, and to gather feedback from staff on protocol implementation. Use feedback to update and improve. When a policy or a protocol is newly developed, review how it was applied in real-world settings after its first use. For additional guidance on CQI in policies and protocols, visit Section 8.

> **Whenever possible, outline explicit expectations for policy and protocol review in your district, such as requiring a policy and protocol review every other school year.**

Ideally, your district's school student wellness, crisis response, or formal suicide prevention team (see Section 2) will take the lead in ongoing reviews and updates to protocols.

Engaging Voices of Lived Experience: Identify local family and student advocates with lived experience related to suicide or in navigating the school and wider community's mental health and crisis response systems. These students and families can inform and provide feedback on the protocols and policies as they are created, updated, and improved. They will provide essential expertise to the protocol steps and help ensure the steps are supportive of students' well-being. For additional guidance, visit Section 1.

Protocols for Suicide Risk Response in the Real World

Crawfordsville Community School Corporation

Crawfordsville Community School Corporation (CCSC) serves approximately 2,500 students across 6 school buildings. CCSC strengthened its suicide prevention efforts by creating a clear, district-level policy alongside building-specific protocols tailored to each school's grade-levels, developmental needs, and available resources.

This approach gave every building a shared foundation of common steps while allowing staff to respond in ways that were appropriate for the students they serve. By aligning higher-level guidance with practical, site-based actions, the team built a more consistent and effective system for identifying and supporting students at risk for suicide.

Crawfordsville's work shows how schools can balance districtwide expectations with building-level flexibility to improve student safety and support.

Section 5 | Written Policies and Protocols for After a Suicide Death

Multi-Tiered Suicide Prevention for Schools (MTSP) Key Component #4

For an overview of all Key Components in MTSP, visit Section 1.

Intended Readers

Section 5 is particularly relevant for school crisis response team members and school wellness and mental health staff such as guidance or adjustment counselors, social workers, and psychologists who will often be responsible for leading the development of district policies and protocols for after a suicide death. School administrators and school resource officers whose support is essential for the creation and approval of policies and protocols should understand the core recommendations in this section.

Any wider education staff or community members who will provide feedback or guidance on the development of policies and protocols will benefit from the Core Content to Include in Policy and Protocols checklist.

Postvention Protocols

> **Postvention is a term used to describe how a community can respond effectively to a suicide death to ensure the wellbeing of those impacted by the death. It includes actions to take across all multi-tiered systems of support.**

When a death by suicide of a student, staff, or other community peer/adult occurs, youth within the school system may be at increased risk for suicide—or what the field calls suicide contagion (Itzhaky et al., 2026). The school's response after a suicide (postvention response) can mitigate this increased suicide risk while acknowledging the community's need to grieve the loss.

Schools should create policies and protocols before a death by suicide occurs, including information on communicating with parents/guardians, school stakeholders, and the news media; mobilizing a crisis response team; providing youth and staff with appropriate support services; and incorporating safety considerations around memorials and social media.

Having protocols for implementing these steps in place prior to a crisis can ensure safe and effective supports are provided to the entire school community that promote healing and

reduce risk for contagion (AFSP & SPRC, 2018; Erbacher et al., 2023; Moutier et al., 2019). Guidance on developing protocols that include these key content areas is provided below.

Every school hopes they never have to implement protocols for what to do after a suicide death. But a school is always better off having postvention protocols and not needing them; than needing postvention protocols and not having them. Suicide deaths create community-wide loss, making it essential for districts to be prepared to respond in a way that promotes healing and hope for all community members. This is much more difficult to do when no protocols are in place to guide our efforts.

Resource 4: Common Terms in School Suicide Prevention
This resource provides a handout on unique terms in suicide prevention such as 'postvention'.

In the age of cell phones and social media, news on suicide deaths spread quickly from one student to another and one district or community to another. If a local youth has died by suicide who is not a member of your district but is a member of your community's broader zip codes, counties, or regions, keep in mind that proactive implementation of core postvention response protocols may also be needed to ensure district youth impacted by the news are supported.

Getting Started in Postvention Policy and Protocol Development

No school district should write their own policies and protocols from scratch. There are key resources available from the field to inform protocol development, including model policies and protocols that a district can use as a starting point for their own text.

It is important to acknowledge that a district's broader crisis response and death policies and protocols should inform and guide policies and protocols that are specific to postvention. Use your related internal protocols, combined with national and state-level guidance, to inform your postvention protocol development.

The table below provides four starting points for postvention protocol development:

Table 5: Starting Points for Postvention

District Postvention Policy and Protocol Landscape	First Steps
My district has no postvention policies and protocols or related crisis response protocols in place	▪ Review Model Policy and Protocol Resources from the field ▪ Copy, and adapt text to your local environment/context ▪ Consider drafting crisis response protocols more broadly with a subsection focused on postvention

My district has a high-level crisis response policy in place but lacks detailed postvention protocols	▪ Review Model Protocol Resources from the field. Copy and adapt postvention protocol steps to your local environment, linking with the broader crisis response policy ▪ Adapt "Example 8" in Resource 9: Tools for Identification and Response Policies for local district crisis response (Note in developed protocol steps how they support the requirements of the higher-level policy)
My district has policies and detailed crisis response protocols in place, but they do not include specific steps for postvention	▪ Review Policy and Protocol Resources from the field and compare existing text with postvention-specific best practice guidance ▪ Flag needed updates and copy and adapt protocol steps to your local environment—linking with other crisis response protocols ▪ Ensure all crisis response steps follow safe messaging best practices to promote consistency in crisis response across scenarios
My district has crisis response policies and detailed postvention protocols in place, but few staff are aware of them, or protocols have not been followed during crisis response	▪ Invest in Professional Development (PD) needed to train staff in protocol steps relevant to their roles ▪ Establish training and onboarding guidelines for maintaining ongoing PD in policies and protocols

Evidence-Informed Resources for Postvention Policy and Protocol Development

National Level Resources

There are recognized best practice resources for the development of school district postvention policies:

1. The Model School District Policy on Suicide Prevention from the American Foundation for Suicide Prevention (AFSP), American School Counselors Association, National Association of School Psychologists, and the TREVOR Project provide postvention-specific content beginning on page 11.
2. The After a Suicide Toolkit for Schools from AFSP and the Suicide Prevention Resource Center (SPRC). Importantly, this resource provides templates and example messages for communicating with the school community following a death.

3. The Framework for Successful Messaging from the National Action Alliance for Suicide Prevention at EDC provides a guide for safely and effectively messaging on suicide broadly and suicide deaths specifically. The Safety section in this resource is particularly helpful in preparing for communication on suicide deaths.
4. National Center for School Safety: Suicide of Student or Staff Member Resources provides supporting resources, guidance, and trainings for important areas addressed in postvention protocols such as memorialization practices, trauma-informed response, and providing grief support.

When these resources are your guiding documents for postvention policy and protocol development, it is helpful to supplement the high-level policy text with more in-depth protocol steps and resources. Turn to Resource 9: Tools for Identification and Response Policies and Resource 10: Risk Response Quick Reference Guide for examples of protocol steps that can strengthen policy language by providing easy to access and follow steps staff can take during a crisis response.

State- or Territorial-Level Resources

Many States or Territories provide their own model school crisis response and postvention policies, protocols, and text for adaptation. Find your state guidance on school crisis response and postvention policies and protocols by visiting your state's department of education website.

Or visit SPRC's State section and click on your state. Once there, you will be able to find your state suicide prevention contact or links to your state's suicide prevention website(s) where you can ask or explore what guidance is available for policies and protocols specific to postvention.

Linking Postvention with Broader Crisis Response

In addition to ensuring school district Crisis Response policies and protocols are aligned/linked with postvention-specific policies and protocols, school district crisis response teams should play key roles in the development, implementation, and continuous quality improvement surrounding postvention protocols.

Most schools have crisis response teams tasked with responding to a variety of crisis situations, from active shooters to environmental emergencies. This crisis response team is usually made up of key members of the school community (such as administrators, school resources officers, and mental health staff) who sit in prime positions to manage, lead, and implement a variety of crisis protocols. Given their unique role and focus on crisis response, these teams can inform what resources, tools, processes, and communication should be

reflected within the postvention protocols. They can also share lessons learned from other crisis situations and protocols.

If your district does not currently have a crisis response team in place, forming this team prior to postvention protocol development is ideal. Some explicit roles for crisis response team members to play in postvention protocols are outlined in the Policy and Protocol checklist below.

Adaptation Considerations

Both state and national guidance can provide model language, core content to include, and examples relevant to the postvention policies and protocols you will develop. By aligning your district policies with state and national guidelines, you can feel confident that you are incorporating known best practices into your policies and protocols. However, local adaptations will often be needed. Areas that require adaptation often include:

- What existing crisis response policies and protocols need to be linked with postvention-specific protocols- and potentially updated- to ensure all crisis response steps follow safe messaging best practices
- The role of your local crisis response team in postvention response
- What staff roles are involved in outlined steps (e.g., what grief supports educators vs. school social workers provide to students)
- How information on the news of the death is communicated to staff, students, and families
- What methods are used to identify additional students who may be at increased risk for suicide following the death (e.g., screenings, trainings on warnings signs, etc.)
- What in-house grief, mental health, and crisis supports can be provided to students based on local staff capacity and resources
- What outside partners provide onsite support as part of the crisis response and/or what partners students are referred to for grief, mental health, and crisis supports aligned with students' levels of need
- How deaths in the school community are safely honored/memorialized
- How long-term life events and anniversaries following the death are handled
- How staff are provided with grief support resources and services

Common roles different staff can play are outlined in Section 2. Refer to the table provided to guide your outlined roles for different staff. See Core Content to Include in Policies and Protocols for additional information on each of the bullets above.

Consider turning to Resource 11: Model Staff Meeting Agenda for Protocol Development for a meeting agenda template that your district can use to guide your team in reviewing, developing, or updating your postvention polices and protocols.

Core Content to Include in Policies and Protocols

The table below outlines core items to ensure are addressed through school district postvention policies and protocols. Print the table and use the far-right column to check off items that are included in existing policies and protocols or to track inclusion in policies and protocols as they are developed:

Table 6: Core Content to Include in Policies and Protocols

Topical Item	Item Considerations	X
Identified staff members from within the district's crisis response team who are in charge of postvention protocols	Staff tasked with overseeing postvention policies and protocols are usually referred to as "postvention coordinators." Primary and secondary members should be identified to ensure steps can be implemented even during a staff absence from school. These staff should be members of the district's local crisis response team.	
Steps for staff to take in supporting youth and staff immediately following a death by suicide	Policy and protocol steps should include information on the roles of different staff (teachers, counselors, administrators, etc.). For example, all staff should be given reminders on the warning signs of suicide and what grief support are available to connect students with following a death. But only school mental health providers or external mental health providers should be given the role of providing intensive, Tier 3 grief support services.	
Directions for communicating with staff, students, and families following a death by suicide in the school community	Policy and Protocol steps should include guidance on who oversees communicating with different members of the school community, what forms of communication are used, and what order communication occurs in. For example, confirming facts of the death with parents of the deceased first and then notifying school staff, students, and wider community after. This guidance should explicitly state what types of communication are inappropriate following a death by suicide (such as mass assembly announcements of a death). Ideally, this guidance will provide example messages that staff can use and adapt when notifying different groups of the loss. Communication should always be aligned with the wishes of the family of the deceased.	

Directions for communicating with the news media following a death by suicide in the school community	Policies and protocols should guide staff on how to interact with the media following a suicide. An identified spokesperson from the Crisis Response team who is trained in how to promote a safe message on suicide should be tasked with implementing communication protocols. The protocols should provide guidance on offering only confirmed information on the death, avoiding glamorizing or providing unnecessary details of the death, including local resources and crisis service information, and respecting the family wishes on what is shared with the media.	
Directions for maintaining a regular school schedule and guidance on what activities may need to be changed	Policies and protocols should encourage school districts to maintain regular schedules for arrival and departure times, classes, and student extra curriculars in the days following a suicide death. The presence of these schedules, agendas, and habits can provide a sense of security and coping mechanisms for students in the district. Likewise, not all students have a safe space to process their grief outside of the school day, making it important to provide a safe space for this processing on campus. Districts should also outline what things should be adjusted following a death, such as postponing major exams or sporting events to provide students with time to process their grief prior to high-intensity situations.	
Directions for offering grief support/mental health services to students and staff following a death by suicide	Policy and protocol guidance should describe what in-school and partnering out-of-school grief support services and resources are available following a death by suicide. Postvention protocols should explain how students who need more in-depth services (such as direct family and friends of a student who died by suicide) will be given Tier 3, intensive grief support versus how the larger school community will be given Tier 1-2 support services. Information should include how long these services will be provided, how service needs will be determined, and how individuals receiving Tier 3 services will have their well-being monitored and supported. See additional guidance on providing grief supports across MTSS below.	

Steps that encourage the use of culturally competent approaches in all services, supports, and resources provided following a death by suicide	Policies and protocols should require that information shared on suicide deaths is provided in appropriate formats, languages, and methods to ensure all families are able to understand both the death and what the school is doing to support the community. This can include recommendations for identifying student and family religious beliefs about suicide, being responsive to those beliefs, and incorporating culturally appropriate sources of support. These sources of support might include faith-based providers, mental health providers with knowledge of different school community members' cultures, and different types of grief support, such as small group services versus individualized support services.	
Directions for safely grieving the loss and for monitoring student memorializations and social media posts following a death by suicide	Policies and protocols should explain which type of memorializations, remembrance events, etc., will be allowed. For example, large student body assemblies honoring the lost life should be discouraged as they can heighten emotions and unintentionally glamorize the student death. However, students should be allowed to grieve in safe, small-group settings. Policies and protocols should also call for a suicide death to be treated in a manner similar to other deaths in the school community. For example, if you normally include pictures of deceased students in annual yearbooks, leaving out a photo of a student because they died by suicide could be disrespectful. Ideally, a staff member will be given the task of monitoring students' social media posts following a death by suicide to ensure you are able to identify if anyone is posting cruel, inappropriate, or other content that could indicate they need support. For a full list of recommendations on safely memorializing a student or staff person who dies by suicide, review After a Suicide: A Toolkit for Schools, Memorialization (p. 25).	
Directions for protecting student/family confidentiality and wishes immediately following a death by suicide	Guidance should be provided on how to handle parent/guardian wishes regarding what is shared or kept private on a death with the larger school community. For example, how to handle any of the student's belongings still in the school building and how to speak or message about a student's death if the family/guardian has requested that the cause of death is kept private or if the cause of death is unconfirmed.	

Directions for providing long-term grief support and mental health services to students directly impacted by a suicide loss	Students and staff who were close to the deceased, those who may feel they played a role in the death, and the parents/guardian of the deceased should all be provided with access to long-term grief support services. Schools should either have in-house mental health services or develop relationships with community partners who can make long-term outpatient mental health services available. Policies should directly state what long-term, Tier 3 sources of support will be provided to those most impacted by the death.	
Directions for managing the birthdays and anniversaries of a person who has died by suicide	Policies and protocols should call for long-term monitoring of social media around a deceased individual's birthday, anniversary of the death, and/or other milestones. Likewise, policies and protocols should define how school staff are to respond to impromptu student memorializations that may pop up for the deceased during these times. Finally, policies and protocols should provide directions on how to safely acknowledge or honor these dates, especially with those who were close to the deceased. This guidance should be in line with how these events are handled following other types of student death.	

Table information adapted and expanded from Moutier et al., 2019; SAMHSA, 2012; SPRC & AFSP, 2018.

Multi-Tiered Systems of Support (MTSS) and Suicide Loss Supports

The protocol items above can be integrated into existing MTSS. Examples of suicide loss supports that can be provided across multi-tiered systems of support include:

- **Tier 1:** Educators and school social workers partner to share common messages on the death following safe messaging best practices across district classrooms, including information on warning signs, 988, and school resources available to support students.
- **Tier 2:** School social workers and local AFSP Suicide Loss Support Group leaders facilitate small group suicide loss support groups for the teams and homeroom of the deceased student—as well as for any other groups in need of support processing their grief.
- **Tier 3:** School guidance counselors identify students most impacted by the death such as close friends or siblings, those who witnessed the death, or those who may have had negative experiences with the deceased prior to their death such as bullying or breakups. Counselors provide a warm handoff to or onsite location for licensed clinical professionals to provide intensive grief support services to these identified students.

Resource 12: Supporting Children Through Grief

For best practice guidance on how school staff and caregivers can support youth who are grieving after a suicide death, visit this resource from Nationwide Children's Hospital. It is available in both English and Spanish.

Resource 13: National Grief Support Resources

This resource provides additional national grief support resources that can be incorporated into your postvention planning.

Key Postvention Components

The protocol items above align with core components of postvention response which can support the entire school community's wellbeing in the aftermath of a suicide. Figure 7 below provides a summary of key postvention components to ensure your district is prepared to implement in the event of a suicide death. Items in the outer circles should directly inform the items in the inner circles during a response to a suicide death.

Figure 7: Core Components of Postvention

When districts ensure each of these components are represented in protocols for what to do after a suicide death, they are more able to effectively provide and implement each item timely and effectively.

In-depth guidance on each of these key components is available in After a Suicide: A Toolkit for Schools.

Community Partnerships in Postvention

School districts do not need to navigate suicide deaths on their own. Instead, there are many local community partners such as mental health providers, suicide loss support groups, non-profits, and LOSS Teams. These partners can provide direct support around grief, trauma-informed practices, and mental health supports for affected students and families.

A Local Outreach to Suicide Survivors (LOSS) team consists of trained volunteers who have experienced suicide loss and provide compassionate, non-emergency support and resources to families and loved ones after a suicide death. Visit lossteam.com to learn more about LOSS Teams and to search for local LOSS Teams in your state.

Likewise, these partners can collaborate with the district to support a positive community-wide response to the death that mobilizes hospitals, neighboring districts, faith communities, and non-profits to work together in creating stronger suicide risk identification, crisis supports, and messaging on the death broadly within the community. These partnerships are most likely to be effective if established before and not after a suicide occurs.

Resource 7: Sample MOUs
This resource provides templates your district crisis team can use to establish formal expectations for partnering with the community in the event of a suicide death.

For additional guidance on identifying local supports and forming partnerships with external community organizations in suicide prevention and postvention, visit Section 3.

A key role that community partners can play is offering grief support to staff as well as students. While students are often the primary focus of resources in the aftermath of a suicide, staff will also be impacted by the loss, particularly staff that worked closely with the student. Partner with agency mental health providers, faith leaders, and grief support group facilitators to provide grief support resources for staff.

It is equally important to remind staff that they must take care of themselves before they can support others and to give them the opportunity to take a break from their usual roles when needed to allow time for healing.

Protocol Checklists, Flow Charts, and Graphics

All high-level policies will be made more actionable for on-the-ground use by providing supporting checklists, flow charts, and/or graphics that can outline key steps for staff to take during high-intensity situations. Use Resource 9: Tools for Suicide Identification and Response Policies to guide your creation of these supplemental tools. Example 8 in this resource provides a postvention flowchart example and template.

Once checklists, flow charts, or graphics are created, consider how to distribute them in your school community. Districts engaged in MTSP have used the following strategies to distribute protocol tools to staff:

- Print and laminate copies of tools and provide to each member of a local crisis response team to keep in their classroom and/or office
- Place printed copies of checklists in classroom crisis protocol folders
- Maintain digital copies of flow charts and checklists on a webpage or shared drive that can be easily accessed through a direct link or bookmark on each staff's computer

Model Communication Templates

The After a Suicide Toolkit for School Appendices provide written and verbal communication templates that school districts can copy and adapt in the event of a suicide to ensure their communication is safe, effective, and respectful. Districts should not take these templates and share or repeat them verbatim. Instead, use them as a starting place to adapt to your local situation. Starting from these templates can make the development of safe and timely communication easier during a crisis.

Following a suicide, the family of the deceased may request that the cause of death not be disclosed. Districts can simply acknowledge the rumors circulating around the death, state that they are not able to provide additional details on the cause and supplement this acknowledgement with reminders on the warning signs of suicide and how to get help (see example below).

Example Statement when parents request cause of death not be shared: "The parents have asked for the cause of death not to be made public at this time. We also acknowledge that there are rumors that this was a suicide. We want to encourage the entire school community to know that suicide is a complex issue that often has multiple causes and cannot be seen as stemming from any one potential issue alone. There are resources available to those struggling with thoughts of suicide and we want to encourage you to turn to these resources if you are struggling with the news of this death…"

Developmental Considerations

As district policies are developed, updated, or strengthened, keep in mind development considerations across grade levels and how to ensure the steps outlined meet the needs of each school building. For example, the protocols steps for communicating on the death by suicide with elementary-age students should account for the developmental understanding of death for this age group. For resources that can be used to help staff communicate with youth of all ages on suicide and death more broadly visit the Dougy Center.

Staff Professional Development and Training in Policies and Protocols

Thankfully, suicide deaths are rare occurrences. However, when a suicide death does occur it can cause significant harm to the entire school community—especially if handled unsafely or disrespectfully. Training on how to access postvention policies and protocols, implement them, and maintain records related to them will support the school in responding both appropriately and effectively (Webb et al., 2025).

Ideally, schools will incorporate trainings on how to use postvention policies and protocols into the following staff Professional Development (PD):

- Annual or biannual teacher-in-service days
- Onboarding for all new staff in the school
- Following a suicide death to remain committed to continuous quality improvement
- Anytime there is an update or change to the policies and protocols

Trainings on postvention response can be effectively incorporated into broader school district crisis response trainings, such as on student threat response or student death response.

Recommendations for Training Content

Training should review the core content of policies and protocols, educate staff on their roles within those policies, and provide reminders to staff on how to access policies and protocols when necessary.

Likewise, it is ideal to have tabletop dry runs of protocols to give staff the opportunity to practice implementing a formal response to a death by suicide. Finally, include summary forms of key postvention protocol steps (such as checklists, flow charts, and graphs) that staff can quickly refer to when needed and explain in trainings where summary protocol documents are stored.

Family Communication on Postvention Policies and Protocols

Families do not need in-depth education on postvention policy and protocol processes. However, they do benefit from access to and understanding of core content in postvention protocols. See guidance and considerations for communicating with families below.

Family Communication on Postvention Policies and Protocols

Include information on postvention policies and protocols with the broader crisis response policies and protocols you send out to parents each year. Ideally, you will be able to share a summary document that lays out high-level steps taken when any student death (including by suicide) occurs. This summary document should focus on describing:

- How parents of students who die by suicide or any other cause of death will be contacted
- How the larger school community will be notified of a death by suicide or any other cause
- What information regarding deaths will be kept confidential and how family wishes regarding communication on the death will be obtained
- What rights, services, and supports will be provided to families/guardians of the deceased
- What crisis response and mental health supports will be provided to the siblings and friends of deceased students and the student body
- How additional risk for suicide will be monitored in the school community
- Which memorials will and will not be allowed for student deaths of any cause

Continuous Quality Improvement (CQI) in Postvention Policies and Protocols

The environment and circumstances surrounding schools constantly change. It is essential that policies and protocols are reflective of these changes over time. If not, they will cease to be useful. Revisit your postvention policies and protocols at preset times annually or biannually to discuss what may need changing, what aspects of the policies are likely to work or not work during real world crisis response, and to gather feedback from staff who have followed key steps in related crisis response or death policies and protocols. Use the feedback to adjust.

If your school experiences a suicide loss, review how the postvention protocols were applied in real-world settings to identify areas for improvement in the case of future use. For additional guidance on CQI in policies and protocols, visit Section 8.

> **Whenever possible, outline explicit expectations for policy and protocol review in your district, such as requiring a policy and protocol review every other school year.**

Ideally, your district's crisis response team will take the lead in this review and update of postvention policies and protocols.

Engaging Voices of Lived Experience: It is helpful to provide parents/guardians with the opportunity to weigh in and give feedback on the protocols and policies, particularly as they relate to parental notification. Having information publicly available on policies and protocols prior to a death by suicide can help families in a postvention crisis feel as though they are being treated with respect and fairness.

If you have experienced a suicide loss in your community, inviting families and/or past or current students who were impacted by the loss to the table to inform postvention protocol development can be helpful. They can provide key insights into what communication, crisis response services, and grief supports were or were not helpful in their lived experience and how these might be improved for others experiencing a similar loss. When engaging suicide loss survivors, it is important to ensure that they are supported in telling their life experiences safely and that they are not asked to share more than is appropriate.

Visit 988 and their Storytelling for Suicide Prevention Checklist for a helpful tool for suicide loss survivors to review in deciding whether and how they want to participate. When done well, suicide loss survivors will provide essential expertise to the protocol steps and help ensure the steps are supportive of student and families' wellbeing. For additional guidance, visit Section 1.

Postvention Response in the Real World

Lafayette Catholic

Lafayette Catholic school system serves approximately 1000 students across 5 buildings. The school system was in the process of developing its suicide prevention, intervention, and postvention protocols when the school experienced a student suicide loss.

Although the protocols had not yet been finalized, the draft provided a critical framework that guided the school's response, helping ensure students received timely support and that communication with families, staff, and the community was thoughtful and consistent. The draft protocols also proved invaluable in navigating inappropriate media coverage, enabling school leaders to respond in a coordinated, trauma-informed manner.

Their experience demonstrated that having even a draft plan in place can significantly strengthen a school's ability to respond effectively during a crisis.

Section 6 | Identification and Support of Youth Who are at Risk of Suicide

Multi-Tiered Suicide Prevention for Schools (MTSP) Key Component #5

For an overview of all Key Components in MTSP, visit Section 1.

Intended Readers

Section 6 is particularly relevant for school wellness staff such as guidance or adjustment counselors, social workers, and school psychologists who will often be responsible for leading the identified best practices. Additionally, school administrators whose leadership support is essential for the incorporation of these suicide risk identification and support best practices within protocols will benefit from understanding the core recommendations in this section.

Evidence-Based Strategies

Many 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. Likewise, there are many suicide-specific interventions that have been shown to reduce risk in those struggling with thoughts of suicide.

It is essential to choose training and interventions that are a good fit for your school and to ensure that your protocols are included in the training. This ensures the school is prepared to support youth identified as at risk of suicide. All school staff, students, and the broader school community should engage in suicide prevention trainings and be familiar with protocols for supporting youth identified as at risk for suicide (Ackerman et al., 2020; Erbacher, et al., 2023; Lake et al., 2011; Miller, et al., 2021; Rogers, 2021; SAMHSA, 2012).

This section is divided into topical practice areas that can support the identification and support of youth who are at risk for suicide. Click on each link below to go directly to the information most relevant to your current school suicide risk response efforts.

- Trainings on identifying youth who are at risk for suicide
- Screenings and assessments in identifying youth who are at risk for suicide
- Supporting youth identified as at risk for suicide, including:
  - Providing internal mental health services

- Referring students to external mental health services
- Safety planning and lethal means counseling with youth who are at risk for suicide
- Providing suicide-specific treatments for youth who are at risk for suicide
- Communicating with families on youth suicide risk
  - Students return to school following a suicide-related crisis

An additional free resource that provides a simple assessment and checklist for getting started in the development of effective suicide risk identification and response in schools is SPRC's *K–12 Suicide Intervention Guide: Identifying Students at Risk and Responding to Crisis*.

Trainings on Identifying Youth Who are at Risk for Suicide

One of the most common methods used to identify students who are at risk of suicide is the rollout of trainings on recognizing the warning signs of suicide and how to have helpful conversations with youth exhibiting those signs (often called Gatekeeper or Community Helper Training).

In this toolkit, we will refer to such trainings as Community Helper Trainings. There are many evidence-informed Community Helper Trainings available for school districts to invest in. They range in length, complexity, cost, and focus populations. All districts are encouraged to identify Community Helper Trainings that align with their local needs, resources, and context and to choose trainings that are sustainable over the long term.

Asking youth directly about suicide can help them feel supported and increase their ability to connect with resources available. Asking about suicide does not put the idea in students' heads.

For guidance on planning for the effective rollout, implementation, and sustainability of Community Helper Trainings, visit SPRC's Selecting and Implementing a Gatekeeper Training resource. This free resource provides steps to select, plan for, and implement suicide prevention training.

Resource 3: Recommended Suicide Prevention Trainings and Programs List

EDC created this resource to help school communities choose Community Helper Trainings that are a good fit for their local context. Turn to "Trainings/Programs on Identifying Youth Who Are at Risk for Suicide" for specific PD opportunities that can support your district in implementing Community Helper Trainings. All trainings included in this resource are aligned with safe messaging, best practices in suicide prevention, and common school district needs.

State Legislation on K–12 Suicide Prevention Trainings

Many States require training on suicide warning signs as part of ongoing professional development and certification for K–12 school staff. AFSP maintains a regularly updated list of states with legislation specific to school suicide prevention. Download AFSP's K–12 Suicide Prevention Issue Brief to find a list of State and Territorial Laws. Districts can use this to inform their own district Community Helper Trainings and to ensure efforts are aligned with any local state or territorial-level requirements.

For additional guidance on school suicide prevention trainings, visit your state department of education website or go to sprc.org/states and click on your state or territory. SPRC's state pages offer state suicide prevention contacts and links to your state's suicide prevention website(s) where you can ask and explore what guidance is available for school suicide prevention training.

Many local and state suicide prevention programs provide free or reduced-cost access to evidence-based suicide prevention trainings or have partnerships with organizations that deliver these programs. If organizations in your state provide access to such training, work with them to confirm which trainings are a good fit for your school community.

Mental health and suicide prevention groups—such as American Foundation for Suicide Prevention (AFSP), Mental Health America (MHA), National Alliance on Mental Illness (NAMI), or other local grassroots group—in your state and region often provide trainings on recognizing warning signs of suicide.

Take time to learn what evidence-based suicide prevention trainings your local groups are offering as you determine what trainings are most feasible for your school community. You can find local chapters and affiliates of these national organizations at the following links:

- AFSP Chapters
- MHA Affiliates
- NAMI Affiliates

By aligning your trainings with state and national guidance and resources, you can feel confident that you are using evidence-informed programs to build knowledge and skills in your school. Keep in mind that local adaptations will almost always be needed as you implement trainings.

For additional guidance in partnering with state and community organizations around suicide prevention visit Section 3.

Trainings for School Staff

School-based suicide prevention trainings should provide all staff with education on the risk factors, protective factors, and warning signs of suicide in students, as well as skill building on engaging with someone who may be at risk.

This information will be strengthened when it is coupled with training on how to use the school's existing policies and protocols for suicide risk response (Bowden et al., 2026). Some school staff, such as school mental health providers, counselors, and crisis response teams, may also benefit from additional, in-depth training on topics such as assessing and managing students' suicide risk, and how to provide specialized grief support to students who lose a loved one to suicide.

Turn to Section 2 for additional guidance on selecting trainings for different staff based on their roles and responsibilities.

Resource 10: Risk Response Reference Guide
This resource provides a ready to use tool for staff on how to identify and respond to youth suicide risk within school settings.

Trainings for Students

Suicide prevention trainings for middle and high school youth should focus on how to recognize the warning signs of suicide in themselves and their peers and how to engage in help-seeking behavior. Student trainings should promote a message that help is available, explain the importance of seeking out a trusted adult when concerned about oneself or a peer, and be coupled with summary information for students on the school suicide prevention protocols.

All school suicide prevention trainings and events should promote local, state, or national crisis resources, such as the 988 mental health and suicide prevention crisis line. Trainings will be strengthened when they include life skill development practices that can promote students' overall wellbeing and protective factors against suicide.

The 988 Suicide and Crisis Lifeline is a free, 24/7 U.S. hotline providing immediate support to youth and adults who experience mental distress, have suicidal thoughts, or face an emotional crisis. 988 connects individuals with trained crisis counselors and can be used by students and staff to seek out their own support and to ask for guidance in supporting others they may be worried about.

Resource 3: Recommended Suicide Prevention Trainings and Programs List
The list includes select trainings for students around recognizing suicide risk and creating positive school environments that reduce suicide risk.

Suicide prevention trainings for elementary youth are not "traditional" suicide prevention trainings. Instead, the skills taught through life skills development programs teach skills that can minimize students' risk for suicide (Posamentier et al., 2022). When these trainings teach elementary students to recognize negative emotions, provide age-appropriate activities to cope with those emotions, and educate students on reaching out to a trusted adult, the trainings are also teaching skills for lifelong suicide prevention. See Section 7 for more information on how life skills play a role in student suicide prevention.

It is important to ensure that families/guardians are aware and supportive of suicide prevention trainings prior to their rollout with youth. In many states, active or passive parental consent is required before trainings are provided. Be sure that you are familiar with your own state requirements on parental consent for wellness-related events and trainings, including guidance/policies around student surveys and information collection—which many common trainings include as part of their standard rollout.

Maintaining Training Knowledge

Gains in knowledge and skills from suicide prevention trainings fade over time. To prevent the loss of learned information, trainings will ideally be repeated as part of existing PD for staff and education for students.

Schools may also consider how they can offer reminders on key information in between suicide prevention trainings, such as including the crisis line on staff and student ID cards, hosting refresher conversations during staff PD days on how they have applied learned content, or incorporating reminders on reaching out to trusted adults and mental health resources in classes and staff meetings.

Use SPRC's Selecting and Implementing a Gatekeeper Training resource to find additional information on implementing a suicide prevention training and on sustaining suicide prevention training knowledge.

Linking Trainings with Policies and Protocols

If staff and students understand how to recognize the warning signs of suicide, but they don't know how to find help or refer students to mental health services, they will feel frustrated and concerned.

Combine trainings with information on the school's suicide prevention policies and protocols to ensure staff and youth are adequately prepared to respond when they recognize someone who is at risk of suicide (Bowden et al., 2026).

Visit Section 4 for additional guidance on suicide prevention policies and protocols.

Suicide Risk Screenings and Assessments

Suicide Risk Screenings and Assessments are also used to identify students who are at risk for suicide. It is important to recognize that Suicide Risk Screenings and Assessments are related but separate tools. Suicide risk *screenings* help school staff identify students who may be at risk for suicide.

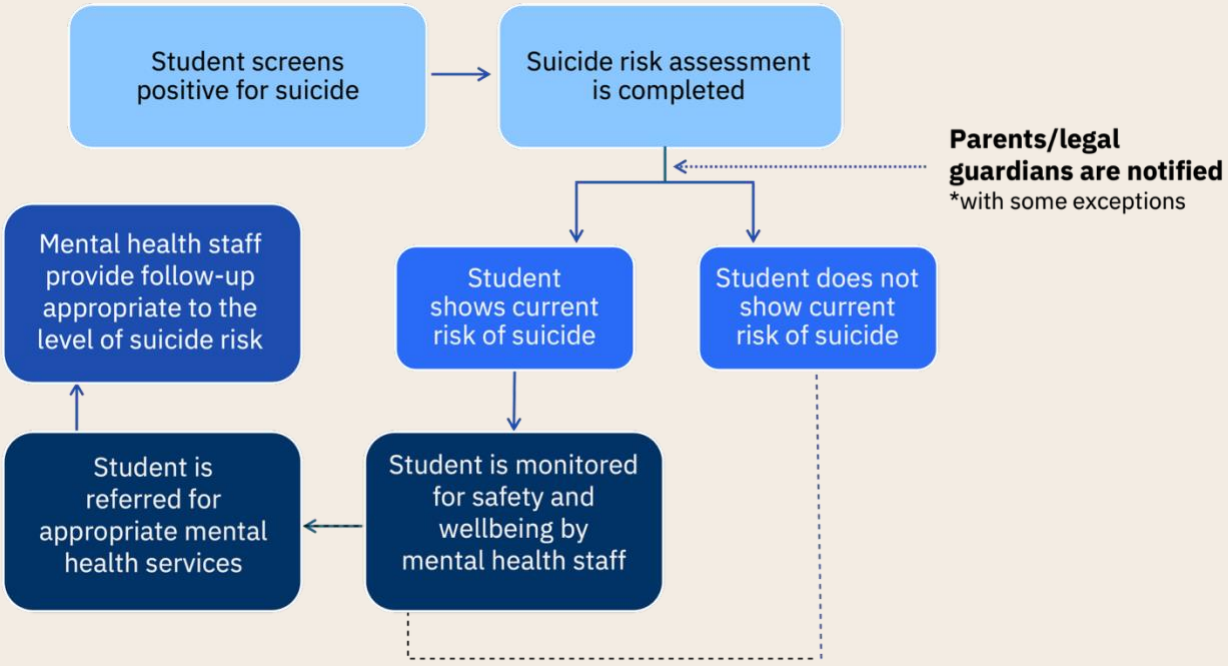
In contrast, suicide risk *assessments* are conducted after a concern has been identified to determine the student's level of risk and guide decisions about immediate safety steps and the appropriate level of care (Capps et al., 2019). Figure 8 provides an illustrative example of how Suicide Risk Screenings and Assessments can be used together within a school system to identify and inform the next steps in supporting students at risk of suicide. Learn more about each tool below.

Different School Staff Roles in Suicide Risk Screenings and Assessments

Many school wellness staff can be trained to implement suicide risk screenings, including guidance and adjustment counselors, nurses, and more. It is important that any staff asked to conduct suicide risk screenings have the appropriate training.

Only clinically licensed mental health staff should be responsible for conducting formal suicide risk assessments. It is again important that any staff asked to conduct suicide risk assessments are provided with the appropriate training. For additional guidance on school staff roles in suicide prevention, visit Section 2 and Resource 3.

Figure 8: Suicide Risk Screenings and Assessments in School Systems



***Parental notification can often be waved in documented cases of suspected abuse or neglect. However, always turn to your state's mandates around parental notification when outlining internal processes for communication with parents on students' suicide risk.**

Screenings

Screenings use standardized tools to identify young people who may be at risk for suicide by asking directly about desire to kill oneself. Before screening students, it is imperative to ensure you have a clear process in place for students who screen positive, including internal or community mental health clinicians who are available to provide more in-depth suicide risk assessments.

Schools may screen the entire student body (universal screening), may prioritize subgroups of students more likely to be at risk for suicide (selective screening), or may reserve screening for individual students exhibiting warning signs (indicated screening).

Parental/guardian consent is often required for universal or selective school screenings but can often be waived when implemented as an indicated screening in direct response to a student's presentation of warning signs for suicide. A core part of assessing the feasibility of screenings should include considerations around whether most parents/guardians in your community will be supportive of and willing to provide consent to the screening process.

For additional information on universal, selective, and indicated prevention, see the Institute of Medicine (IOM) Continuum of Care fact sheet.

Evidence-based screening tools that have been validated for use with children and youth include:

- Columbia Suicide Severity Rating Scale
- Ask Suicide Questions (ASQ)
- Suicide Risk Monitoring Tool K-8
- Suicide Risk Monitoring Tool High School

Visit Zero Suicide's Children's Hospital Toolkit: Identify section for a list of available evidence-based screenings that have been tested with youth.

Zero Suicide is a continuous quality improvement framework that helps health and behavioral healthcare organizations prevent suicide and deliver safer, more effective care. Zero Suicide's guidance on systemwide suicide prevention has informed the development of this toolkit's "Identify and Support at Risk Youth" content.

Assessments

Suicide risk assessments assess a student's current level of suicide risk and are used only after a student has been identified as at risk for suicide—either through a screening or through a

school community member recognizing the warning signs of suicide. A risk assessment will determine if a student is at immediate risk of suicide and requires urgent crisis services, or if the student is not at imminent risk and can be safely monitored and supported through in-school and/or outpatient mental health services in partnership with families.

Clinically licensed school mental health staff can be trained in the use of suicide risk assessments, but if your school lacks mental health providers or if your providers are not trained in the use of suicide risk assessments, you can partner with external mental health providers to offer assessments (see Section 3).

Students who have been found to be at risk for suicide will benefit from periodic assessments to monitor their level of suicide risk overtime.

Resource 3: Recommendation Suicide Prevention Trainings and Programs List
This resource provides a list of available trainings for clinical staff on conducting suicide risk assessments.

Suicide Risk Screening & Assessment Coordination

While separate best-practice tools in suicide prevention, suicide risk screenings and assessments can be effectively implemented together. It's important to keep in mind their distinct purposes.

If a school implements a suicide screening process, it must also implement a follow-up suicide risk assessment process. However, a risk assessment can be conducted without a prior suicide risk screening.

If your school is conducting universal suicide risk screenings, clinically licensed mental health providers trained in the use of assessments should be available during and following the rollout of the screening.

If your school is offering indicated screenings to student subgroups overtime, clinically licensed mental health providers should be on call to provide follow-up assessments whenever a student screens positive.

Table 7 provides a summary of the relationship between suicide risk screenings and assessments.

Table 7: Suicide Risk Screenings and Assessment Interactions

Suicide Risk Screening	▪ Used to identify specific students from within a larger population who may be at risk for suicide. ▪ They cannot be used to assess a student's current *level of* risk.

Suicide Risk Assessment	▪ Specifically used to assess a student's *current level of* risk. ▪ Assessments do *not* predict long-term suicide risk. They indicate whether a student needs crisis intervention services *right now*. ▪ Assessments can be provided to students who screen positive for suicide risk *and* for students exhibiting warning signs of suicide.
How do they interact?	▪ Screenings help school systems to flag youth who need additional follow-up through suicide risk assessments. ▪ Suicide risk assessments follow positive suicide risk screenings. ▪ Risk assessments guide what steps are taken to keep a student safe and provide them with an appropriate level of care aligned with their needs.

Policies and Protocols and Suicide Risk Screening and Assessments

Your school district's suicide risk response policies and protocols should describe when and how your school will implement screenings and assessments and the steps that should be taken following a positive suicide risk screening. When students are identified as at risk for suicide, risk response protocols should outline how the student will receive a formal suicide risk assessment, who is responsible for implementing that assessment, and what steps the school community should take following the assessment.

Policies and Protocols help to ensure screenings and assessments are used ethically and in a consistent manner. Consistent use of screenings and assessments in accordance with policies and protocols can reduce schools' litigation risk (Fossey & Zerkel, 2004; Zirkel, 2019).

Resource 9: Tools for Suicide Identification and Response Policies
Turn to this resource for examples of flowcharts and process graphics you can use to visually illustrate the role screening and assessments play in your district's youth suicide prevention activities.

Turn to Section 4 on Suicide Identification and Risk Response Protocols for additional guidance on protocol development.

Your policies and protocols should also describe the role of parental/guardian consent in youth screenings and assessments. Specific state or territorial laws may require that parental/guardian consent is received before a child is screened or assessed, but there may also be situations in which such consent for screenings and assessments can be waived. Refer to your state's own legislation regarding school screenings, services, and parental consent for accurate local information.

Best practice is to provide parental notification of any screening and assessment results (even if a screening shows no risk or a risk assessment shows a low level of risk) except in documented cases of parental neglect or abuse (Erbacher et al, 2023). Policies should lay out how this communication occurs and what follow-up support is given to parents/guardians. Protocols should also provide written steps and/or forms for recording the communication provided to parents/guardians.

Resource 14: Screening Assessment Considerations
For additional guidance on suicide risk screenings and assessments in K–12 schools to turn to this resource.

Resource 3: Recommended Suicide Prevention Training and Programs List
This resource provides additional trainings for suicide risk screenings and assessments in the table titled "Strengthening School Student Wellness & Mental Health Professionals' Abilities to Support Students Who Are at Risk for Suicide."

Supporting Youth Identified as At Risk for Suicide

Suicide risk assessments are powerful tools in helping internal and external mental health providers identify appropriate next steps in keeping students safe and providing them with suicide-specific interventions that align with their level of risk.

The mental health services—including suicide-specific interventions—that you can provide will differ from school to school. If your school has in-house mental health staff, you are going to be able to provide more robust services than if your school does not. However, it is likely that students who are struggling with suicidality may need more intensive mental health services than can be provided through the school alone, so school mental health staff should always be prepared to refer students to community mental health providers.

Student wellness staff (such as school guidance and adjustment counselors, clinically licensed mental health staff, nurses, etc.) can be trained to provide the following services to students who are identified as at risk for suicide:

- Respond effectively to students who share suicidal concerns
- Connect students to community mental health providers who can conduct suicide risk assessments *or* **if clinically licensed**, conduct formal suicide risk assessments themselves
- Provide crisis services to students shown to be at immediate risk of suicide, including reducing access to means of suicide and monitoring students
- Provide students with Collaborative Safety Plans (see Safety Planning and Lethal Means)

- Facilitate safe student referrals to community mental health providers for suicide specific treatments *or*
- **If clinically licensed,** provide specific treatments for suicidality. These treatments often go beyond the level of care schools can provide, making partnerships crucial for the support of youth at risk (see suicide specific interventions).
- Promote positive coping strategies and positive youth development for youth who have a history of suicide risk
- Provide long-term monitoring and support for students who are at risk of suicide
- Notify or communicate with parents/guardians on a students' suicide risk

For additional guidance on school staff roles in suicide prevention, visit Section 2.

Resource 10: Risk and Response Quick Reference Guide
This resource provides examples of how your school mental health staff can effectively respond to youth suicide risk and communicate with families on that risk.

For more guidance on the role of school mental health staff in supporting students who are at risk for suicide, visit SPRC's resource Preventing Suicide, The Role of High School Mental Health Providers.

Referring Students to Community Crisis and Mental Health Services

School districts should develop relationships with community crisis and mental health service providers before referrals are needed. Efforts to strengthen relationships with community mental health providers can include establishing formal memorandums of understanding (MOUs) around when and how referrals are made; establishing expectations for warm hand-offs; identifying opportunities for the incorporation of telehealth services; and establishing expectations around data-sharing.

Resource 7: Sample MOUs
This resource provides MOU templates that can be used to formalize community partnerships around suicide risk response and crisis services.

Key information for school districts to know when making referrals include:

- What services community mental health and crisis service providers offer
- What local providers specialize in youth and/or suicide risk (if any)
- What types of insurance are accepted by different mental health providers

- The cost of area mental health services
- The financial support available for students in need of mental health services, including any limited pro-bono (no cost) services
- Local community health navigators who can support families in connecting with the right level of care for their needs and situation

Some mental health providers will provide sliding scale fees for students who do not have insurance that covers mental health care, and some community nonprofits will provide limited pro-bono counseling services.

A community mental health navigator helps individuals and families identify appropriate mental health services, overcome access barriers, and connect with providers through referrals and ongoing support. Healthcare organizations and non-profits—such as Mental Health America Affiliates—often provide community mental health navigators.

Additional questions districts should be prepared to answer to establish effective referral processes include:

- What school staff is/are responsible for initiating a referral under differing circumstances of identified suicide risk? (for example, identification of a youth at risk during school vs. non-school hours or off campus during a school-sponsored event?)
- When is immediate crisis intervention vs. outpatient referrals needed?
- What records are completed after the referral is made?
- How does the school follow up with the family or provider to learn whether the student was effectively connected to care?
- How are families supported in navigating services?
- What is the plan when the preferred provider has a waitlist?
- How is student reentry following a suicide related crisis handled?

Answers to these questions are best recorded through the development of suicide risk identification and response protocols. Visit Section 4 for guidance in developing these processes.

In communities with limited access to mental health providers, there are often alternative sources of mental health support. For example, some organizations provide mental health care via telehealth which has been shown to be an effective alternative to in-person mental health services in rural and remote settings (Michael et al., 2025). Nonprofits, churches, or other organizations may also have staff trained as social workers or counselors. If your district is struggling with access to community resources, visit Section 3 to do an in-depth analysis of community mental health providers serving your area.

The Role of Families and Guardians in the Referral Process

Families/guardians play key roles in connecting students with community mental health providers. If families do not believe mental health services are needed or do not have the financial means to pay for the services, students will likely not be able to follow through on referrals. Parental consent can sometimes be waived for crisis services if a student is in immediate or acute suicidal crisis and deemed a risk to themselves or others.

Make sure that your protocols adequately describe what type of parental consent is needed for crisis versus mental health services, when parental consent can and cannot be waived, and how to effectively communicate with parents on mental health referrals. Turn to Section 4 for additional guidance on protocols.

Safety Planning and Lethal Means Counseling

Safety Planning

Safety Planning is an evidence-informed intervention for supporting individuals who are struggling with thoughts of suicide or suicide attempts and has been tested with a variety of populations. Safety Plans have been shown to reduce suicidality in individuals struggling with thoughts of suicide, including youth (Albaum et al., 2025; Singer et al., 2018).

The Stanley-Brown Safety Planning Intervention is the most widely used evidence-based safety planning tool. In contrast, "no harm contracts" should not be used as research has demonstrated them to be ineffective and harmful (McMyler & Pryjmachuk, 2008).

A safety plan provides a unique set of coping strategies and supports which are collaboratively chosen by the student found to be at risk for suicide, their mental health provider, and ideally their parents/guardians.

The identified strategies provide steps the youth can take in times of distress or emerging crisis to stay safe and should be easy to remember and implement. Strategies should be tailored to the youth's needs, comfort, strengths, and available resources.

A safety plan should always include explicit steps that will be taken to reduce access to the student's planned method of suicide (i.e. locking up medication or guns). This is referred to as Lethal Means Safety (see below).

School Staff Roles in Safety Planning

Many school wellness staff can be trained to create collaborative safety plans with students, including guidance and adjustment counselors, nurses, and more. It is important that any staff asked to create safety plans have the appropriate training to do so.

Access free trainings, templates, and guidance for implementing safety planning through the following resources:

- Stanley-Brown Safety Planning Intervention: Provides an overview of Safety Planning as a best-practice intervention, access to free safety planning templates in a variety of languages, and online, self-paced training videos.
- SPRC's Safety Planning for Youth Suicide Prevention Online Course: Provides a free, self-paced online training specific to conducting safety planning with youth and their families. Limited CEUs are available for some professions.
- Engage element of the Zero Suicide Toolkit for Children's Hospitals: Provides an overview of the evidence-base for supporting youth at risk for suicide within children's hospitals, with specific content on safety planning.
- Stanley-Brown Safety Plan phone apps:
  - Apple
  - Android
    - Both Apps provide a virtual version of a Safety Plan that can be housed on a student's phone.

Unique Considerations for Safety Planning in Schools

School districts who have implemented Multi-Tiered Suicide Prevention for Schools have helped identify key considerations for creating Safety Plans in school settings:

1. Districts may struggle with referrals being made to external mental health providers; but families failing to follow through on those referrals. Knowing that K–12 schools cannot control what happens outside their internal system, districts are encouraged to provide their own Safety Plan to any student who is identified as at risk. This allows school staff to provide a life-saving intervention to students regardless of what happens once they leave the school building.
2. Students sometimes return to school following a suicide-related crisis with a community-based safety plan that is not realistic to implement during the school day (for example, listening to music on the phone in a district that has a strict no-cellphone policy). Schools can address this by having internal staff trained to conduct safety plans. This allows staff to collaboratively create school-specific safety plans with youth as part of their formal student reentry meetings. School-specific safety plans can be more effectively aligned with the context, policies, and resources of the school system.
3. School systems can establish MOUs or formal partnerships with external community mental health providers. These MOUS can enable information sharing on safety plans, student mental health diagnosis, treatments, and medicine following parental consent.

This direct access to community-based safety plans can support districts in promoting students' ongoing wellbeing and suicide risk reduction. For examples of MOU Templates, visit Resource 7.

4. Many districts are now considering the appropriateness of implementing Safety Plans with elementary-age youth. While typical research on Safety Planning has focused on youth ages 12 and older, there is a growing body of research demonstrating that safety planning can be effectively conducted with elementary age youth—as long as developmentally appropriate adaptations are made (Abbott-Smith et al., 2023; Itzhaky et al., 2024).

Resource 15: Safety Planning with Elementary Age Youth Primer
This resource offers a summary of current practice, evidence-base, and limitations surrounding the implementation of safety planning with young youth.

5. **In contrast to other suicide-specific interventions, Safety Plans can be conducted by non-clinical staff if proper training and evidence-based tools are provided.**

   When identifying what school staff would be effective in safety planning consider the following:

   - What staff have trusted relationships with youth conducive to safety planning
   - What staff have time and privacy available in their day to create an individualized safety plan with a youth and their family
   - What staff are comfortable facilitating tough conversations with families around lethal means

   Effective staff to consider training in Safety planning include Nurses, School Social Workers, Adjustment and Guidance Counselors, Licensed Mental Health staff, Administrators, and Coaches among others.

Lethal Means Counseling

Lethal Means Counseling is an evidence-informed intervention best done in combination with Safety Planning (see above). Lethal means counseling requires mental health providers to explicitly ask youth about any method a youth would use in a suicide attempt. This counseling helps mental health providers to understand students' level of suicide risk and to identify the specific steps necessary to keep them safe.

Lethal means counseling should occur as part of broader safety planning efforts. All students at risk of suicide and their families should receive information and strategies to maintain safety regarding their planned suicide method (i.e. locking up medication or guns). Follow-up should

be conducted by the person facilitating safety planning and lethal means counseling to confirm the planned safety measures were completed.

When supporting youth identified as at risk for suicide, lethal means safety should involve primary caregivers and include guidance and language to support safety in other environments where youth spend time. Because adults in youths' lives often have direct control of the lethal means in their homes, their inclusion in these discussions is essential to their success.

Resource 16: Lethal Means in Suicide Prevention
This primer offers more information on addressing lethal means.

Access free trainings and information on addressing Lethal Means through the following resources:

- Counseling on Access to Lethal Means: This free online course from the Zero Suicide Institute at EDC provides individuals with training in hosting conversations on reducing access to means of suicide.
- CALM for Pediatric Providers: Counseling on Access to Lethal Means to Prevent Youth Suicide: This free online course from the American Academy of Pediatrics is designed to provide healthcare workers in pediatric settings with training on hosting conversations on reducing access to means of suicide. Content can be adapted to school settings and is reflective of developmental considerations in having discussions on means.
- Resource 3 provides additional trainings for safety planning and lethal means counseling in the table titled "Strengthening School Student Wellness & Mental Health Professionals' Abilities to Support Students Who Are at Risk for Suicide."

Policies and Protocols and Safety Planning

Your school district's suicide risk response policies and protocols should describe when and how your school will implement safety planning and lethal means counseling for students who are identified as at risk for suicide. This guidance should outline the following:

- Whether your school staff provide in-house safety planning and lethal means counseling or whether external mental health partners provide this service
- What school staff are trained to provide in-house safety planning and lethal means counseling and associated training expectations
- What evidence-based tools (including templates) are used to guide staff through safety planning and lethal means counseling

- What external mental health providers can implement safety planning and lethal means counseling for the schools
- Steps for referrals and warm hand offs from school staff to external mental health providers for safety planning and lethal means counseling
- When parental consent is and is not required for safety planning and lethal means counseling
- Steps for actively engaging parents in safety planning and lethal means counseling
- How conversations with students and families on safety plans and lethal means counseling are documented
- What follow-up occurs with the family in the days after the creation of a safety plan

For additional guidance on policies and protocols for supporting youth at risk of suicide visit Section 4.

Suicide-Specific Treatments

There are a growing number of suicide-specific treatments that have evidence showing their ability to reduce suicide thoughts and attempts in individuals struggling with suicidality, such as the Collaborative Assessment and Management of Suicidality (CAMS) and Dialectical Behavior Therapy (DBT) (Jobes and Rizvi et al., 2024). While beyond the focus of this toolkit, interested school staff can visit the Treat element of the Zero Suicide Toolkit to educate themselves on what suicide-specific treatments are available. This information can guide efforts to identify and develop partnerships with community mental health providers who offer these evidence-based interventions for suicide risk.

Districts that maintain school health and mental health centers, may have the capacity to invest in staff PD in evidence-based treatments for suicide. Districts looking to take this next step can visit the Zero Suicide Toolkit for guidance in strengthening suicide safer-care practices within their health and mental health systems.

Zero Suicide is a continuous quality improvement framework that helps health and behavioral healthcare organizations prevent suicide and deliver safer, more effective care and can be used to guide school-based health and mental health center efforts to effectively identify, support, and provide treatment to youth at risk for suicide.

For districts unable to provide this level of care for students at risk of suicide, focus on identifying what community partners can offer these services and developing relationships, referral protocols, and student and family communication practices that promote effective handoffs from school to community providers.

Table 8 below summarizes best practice interventions for identifying and supporting youth at risk for suicide and the common roles of school vs. community mental health providers.

Table 8: Overview of Best Practice Interventions to Support Youth at Risk

Suicide Risk Screening *Effectively conducted in school systems*	▪ Determine whether suicide risk is present ▪ Can be conducted by any trained individual ▪ Well-validated suicide Risk Screenings with youth include the Columbia Suicide Severity Rating Scale Screener & ASQ
Suicide Risk Assessment *Can be conducted by licensed, clinical mental health staff in schools. Most often conducted by community providers*	▪ Determine level of risk and needed next steps ▪ Conducted by a trained, licensed mental health professional ▪ Used to inform what supports are provided to youth ▪ Well-validated risk assessment processes with youth include the Columbia Risk Assessment & Assessing and Managing Suicide Risk (AMSR)
Counseling on Access to Lethal Means (CALM) *Effectively conducted in school systems as part of Safety Planning*	▪ Collaborative education on reducing access to lethal methods for suicide during periods of risk ▪ Conducted by trained adults and mental health professionals ▪ Free Training on CALM is available from the EDC's Zero Suicide Toolkit
Safety Planning *Effectively conducted in school systems, often creating school setting-specific safety plans.*	▪ Creates a personalized, practical plan for coping and seeking support during periods of risk ▪ Should involve lethal means counseling ▪ Any adult can be trained to effectively safety plan ▪ Free youth safety planning training is available at SPRC.org
Suicide-Specific Intervention *Can be conducted by licensed, clinical mental health staff in schools. Most often conducted by community providers*	▪ Evidence-informed treatment approaches that directly address suicidal thoughts and behaviors ▪ *Examples:* Collaborative Management and Assessment of Suicidality, Cognitive Behavior Therapy for Suicide Prevention, and Dialectical Behavioral Therapy ▪ Find full list of suicide-specific interventions at ZeroSuicide.edc.org

Communicating with Families on Students' Suicide Risk

Tier 1 Communication

Schools can include information on what school-based mental health services are available and how student referrals to community mental health providers are handled in annual information provided to families/guardians.

Schools can also provide opportunities at parent-teacher conferences to discuss existing policies and protocols around mental health services. Consider asking parents whose students are receiving school-based and/or outpatient mental health services for feedback on your school's communication and consent processes.

Use their feedback to improve these processes over time.

Tier 2–3 Communication

Parental notification of a student who is identified as at risk for suicide will always be difficult. Families/guardians will often be in shock. Having handouts, resources, and guidance for the parents will empower families/guardians to get their student help.

Being direct and honest on how a student was identified and what is and is not known around the students' level of suicide risk is key.

If a screening or risk assessment was conducted, the outcomes of either or both need to be directly stated to the parents or guardians. If specific warning signs of suicide have been noted, these should be flagged.

Key messages to emphasize in these difficult conversations include:

- The family is not alone
- Your school is committed to supporting both the at-risk student and their family
- There are evidence-based interventions available that can keep the youth safe and promote their long-term wellbeing
- That you want to work with the family to provide appropriate internal supports and external support services that align with the student's level of risk

Ideally, specific staff roles will be tasked with serving as parental liaisons during these situations. These staff can include school counselors, social workers, licensed mental health staff, and administrators. Visit Section 2 to learn more.

Always document the date of outreach to parents/guardians on a student's suicide risk, the key information communicated, and the outcomes of the conversations.

Resources to Support Conversations with Parents on a Student's Suicide Risk

Resource 10: Risk Response Quick Reference Guide
This resource provides example scripts for having conversations with families on students' suicide risk.

EDC's Zero Suicide Toolkit hosts *Parents to Parents: After Your Child's Suicide Attempt*, an effective film of parents sharing their lived experience in navigating how to support their youth following a suicide attempt, and related resources.

EDC's After Your Child's Suicide Attempt: A Guide for When Your Child Returns to School includes key considerations, questions to ask, and steps to take for parents supporting their youth as they return to school following a suicide crisis

Schools should always promote the 988 Suicide and Crisis Lifeline as a publicly available resource for students and families as part of their ongoing communication on student crisis and mental health services.

Culturally Competent Services

Support services should address a student's and family's values, needs, strengths, culture, beliefs, ability status, financial resources, and environmental situations—all of which impact ability to engage with mental health services.

Your school cannot change outside mental health provider practices. But you can ensure you understand what mental health and community resources specialize in or have a history of working with different populations, whether your community providers are committed to providing culturally competent care, and who the best referral sources are for different types of student needs. Instill an expectation within your school that the demographic, cultural, and environmental situation surrounding students are considered as you support students.

School districts engaged in EDC's Multi-Tiered Suicide Prevention (MTSP) for Schools services have effectively discussed culturally competent considerations with partners using the following questions:

- What are your staffs' experiences and backgrounds working with different populations and regions (for example large city vs. rural)?
- What languages are your staff able to effectively provide mental health services in?
- What differing beliefs, religions, and/or faiths guide your staffs' services?
- What qualifications/expertise do your staff have in working with children and youth?
- What treatment modalities do your staff use when working with children and youth?

- How do your staff engage families in treatments and services for youth?
- What types of insurance are accepted by your organization? Do you offer sliding scale or other flexible payment structures?
- How do your staff increase accessibility to services for youth? (e.g., offering telehealth services, limited pro bono counseling, mental health services at schools or other community organizations separate from their facilities, etc.)

When a district discusses the questions above with community providers, it is easier to map out all the different resources that are available for students. Consider using the information gleaned from these community conversations to create community resource guides that can guide school community members in referring students to services that are aligned with their beliefs and environment. Turn to Section 3 for additional guidance.

The National Association of School Psychologists provides a useful Self-Assessment Checklist for ensuring cultural competence in services for families and students. This resource is useful for evaluating your own internal services and considering what external services you are referring students to.

Student Return to School Following a Suicide Related Crisis

The return to school following a mental health crisis can be particularly difficult for youth and their families. Ideally, expectations will be set *before* the student's first day back at school when a reentry meeting is held. The purpose of a reentry meeting should be to ensure the student and family are supported during the transition. Including a request for this meeting as part of initial communication on suicide risk with family and students increases the likelihood that both parents and youth will be willing to meet with school staff when reentry occurs.

A simple statement near the end of the initial conversation with parents notifying them of a student's suicide risk might be:

"Within the next three days, one of our school mental health staff will be following up to check-in on how [student name] is doing and to offer support in any challenges that may arise around connecting with external mental health providers. Additionally, our staff want to ensure your student will be fully supported when they come back to school whether that is in two days or two weeks.

When the time comes for them to return, we'll set up a reentry meeting with you to discuss how we can make sure they are best supported. You are not alone in this experience. Please let us know what will be most helpful to you and your child as they are supported."

Resource 10: Risk Response Quick Reference Guide
For additional talking points in communication with parents on a youth's suicide risk and preparing them for their return to school visit this resource.

Prior to the student reentry meeting, connect with the parents via phone to check in on how the student is doing, to help them navigate any challenges in referrals to services, and to reaffirm expectations for a formal student reentry meeting. These midpoint connections increase the likelihood that a future student reentry meeting occurs.

Reentry meetings will ideally include mental health and administrative staff in addition to the family of the student. It can also be helpful to have another staff member in the room who the student considers a trusted adult for additional support (e.g., teacher, coach), especially if there is not an established relationship with the mental health or administrative staff. The goal of a reentry meeting should be to make collaborative decisions with the family and student on what is needed to ensure they are supported.

An effective reentry meeting will do the following:

- Check-in on any suicide risk assessments and safety plans conducted with community providers (see sections above)
- Review non-essential vs. essential missed schoolwork and how this will be handled
- Describe what supports will be provided to the student (e.g., IEPs, 504 plans, Weekly Counseling Sessions, periodic review of safety plans, etc.)
- How decisions to change supports will be made
- How communication on student wellbeing, needs, and progress in reintegration into school will be shared with families and healthcare providers
- Confirmation of what information student and family are comfortable having shared with the students' teachers, coaches, etc.
- Time for both student and family to express concerns, describe needs, and ask questions

Resources to Support Student Reentry:

The Psychiatric Transition of Care Network's Student Reentry Plan After a Psychiatric Hospitalization [*note: link opens an automatic download*] provides a student reentry model protocol and template for recording key discussion points and decisions made with families.

The Society for the Prevention of Teen Suicide's Issues and Options Surrounding a Student's Return to School Following a Suicide-Related Absence provides a list of key considerations to prepare for and discuss with students and their families.

A student's suicide risk and treatment are protected information. However, it is important to communicate with families and youth that some staff may benefit from information on the student's absence. Students and families may give consent for key school staff such as a student's home room teacher to be given details on the reason for their absence from school. They may also refuse this consent.

In the event that consent is not given, or when considering what all staff interfacing with a student may need to know, consider modeling your internal communication with staff off of common "handle with care" practices between first responders and districts: Staff do not need to know the details of why the student was absent but will benefit from knowing that the student has experienced a stressful life event and who to reach out to in the district if they are worried about any behaviors they observe in the youth.

Keep in mind that a student's return to school will require long-term follow-up and support beyond the initial reentry meeting. Establish standard expectations in your school system for how often check-ins will occur upon the youth's return to school, how their safety and well-being will be monitored, and how decisions to reduce additional supports will occur over time.

Engaging Voices of Lived Experience: Youth and families who have experienced a mental health crisis, suicide attempt, or suicide loss will have invaluable perspectives to share on the supports, services, and resources provided throughout the identification and support process provided by schools.

Section 4 provides recommendations for engaging the voice of lived experience in the development of your protocols for suicide risk identification and response. Post the creation of suicide risk-response policies and protocols; it is critical to maintain the voice of lived experience by gathering ongoing feedback from youth and families on how the implementation of key protocol steps in the real world has gone. For example, asking youth if they understood why a safety plan was created and whether they used it as a tool post the initial crisis period, or asking parents what barriers and facilitators played roles in their ability to follow up on recommended mental health services.

For additional guidance on incorporating the voices of lived experience visit Section 1.

Identifying and Supporting Youth in the Real World

Tippecanoe School Corporation

Tippecanoe School Corporation (TSC) serves over 13,000 students. TSC conducts annual student wellness surveys focusing on significant student transition periods in grades 5 and 8. Through these surveys, TSC identifies youth with high numbers of risk factors for suicide

present in their life, such as youth reporting limited positive peer relationships or the experience of traumatic life events.

Any youth flagged in these surveys receive direct follow-up from a school wellness staff to determine whether a formal suicide risk screener and Tier 2 or 3 supports are needed.

If a student is identified as at risk for suicide during this follow-up, TSC collaborates directly with community mental health providers to provide referrals to their systems through established protocols. As a student returns to school, they receive a school-specific safety plan in addition to any safety plans provided by community mental health partners.

This school-specific safety plan allows TSC, students, and families to come to consensus on what is needed to keep a student safe and to ensure they are supported within the unique constraints of the school environment.

Section 7 | Promoting Protective Factors

Multi-Tiered Suicide Prevention for Schools (MTSP) Key Component #6

For an overview of all Key Components in MTSP, visit Section 1.

Intended Readers

Section 7 is particularly relevant for teachers and school support staff who are often responsible for leading the implementation of efforts to promote protective factors against suicide through their daily classroom and broader practices with students. Additionally, school administrators whose leadership support is essential for the implementation of positive life skill development curriculums and practices will benefit from an understanding of the core recommendations in this section. Student wellness staff, community partners, and others who support these efforts may also find the recommendations useful.

Developing Positive School Environments

All school staff, whether educators, bus drivers, social workers, administrators, or any other position, have unique roles to play in developing positive school environments and protective factors against suicide. Protective factors are conditions that help reduce the likelihood of negative health outcomes.

In schools, they include positive mental health, life skills, trusted relationships with adults, healthy peer connections, and safe, supportive environments. These conditions are also associated with academic achievement and resilience across individual, family, school, peer, and community levels (Hunsu et al., 2023; Ye, Teig, & Blömeke, 2024).

Many essential life skills are included in evidence-based suicide prevention programs, and programs that develop these competencies have shown some of the greatest effects on reductions in youth suicidal thoughts (Posamentier et al., 2022).

Trauma-informed practices and policies also help schools create supportive environments and implement suicide prevention efforts safely, with students' lived experiences in mind (Ferguson et al., 2025).

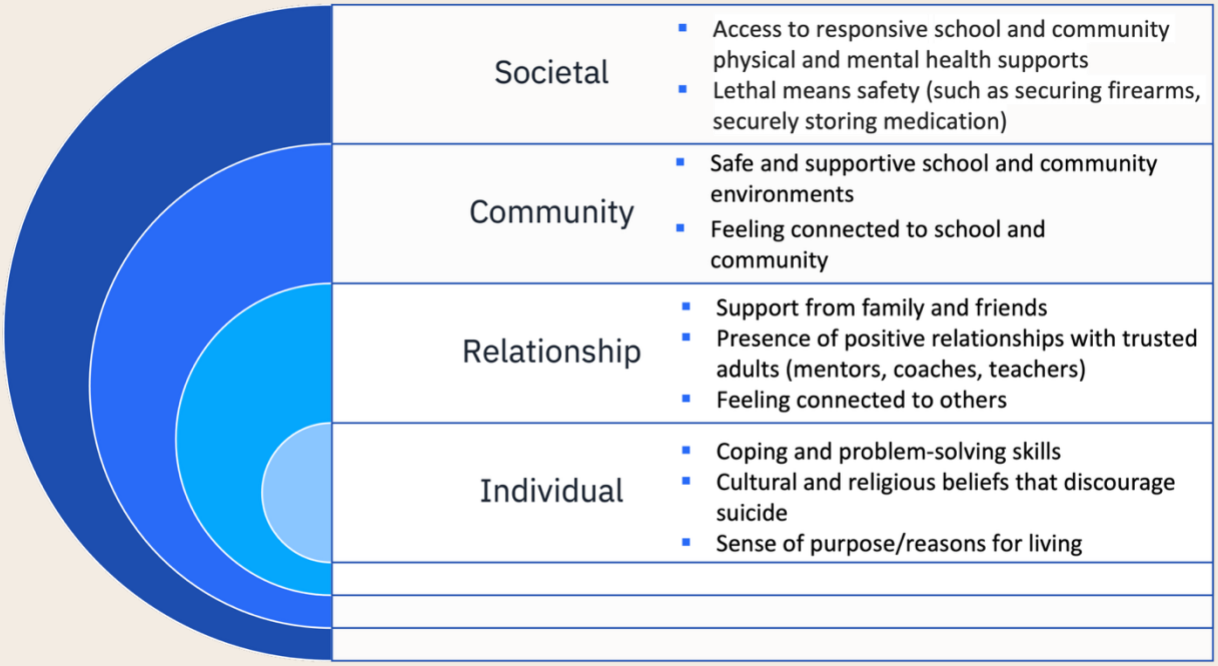
Table 9: Suicide Prevention Programs and Their Inclusion of Essential Life Skills

Program Type	Program	Self-Awareness	Self-Management	Responsible Decision-Making	Social Awareness	Relationship Skill
Community helper training	Question, Persuade, Refer					
Educational/ awareness training	Signs of Suicide	X			X	
Skills training	Zuni/AILS	X	X	X	X	X
Skills training	DBT STEPS-A	X	X	X	X	X
Whole school training	Good Behavior Game	X	X	X	X	X
Whole school training	Sources of Strength				X	X
Whole school training	YAM	X	X	X	X	X

Table adapted from Posamentier et al., 2022.

Protective factors are conditions in a community environment that help lower the risk of a negative health outcome. While risk factors increase the likelihood of that outcome, protective factors help reduce that likelihood for individuals and communities.

Figure 9: Protective Factors Against Suicide Mapped Across the Individual, Relationship, Community, and Society



Schools cannot control every protective or risk factor in a student's life. However, they can use policies, practices, programs, and professional development to strengthen protective factors during the school day—for example, by developing life skills, promoting healthy peer connections, and creating welcoming environments (Rochelle et al., 2026).

Investment in protective factors against suicide is an effective Tier 1 strategy within Multi-Tiered Systems of Support that reduces all students' risk for suicide within the school community.

Keep in mind that a student can have many risk and/or protective factors against suicide present in their lives simultaneously. The presence of protective factors can help buffer against risk factors but not entirely remove their risk. It is important to focus on both the reduction of risk factors and increase in protective factors against suicide within our school systems and to approach our work in suicide prevention with an understanding of both.

Resource 16: Lethal Means in Suicide Prevention
This resource offers more information about lethal means in suicide prevention.

Resource 1: Risk and Protective Factors
This handout provides an overview of risk and protective factors for suicide.

School Leadership and Community Engagement

Promoting protective factors requires commitment across the entire school community. School systems that prioritize student mental health in both policy and practice create environments where well-being is everyone's responsibility (CDC, 2024). Clear support from district and school leadership encourages staff across all roles to incorporate student wellness into their daily work.

Examples of distinct roles staff can play in the promotion of protective factors are provided in the list below:

- **School leaders:** Embed belonging, student voice, and supportive relationships into policies, schedules, resource decisions, and staff expectations. Use school climate and discipline data to identify barriers and improve conditions for every student.
- **Educators:** Build predictable, welcoming classrooms where students are known by name, recognized for their strengths, and invited to participate. Establish collaborative norms, provide meaningful choices, and teach coping, connection, and help-seeking skills as part of everyday learning.
- **Counselors:** Make support visible and approachable through universal lessons, relationship-building, peer connection opportunities, and regular outreach. Help students identify trusted adults, develop personal strengths, and practice coping and help-seeking before a crisis occurs.
- **Psychologists:** Help school teams design universal social, emotional, and behavioral supports; use data to strengthen school climate; and coach staff in practices that promote connection, regulation, participation, and student success.
- **Social workers:** Build strong family–school partnerships and connect families with practical resources early, including food, housing, health, and community support. Coordinate wraparound systems that increase stability, reduce stressors, and make it easier for students to participate fully in school.
- **Nurses:** Make the health office a welcoming access point for physical and emotional wellness. Promote health education, healthy routines, self-advocacy, and help-seeking, while helping students and families understand and navigate available supports.
- **Bus drivers, cafeteria workers, and other school staff:** Create respectful, predictable, and inclusive settings where students experience safety, connection, encouragement, and access to basic needs.
- **Families:** Nurture connection through regular, nonjudgmental communication, affirming relationships, shared routines, and opportunities for young people to contribute at home. Partner with schools early to reinforce strengths, belonging, and access to support.

- **Students:** Build peer belonging by welcoming others, challenging stigma, and participating in student leadership and supportive activities. Encourage a school environment in which reaching out to trusted adults is viewed as a strength.
- **Community mental health and youth-serving partners:** Collaborate with schools on prevention education, consultation, family engagement, referrals, treatment, and follow-up support.

School policies, classroom practices, and building-wide norms should reinforce safety and supportive relationships. Most schools are already investing in strategies to create these positive school environments through existing frameworks such as Positive Behavioral Interventions and Supports (PBIS). However, too often these existing efforts are not seen as core parts of suicide prevention when they are really providing the necessary foundation for all the other key components in comprehensive suicide prevention (Singer et al., 2019).

In EDC's work with districts participating in Multi-Tiered Suicide Prevention (MTSP) for Schools, emphasis has been placed on helping districts to first identify what they are already doing that contributes to the reduction of risk factors and increase in protective factors against suicide. Through this simple act, all staff can identify their unique contributions to suicide prevention—beyond just identifying the warning signs of suicide.

For example, an educator can recognize their investment in classroom practices that promote life skills development and executive functioning as key aspects of suicide prevention and an administrator can identify their role in maintaining school safety as reducing suicide risk. This approach is aligned with an asset-based approach for community prevention and is invaluable in developing staff and leader buy-in for broader suicide prevention efforts (Cassetti et al., 2020; Nel, 2020; Scott et al., 2020).

Strategies for Building Protective Life Skills

Schools should prioritize life skills based on identified community needs rather than selecting competencies in isolation. Formal assessments, student wellness surveys, and input from educators, students, and families can help your district to determine which life skills districts should prioritize developing through formal curriculum and daily practices.

When considering what life skills or protective factors against suicide are most important to strengthen within your school community, be sure to consider what students and families of different backgrounds, life experiences, demographics, and beliefs need and value.

For example, cultural identity and religious beliefs differ from family to another but serve as protective factors against suicide. Within any assessment process, ensure the identification of unique protective factors to promote and support within your district. To learn more about being culturally competent within our work with families, visit Section 2.

Evidence-based life skills programs commonly promote:

- Self-awareness
- Self-management
- Social awareness
- Relationship skills
- Responsible decision-making

Formal Life-Skill Development curricula can strengthen the development of these competencies. When a formal curriculum is not available, schools can still promote and reinforce these competencies through everyday interactions with staff and students, and the implementation of classroom and schoolwide practices focused on building social and emotional competencies in youth.

> **Visit CASEL's Definition of SEL webpage to learn more about life skills competencies and CASEL's Program Guide for evidence-based programs. More than 90 life-skills programs are included.**

Examples of practical supports include:

- Provide time at the beginning and end of classes for students to reflect on and identify how they are feeling
- Incorporate individual and collaborative problem-solving activities into lessons
- Establish classroom norms that promote social connections
- Teach stress management strategies and allow students to identify healthy, age-appropriate coping skills
- Model healthy coping, emotional regulation, and problem-solving as adults
- Appropriately share examples of overcoming challenges and demonstrate healthy coping
- Set realistic deadlines, standards, and homework assignments
- Support students in planning ahead for large reports, projects, and exams
- Recognize and celebrate positive behavior, efforts, and progress—regardless of grades
- Respond to student mistakes with curiosity and problem-solving versus punishment
- Provide reminders that it is normal and acceptable to engage in help seeking—with information on who to reach out to for help in the school
- Prominently promote the 988 Suicide and Crisis Lifeline

- Invest in safe spaces such as wellness rooms, calming corners, or chill-out places to help students decompress
- Normalize discussions on mental health by incorporating them into existing classes and district events such as sporting events, plays, orchestra performances, or art shows

These small practices can be among the easiest to implement and sustain while still having a meaningful effect.

Additional activities are available through the We Are Teachers blog for elementary settings and Edutopia for middle and high school settings. Lists of additional classroom practices are adapted and expanded from Rogers & O'Brien (2021) and Schonert-Reichl (2017).

EDC offers services and resources that support Educator Wellness, Adaptive Practices, Leadership, Systems, and Communication. Visit EDC Solutions' Adaptive Practice webpage to learn more.

Resource 3: Recommended Suicide Prevention Trainings & Programs
This resource includes training and professional development opportunities focused on Tier 1 strategies.

Foster Belonging and Supportive Relationships

Students who experience a sense of belonging are more likely to identify trusted adults, develop healthy peer relationships, and feel accepted within their school community (CDC, 2024). Schools can strengthen connectedness by reducing bullying, promoting positive peer interactions, and encouraging all staff to serve as trusted adults and mentors. Schools should regularly assess whether students:

- Feel connected to their school community.
- Can identify trusted adults.
- Experience healthy peer relationships.
- Experience or perpetrate bullying or interpersonal violence.

Leaders and educators can assess belonging through faculty meetings, conversations with students, and classroom discussions. Schools can also use student wellness surveys, such as the Youth Risk Behavior Survey or a state equivalent, to monitor school connectedness, safety, bullying, violence victimization, substance use, and other relevant risk and protective factors. Data on the prevalence of bullying or violence victimization can serve as an indicator to help identify what percentage of students are experiencing negative peer relationships.

If these topics are not already included, districts may consider adding questions about belonging, trusted adults, and school connectedness.

Engaging Voices of Lived Experience: Youth voice is central to belonging. Students are more likely to feel connected when their experiences, perspectives, and ideas influence school decisions and culture (Molyneux et al., 2026; Van Pelt et al., 2024).

Meaningful opportunities—such as roundtable discussions or a youth advisory board—can help students identify barriers to connection, suggest ways to prevent bullying, and provide feedback on Tier 1 efforts. This also helps all staff better understand what students need to feel safe, respected, included, and supported. For example, youth may have insights to share around why they do not feel connected or how to better prevent bullying through practice change. For more information, see the "Student Voice" in Section 2.

Ensure Access to Mental Health Supports

The American School Counselors Association and the National School Social Workers Association recommend a school counselor/social worker to student ratio of 250 to 1. However, the number of resources needed to provide adequate support depends on student needs, grade level, community resources, and available funding.

Students who need mental health resources, whether they are at risk for suicide or not, should be able to receive timely, appropriate support. Schools can strengthen access by building referral relationships with community providers and monitoring students receiving Tier 2 and Tier 3 services so that supports can be adjusted as needed. Visit the Section 3 for more guidance on community partnerships.

Adequacy also depends on fit. Services should be culturally competent and accessible to students and families from different backgrounds. For example, a district may have effective referral practices but still lack appropriate services if a community provider cannot support English-learning students.

Implement Trauma-Informed Practices

A trauma-informed approach acknowledges that staff across all school tiers will be interacting with students who have a history of trauma. It equips school staff to recognize the presence of trauma symptoms and acknowledges the influence that trauma can have on students' abilities to learn and thrive. These experiences include the risk factors discussed in Section 1 as well as abuse or neglect, family conflict, poverty, serious illness or painful medical treatment, accidents, exposure to violence, grief and loss, and events that affect multiple generations within a family, including grandparents, parents, and children (Craw, 2026). To be able to

recognize and respond compassionately to these experiences, school districts must invest in appropriate staff training on recognizing the symptoms of child trauma and how to support, teach, and provide mental health services to students at varying levels of need.

A trauma-informed school maintains awareness of how trauma impacts students' reception to, interaction with, and understanding of the support, education, and services provided. Traumatic experiences, which are also called adverse child experiences (ACES), are a known risk factor for suicide (Angelakis et al., 2020). Being aware of ACEs and knowing how to support youth who experience trauma can contribute to suicide prevention.

Trauma informed practices should be woven into your school's policies and everyday interactions to be most effective at promoting protective factors. In practice, this looks like:

- Strengthening positive relationships between students and adults
- Helping students build skills for emotional regulation, coping, problem-solving, and help-seeking
- Staff recognizing that trauma and loss can affect behavior, attendance, relationships, and learning
- Staff responding with curiosity and support rather than relying only on punitive discipline

List adapted from Trauma Informed Practices in Schools (National Child Traumatic Stress Network, 2017)

Visit Common Trauma Symptoms in Students and Helpful Strategies for Educators from the *Institute of Education Sciences* for additional information and classroom prevention strategies.

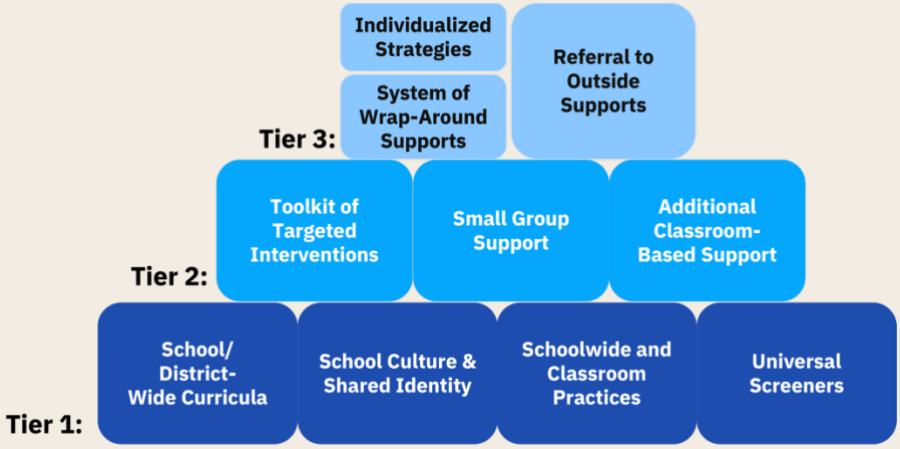
In suicide prevention, the use of safe and effective messaging plays a vital role in trauma-informed practices. We do not always know a student, family, and staff's past lived experience related to suicide. Unsafely discussing suicide, such as providing graphic details of a suicide death, can contribute to re-traumatization of individuals who have suicide-centered lived experience. Ensure all campaigns, communication, and discussions on suicide begin by following safe and effective messaging guidance.

Multi-Tiered Systems of Support (MTSS) can also support trauma-informed practice by aligning services and resources with students' levels of need:

- **Tier 1:** Universal practices promote safety, belonging, resilience, and life skills for everyone.
- **Tier 2:** Students showing signs of distress receive early, developmentally appropriate supports, helping them to intervene before significant risk is present.

- **Tier 3**, those with more significant needs are connected to individualized, evidence-based services through collaboration among school staff, families, and community mental health providers.

Figure 10: Student Supports Aligned with MTSS



To learn more about aligning student suicide prevention with different tiers of support, visit Section 6. EDC's MTSP graph in Section 1 also maps prevention efforts across MTSS.

School policies and procedures can reinforce trauma-informed practice when suicide prevention, crisis response, discipline, and referral protocols are clear, equitable, culturally competent, and designed to reduce re-traumatization.

> **Visit the National Child Traumatic Stress Network to learn about the 10 Essential Elements of Trauma-Informed School Systems.**

Assessing and Monitoring Protective Factors Over Time

After implementing protective-factor strategies, schools should monitor both implementation fidelity and student outcomes.

Whenever possible, schools should use evaluation tools provided with evidence-based life skills programs. Additional assessment efforts should assess both the quality of implementation and changes in students' emotional well-being, school connectedness, and academic growth. Districts should monitor environmental changes that contribute to student wellbeing, such as the availability and student use of calming spaces on campus, perceptions of school safety and bullying/exclusion, and staff-student relationships (Berman et al., 2018).

Because life skills development strengthens protective factors and reduces risk factors—including impulsivity, unhealthy coping, and social isolation—schools can also monitor changes in these outcomes over time.

Although suicide deaths are fortunately rare and difficult to evaluate at the district level, schools can use the Youth Risk Behavior Survey, state equivalent surveys, or other student wellness surveys to monitor trends in:

- Suicidal thoughts
- Suicide planning
- Suicide attempts
- Key Risk and Protective factors for suicide such as school connectedness, school safety, and mental health challenges, as well as other risk and protective factors discussed above

Over time, sustained investment in life skills development, supportive relationships, mental health services, and trauma-informed practices should strengthen protective factors, reduce suicide risk, and contribute to decreases in suicide-related behaviors across the student population. Tracking changes in these risk and protective factors is key.

It is recommended to consult your school district's policies and protocols and state department of education guidance on student surveys and assessment prior to collecting data directly from students.

Resource 17: Risk-Protective Factor Impact Model

This resource includes an adapted logic model that your school district can use to demonstrate how your efforts across tiers serve as protective factors against youth suicide. The model can help school teams connect specific activities—such as life skills instruction and investment in school safety—to expected changes in risk and protective factors for suicide.

It can also support your determination of what measures are most effective (and feasible) to track, clarify how short-term improvements contribute to longer-term suicide-specific outcomes, and help districts communicate the value of their prevention efforts to school leaders, families, partners, and community members.

For example, a school may already have life skill development, mentoring, and anti-bullying efforts in place. A school can map these activities using the Impact Planning Model and identify that they are already addressing several protective factors for suicide, allowing them to focus on investments in new efforts on risk and protective factors not already addressed.

Visit Section 8 for additional guidance on assessing and monitoring your district's suicide prevention efforts.

Promoting Protective Factors in the Real World

The Crossing Frankfort Campus

The Crossing Frankfort Campus is a small private school serving students and families experiencing significant social and economic challenges. Despite limited funding and other barriers to prioritizing mental health, the Campus remains committed to student wellness, family engagement, and connection.

Through its partnership with Healthy Communities of Clinton County, the school incorporated Sources of Strength activities into Family Nights. These activities gave families practical ways to strengthen relationships at home while reinforcing lessons from the Crossing's weekly "Family Time" program.

The impact has been significant, with average student attendance increasing from 80% in 2021-22 to more than 90% from 2022-2026. In a May 2026 student survey, 75% of students reported being "much less" involved in criminal activity, 72% reported "much less" drug and alcohol use, and 69% reported being "much less" likely to respond to anger or sadness in ways that could harm themselves or others.

For the Crossing Frankfort Campus, meaningful connection is an essential part of helping students thrive in school and beyond. The school team also invested in Sources of Strength, an evidence-based youth wellness program the engages youth and trusted adults in building protective factors, strengthening connections, and promoting help-seeking.

Section 8 | Assessing and Monitoring Districtwide Multi-Tiered Suicide Prevention Efforts

For an overview of all Key Components in MTSP, visit Section 1.

Intended Readers

Section 8 is particularly relevant for school administrators whose leadership and guidance are necessary for district investment in assessing and monitoring systemwide suicide prevention efforts. Additionally, student wellness and mental health staff such as guidance and adjustment counselors, social workers, and psychologists will benefit from this section. These staff members often are tasked with tracking some of the key data that can effectively inform districtwide suicide prevention efforts.

Implementation

Implementing a multi-tiered, comprehensive approach to suicide prevention does not happen overnight. It requires long-term investment, spanning multiple years with a commitment to continuous quality improvement (CQI).

Districts that identify steps they can take to monitor, assess, and improve their Tier 1–3 efforts from the beginning are going to find it much easier to describe the impact of their efforts and make a case for sustainability down the road. Districts can use data to strengthen suicide prevention and student wellbeing efforts.

This section presents strategies for making data collection, data analysis, and data-based decision-making feasible and impactful within districts.

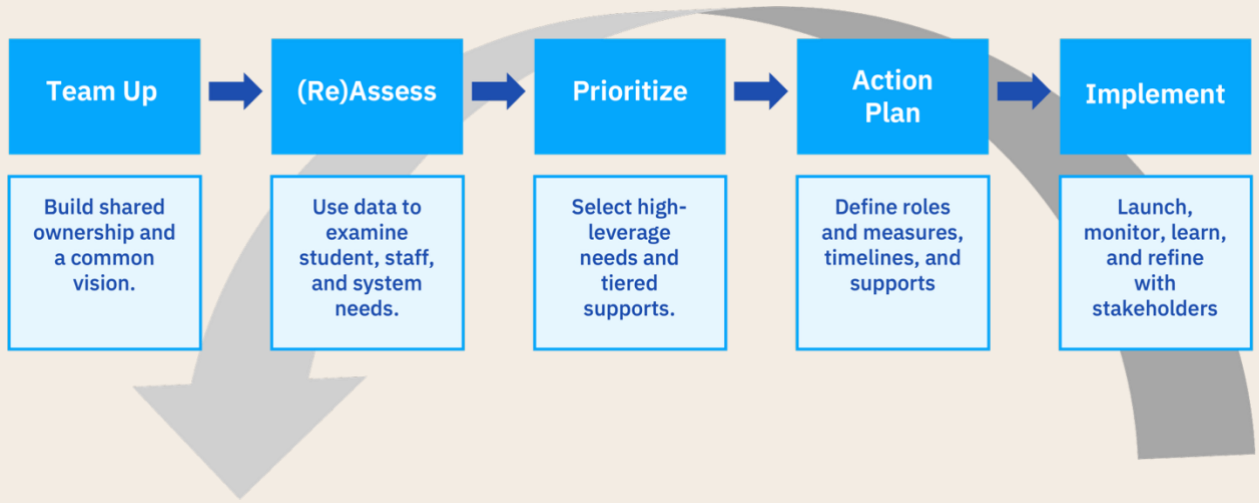
What is CQI?

CQI is an organizational commitment to monitoring efforts over time, tracking what works and does not work, and using data to improve efforts.

- It accepts that some things we try will not work and will need to be changed
- It accepts that all things we do can be improved over the long term
- It maintains commitment to systems-level thinking in which mistakes are not one person's responsibility
- It maintains commitment to collecting and monitoring data as an organization

Figure 11 below provides an overview of a CQI cycle:

Figure 11: MTSS Continuous Improvement Cycle



Why Assess and Monitor Districtwide Suicide Prevention Efforts?

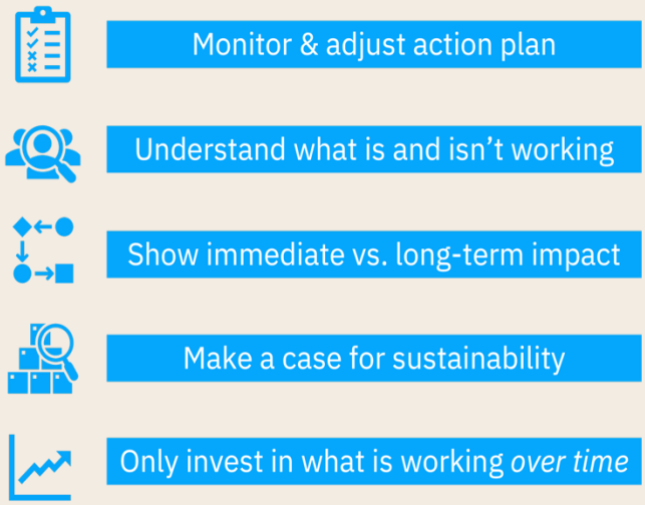
Any district's long-term goal for embarking on a comprehensive suicide prevention journey is to save lives. However, showing that suicide deaths have been prevented is often difficult or nearly impossible at the local level.

Tracking risk and protective factor data and assessing and monitoring our efforts allow us to show impact on our way to the long-term goal of preventing suicide deaths. Additionally, tracking suicidal thoughts and attempts provides measurable and actionable data points that allow us to show real impact over time (Miller et al., 2009; Orlins et al., 2026; Wirthlin et al., 2024).

When data is being tracked, it makes it easier for districts to call for leadership and community support for ongoing suicide prevention efforts. If a district can describe changes they have seen in things such as the number of youth reporting thoughts of suicide or being referred to a mental health provider, it enables them to make a compelling case for why initiatives, programs, or activities should be sustained.

> **All districts have limited time, resources, and staff. Districts do not want to be wasting efforts on activities that do not work. Strong practices in assessing and monitoring suicide prevention efforts help districts ensure they are investing in what is working.**

Figure 12: The Case for Tracking Suicide Prevention Data



Key Data to Track in Assessing and Monitoring Suicide Prevention Efforts

School districts can track several key data sources that are both useful for showing impact and feasible to incorporate into ongoing practices. Key types and sources of data to track are outlined in the table below.

When discussing suicide data, it is important to keep in mind that behind any suicide attempt and death data are lives impacted by suicide and that recipients of the information may have their own lived experience related to suicide.

Ensure you follow safe and effective suicide prevention messaging best practices in your presentations of data to school community members to keep conversations on data safe, helpful, and impactful.

Table 10: Data to Track to Assess and Monitor Suicide Prevention Efforts

Data type	What it can show	Recommended sources
Risk and Protective Factors	Although districts cannot address all risk and protective factors, this Toolkit focuses on those that can potentially be addressed at the district level. Risk and protective factor data can provide tangible elements to track. Risk and protective factor data enable districts to show they are	Student wellness surveys (such as Youth Risk Behavior Surveys or State Equivalent Surveys), universal mental health screeners, self-

	making an impact on their way to preventing youth suicide. Risk and protective factor data can include such things as youth's ability to identify a trusted adult in the school community, the presence of healthy peer connections, access to mental health services, and the presence of healthy coping strategies (or life skills) in students.	reported data (see row below), student attendance and disciplinary records, and school nurse and health center records. For a full list of risk and protective factors related to suicide visit CDC's webpage on Risk and Protective Factors in Suicide.
Policy and protocols	Tracking the presence of policies and protocols related to suicide risk response and what to do after a suicide death is key to monitoring ongoing efforts. This data can guide your district's understanding of how policies and protocols are being implemented and what improvement may be needed in protocol steps over time. Policy and protocol data can include changes in suicide risk data from before to after formal policy and protocol implementation, tracking when suicide risk response protocols are implemented, staff feedback on protocol usefulness, and fidelity to protocol processes.	Administrative records on policies and protocols & feedback or PD sessions with staff on policies and protocols For more information on developing, implementing, and monitoring policies and protocols, visit Section 3 and Section 4 of the toolkit
Screening, identification, referral, and outcome data	Most districts track how many students are identified as at risk for suicide and referred to community mental health providers. However, districts often are not taking time to identify the outcomes of those referrals and to aggregate the data at a districtwide level to inform their efforts. Districts can track individual student data on screenings, referrals, and outcomes and then deidentify and aggregate this data across grade levels, buildings, and populations. This tracking	Deidentified student counseling, mental health, or wellness records from each school building (consider using locked spreadsheets or Student Information Systems (SIS) to support this data aggregation)

	allows districts to show tangible evidence of change in how many students are supported from pre-to-post implementation of community helper trainings and/or protocol implementation. This data also provides needed information to show what groups of youth are receiving the external mental health supports they need and what youth are not. When tracking suicide risk identification and response data, it is important to note when the same students are identified as experiencing suicide risk multiple times. This information may indicate a need for intensive Tier 3 interventions and help inform the supports provided. Tracking repeat identifications can also improve building- and grade-level comparisons by ensuring that groups are not inaccurately flagged as experiencing elevated levels of suicide risk.	
Qualitative Data from Staff, Students, and Families	Not all data needs to be collected through formal survey tools or instruments. District investment in opportunities for community conversations with staff, students, and families on their mental health needs, challenges, experiences, and use of suicide risk response and postvention protocols can provide robust qualitative data to strengthen prevention efforts. Districts can set aside time to check in with staff following the implementation of a suicide risk response protocol to gather their feedback on how the implementation of steps went and what needs to be changed. Districts can ask students and families with lived experience related to suicide to provide feedback on the supports school staff provided. Districts can also host discussions during existing PD days, PTA days,	Existing meetings, orientation days, and staff PD days where time can be provided for conversations on mental health needs and supports Resource 11: Model Agenda for Protocol Development Meetings **provides guiding facilitation recommendations and questions to support efforts to gather qualitative feedback from the school**

	and orientation days to gather feedback on the needs of students related to mental health.	**community on suicide risk response practices**
Systems change data	Districts seeking to invest in comprehensive/multi-tiered suicide prevention are creating systemwide change. Sustained investment in time and resources is required for comprehensive suicide prevention. Tracking changes to district environments, practices, and culture is key to showing this districtwide impact. Systems-change data to track can include the presence of related policies and protocols, staff PD related to suicide prevention, communication practices, available mental health resources, and more.	EDC's free MTSP Assessment has been especially developed to provide this system's level data for identifying and monitoring changes in school suicide prevention over time. Visit the Tools for Tracking Suicide Prevention Data below to learn more.

For each data point tracked, note demographic differences in school buildings, grade levels or ages, race and ethnicity, and socioeconomic status. This data can help districts identify student and staff groups who may need increased training, resources, or support. Additionally, this data may indicate if some subgroups of youth and families are not receiving culturally competent supports aligned with their needs.

For example, if a district identifies that many referrals to community mental health providers for students' suicide risk are successful—but referrals for immigrant youth are not, they might seek feedback from parents on why this is. Immigrant parents may share that they are concerned about the misalignment of the provider's and their family's primary language and beliefs around student mental health.

This information could then lead a district to identify alternative sources of mental health services that are better aligned with the language and beliefs of immigrant families. In this example, cross-group comparisons enabled a district to identify differing outcomes for the families they serve and steps for improving those outcomes.

Counts, Rates, Trends and Patterns

Whenever making across-group comparisons, use several ways to examine data:

- **Counts:** Total number of events or cases—for example, the number of students reporting suicidal thoughts or receiving mental health referrals.

- **Rates:** Counts in context by dividing them by the relevant student population. This allows meaningful comparisons across schools, grades, or student groups.
- **Trends:** Change in counts or rates over time, such as whether reports of anxiety or suicide risk are increasing, decreasing, or remaining stable.
- **Patterns:** Relationship between factors—for example, whether students experiencing isolation or bullying also report higher levels of suicidal ideation, or whether protective factors such as trusted-adult connections are associated with better mental health outcomes.

Figure 13 below provides a summary of these differences in types of data.

Figure 13: Counts, Rates, Trends, & Patterns

Counts:
How many?

Rates:
How many out of a specific student population?

Trends:
How many over time?

Patterns:
How are these numbers associated with other factors?

Together, these measures help schools understand the scope of student mental health concerns, identify disparities and potential risk or protective factors, and guide prevention planning

External Sources of Data

Because suicide attempts and deaths are relatively rare events, data that is external to schools is often needed to track changes in them. For example, a school may only experience a suicide once every ten years or one suicide attempt in a school year. In either example, showing district-level impact on these behaviors and loss of life is unrealistic.

Instead, when multiple districts within a given region or state can collectively implement sustained suicide prevention efforts, regional or state-level data on attempts and deaths can demonstrate impact. In fact, data comparing counties which implemented suicide prevention programming as part of SAMHSA's Garrett Lee Smith Suicide Prevention Program vs. those that didn't showed that the counties implementing GLS-funded trainings experienced 1.33 fewer suicide deaths per 100,000 youth (ages 10–24) in the year following implementation

compared with matched counties without GLS activities (Walrath et al., 2015). This study demonstrates the importance of tracking regional, state, and national data to inform efforts.

Resource 18: Suicide Prevention Data Sources
This resource provides information on national, state, and local data sources that can provide information on risk and protective factors, suicide behaviors, and mortality data related to suicide. Turn to this resource to find names, descriptions, and links to relevant, free data resources from the field.

Districts can use these external data sources to understand the following:

- How tracked risk and protective factor data from their district compares to regional, state, or national risk and protective factor data for youth
- How tracked suicide thought and attempt data from their district compares to regional, state, or national suicide attempt and death data
- Trends and patterns in suicide risk and protective factors, suicidal thoughts and attempts, and suicide deaths across national and state populations

Collectively, this data can help inform which student and family groups districts believe may need increased support at the local level. Likewise, this data can guide districts in choosing suicide prevention activities that are aligned with their state and regional needs.

For example, a district may note that their state YRBS data shows low rankings in youths' reported ability to identify trusted adults—with AI/AN youth reporting this more frequently than any other student group across the state. A district could use this information to identify the need to gather feedback from their local AI/AN youth on this topic and to plan to invest in culturally relevant programming focused on linking these youth with trusted adults.

Using Data to Inform Efforts Across MTSS

The table above provides a variety of data points that can be tracked to assess and monitor systemwide suicide prevention efforts. When considering what the data is showing, keep in mind that data points can indicate multiple opportunities for intervention/changes across MTSS.

For example, if a district identifies through student wellness surveys (noted as a key tool in monitoring risk and protective factor data in the table above) that many students are unable to identify trusted adults in their school community, they could use this to make decisions to invest in prevention strategies across MTSS:

- **Tier 1: (Practices and Culture):** Implement Districtwide Practice that all students are provided with information on how to share mental health concerns with school staff during student orientation days
- **Tier 2 (Targeted Supports):** Strengthen protocol steps for how staff respond to students presenting with mental health concerns to ensure effective handoffs to mental health staff
- **Tier 3 (Intensive Individual Interventions):** Hire a licensed school social worker who can provide mental health counseling to students on campus

In the example above, the data is informing interventions pursued across MTSS.

Feasible Strategies for Tracking Suicide Prevention Data

Districts are busy and can become easily overwhelmed by the addition of data tracking practices related to suicide when not implemented with both attention to what is needed and feasible. Through work with districts engaged in MTSP, EDC has developed recommended strategies for making data tracking more feasible below:

Table 11: Strategies to Make Data Tracking Feasible

Strategy	Examples
Monitor data your school already has	▪ Student surveys ▪ De-identified counseling or nursing records ▪ Notes from PTA meetings
Incorporate relevant data tracking processes into staff expectations	▪ School staff providing community-helper trainings are asked to have all trainees complete pre-post tests ▪ Mental health staff store de-identified referral records in central platform ▪ Teachers record student life skills lesson participation
Identify staff to analyze data and share with larger team	▪ 1 student counselor analyzes all de-identified student referral records once per semester ▪ 1 administrative staff supporting PD analyzes pre-post test results following a series of staff trainings
Discuss gathered data as a team	▪ A student wellness or crisis response team sets aside time every other month to discuss aggregate mental health data

	▪ An annual PTA meeting is dedicated to sharing aggregate data with families and gathering their feedback on how to improve any concerning trends in student mental health
Simplify/streamline data collection	▪ Provide virtual pre-post surveys vs. paper where data is automatically aggregated ▪ Provide an online spreadsheet that mental health staff can use to enter referral records and outcomes ▪ Use AI platforms for notetaking.

Tools for Tracking Suicide Prevention Data

EDC has developed several tools that can support districts in their data tracking efforts. Each free tool and a description of its purpose and how it can bolster suicide prevention assessment and monitoring is provided below.

The MTSP Environmental Assessment is a free tool that provides districts with a comprehensive assessment that helps them to identify their needs, strengths, and gaps across the 6 key components of suicide prevention. Through a series of Likert Scales in the assessment, districts can monitor their progress in getting each key component in place when the assessment is repeated. Some districts engaged in MTSP have repeated this assessment at the start of each new school year to inform efforts.

Using the assessment, district leaders can:

- Generate district-wide consensus on suicide prevention needs
- Identify existing school activities that can strengthen suicide prevention efforts
- Obtain guidance on improving systemwide suicide prevention efforts

Through the associated MTSP Environmental Assessment Companion Guide, districts can find best practice guidance, real-world considerations, district-level discussion questions, and relevant resources related to each assessment item.

Resource 17: Risk and Protective Factor Impact Model

This resource has been simplified from traditional logic models to focus on helping districts map the impact of internal investments in staff time, activities, and resources with changes in suicide risk and protective factors. This resource is particularly helpful in identifying what risk and protective factor data your district should track to show impact related to your ongoing suicide prevention activities.

Resource 19: MTSP Data Tracking List
This data sheet provides several types of data that districts can track to show impact. Organized by immediate, follow-up, and long-term data sources, the list is helpful in identifying which types of data are most feasible for a district to track and relevant at different points within their suicide prevention, systems-change journey. Page 2 also includes space to record what data your district plans to track.

Data-Informed Decision-Making

Data collection is only useful when districts set aside time to analyze, interpret, and discuss findings. For example, if significant increases in student referrals to mental health providers are observed after suicide risk identification and response protocols are formalized, does this indicate students' mental health is getting worse or that staff is doing a better job at identifying and supporting them? Answers to questions like these can only be made if staff are taking time to collectively discuss their observations related to the data.

Ideally, a district student wellness or crisis response team will take the lead in tracking, analyzing, and discussing data over time. Setting up specific timepoints for data discussions in staff meetings (such as once per semester) is key to ensure this reflection on data and its implications for ongoing efforts are not forgotten.

Finally, it is important to share the results of data being tracked back to the school community. For example, a district could share aggregate-level information about how many students were identified as at risk for suicide and create a school-specific safety plan with the social workers who reported the data in a central platform. This data sharing can help social workers identify the impact of their efforts and increase their buy-in around data collection. Without this sharing of data to the school community, it is easy for staff buy-in around data collection to be lost.

When sharing data with the school community, consider using the "What?—So What?—Now What?" framework. This framework is widely used in the public health field to help communities better understand the context and meaning around data and to make stronger, data-informed decisions (Betalden et al., 2011). See Table 12 below for a school-specific example in applying this framework to communication on data.

Table 12: What?—So What?—Now What? Communication Framework in School Data

Question	Purpose	Example (School Suicide Prevention)
What?	Describe the data objectively. What do the numbers show?	"The district recorded 42 suicide risk assessments during the 2025–2026 school year, a 35% increase from the previous year."

Question	Purpose	Example (School Suicide Prevention)
So What? (What Does It Mean?)	Interpret the findings. Why are they important? What patterns or contributing factors are present?	"The increase may reflect improved identification following a community helper training rather than an increase in suicidal behavior alone. Most assessments occurred among middle school students and followed concerns raised by peers."
Now What?	Identify implications and actions. What should the school community do?	"The district should expand peer reporting education, strengthen middle school prevention efforts, and monitor referral timeliness to ensure students receive appropriate follow-up care."

Engaging Voices of Lived Experience: When staff, families, and students with lived experience related to mental health, suicide prevention, and crisis supports are given the opportunity to review and respond to data the district is collecting, it will strengthen the decisions about how to act on the data. Individuals with lived experience can share their perspectives on what might be contributing (for good or bad) to the changes being seen ("the What?"), what implications should be drawn from the changes ("the So What?"), and what strategies ("Now What?") might help to address those needs.

For example, a district observing rising suicide attempts in teenage girls might consult with families and teenagers who have experienced a mental health crisis to discuss the data.

The family may be able to share what local risk factors contributed to their daughter's suicide risk, what resources or supports might have helped to reduce those risk factors but weren't available, and what would be helpful to invest in now to reduce similar risk factors for other teenage girls in the district.

When engaging broader school community members in data discussions, it is essential to ensure data is shared and discussed accurately, safely, and in a way that is respectful of and honors the lives impacted by the data. Turn to the Action Alliance's Framework for Successful Messaging for additional guidance on messaging.

For more on lived experience, visit Section 1.

When data is presented accurately and different school community members are given the opportunity to discuss its implications for ongoing prevention efforts, true continuous quality improvement in efforts and systems-wide change can occur.

When communicating suicide-related behavior data, it is important to emphasize that prevention is possible and to anchor our messaging in hope.

This means not over-exaggerating negative statistics (e.g., our student survey showed that almost all our youth are experiencing a mental health crisis!) and emphasizing what can be done to address concerning trends (e.g., while our student survey shows us more students need crisis supports than in previous years, there are specific steps we can continue to take to strengthen our crisis resources for students, such as partnering with our local mobile crisis team to be available on call and training staff in safety planning to support at-risk youth).

For additional guidance in communicating on suicide data visit CDC's Suicide Prevention Communication Playbook.

Assessing & Monitoring Suicide Prevention Efforts in the Real World

Lafayette School Corporation

Lafayette School Corporation (LSC) operates 12 schools serving approximately 7,000 students. After creating formal protocols for identifying and supporting students at risk for suicide and investing in staff professional development (PD), LSC recognized the importance of monitoring their efforts and showing impact.

LSC's district mental health coordinator created a closed-access Google Form that mental health staff across grade levels were asked to complete whenever they implemented a Columbia Suicide Risk Screener with a student. This form included questions on what the outcomes of the screening were, whether youth were referred to mental health services, and the outcomes of those services.

As a result of these data tracking efforts, LSC was able to identify that more students were receiving the Columbia Suicide Risk Screener in their elementary school buildings than others, demonstrating the need for increased investment in mental health promotion in these young grades. Additionally, by comparing districtwide data, LSC found that buildings implementing formal Executive Functioning curriculum were experiencing fewer cases of confirmed suicide risk, demonstrating the positive impacts of this investment.

Through this data, LSC garnered increased district buy-in for investment in formal life skill development curriculums and activities.

Section 9 | Sustaining Multi-Tiered School Suicide Prevention

For an overview of all Key Components in MTSP, visit Section 1.

Intended Readers:

Section 9 is particularly relevant for school administrators who guide district investment in sustaining suicide prevention efforts and for student wellness and mental health staff, such as guidance and adjustment counselors, social workers, and psychologists, who often lead efforts to sustain districtwide suicide prevention.

Plan for Sustainability

Plan for sustainability from the beginning. Although funding is important, lasting suicide prevention also depends on current policies and protocols, ongoing professional development (PD), and committed internal and external partners (Askell-Williams & Koh, 2020; Herlitz et al., 2020; McIntosh et al., 2018). Many prevention activities—such as maintaining suicide risk response protocols and discussing warning signs and response during staff PD—require little external funding when leadership and staff support the work.

Initial investments should focus on efforts that can continue after grant or seed funding ends. For example, a train-the-trainer model may help districts maintain a program without relying on an outside agency.

The Garrett Lee Smith (GLS) Youth Suicide Prevention grant program illustrates why sustainability matters. Initial evaluations found lower suicide mortality and fewer suicide attempts in counties with grant-funded activities than in matched counties.

However, the impact faded after one year on average following the end of the grant project period. When grants were made larger and longer, the reduction in mortality lasted two years on average, and the effect was directly related to years of continued funding (2024 National Strategy for Suicide Prevention; Walrath et al., 2015).

The lesson for schools is not that funding alone creates lasting change. Rather, investments should build the people, partnerships, practices, and infrastructure needed to continue the work after a grant or project ends.

This section addresses four areas of sustainability:

- Policies, protocols, and practices

- Student wellness teams
- Community partnerships
- Funding

Figure 14: Key Areas of Comprehensive School Suicide Prevention Sustainability

Sustaining Comprehensive Suicide Prevention

Districts should focus on sustaining comprehensive suicide prevention strategies across Multi-Tiered Systems of Support (MTSS), rather than maintaining a single program or training. This broader focus helps districts identify which strategies have the greatest impact and can be sustained beyond individual programs, trainings, or curricula (Erbacher et al., 2023; HHS, 2024).

Schools may find that not all activities need to be sustained but rather those making the largest impact. In EDC's work with districts in Multi-Tiered Suicide Prevention (MTSP) for Schools), schools have identified one to three activities to sustain across each of the 6 Key Components of Suicide Prevention. These activities have included policies and protocols, staff professional development, district teams dedicated to the work, and community partnerships which all require no external funding sources – in addition to specific programs or trainings with a cost. Additionally, through relationships with community partners, districts have been able to create shared ownership of some training and events that spread the financial investment across more than their district alone.

Sustainability in Policies, Protocols, and Practices

Policies and protocols for suicide risk identification, response, and postvention are more sustainable when districts focus on daily application, continuous quality improvement (CQI), and staff learning opportunities.

Daily Application and CQI

Staff feedback should inform protocols from the drafting stage through implementation. When staff encounter barriers, districts should hold debriefs to understand the circumstances, identify needed changes, and ensure protocols remain practical in the school environment.

Protocols should be updated as district environments, norms, and resources change. For example, a district may initially refer students to external services for suicide risk assessments but later conduct assessments in-house after hiring a school psychologist (Northern Illinois University, n.d.).

Districts should not lose sight of the need for protocols to inform and remain applicable to daily practice in the real world. No set of policies and protocols should sit on a virtual shelf without use.

Implementation challenges should be viewed as opportunities to improve the school support system, not as individual staff failures. Ongoing data tracking (see Assessing and Monitoring Suicide Prevention Efforts) can help districts identify changing needs, outcomes, practices, and disparities—for example, differences by student population or grade level in follow-through on referrals. Staff discussions and administrator–mental health staff debriefs after identified suicide risk can provide qualitative information to guide improvements and strengthen student supports.

Professional Development

Policies and protocols need to be accompanied by staff professional development (PD) to ensure use. Asking staff to review new and updated policies and protocols is helpful, but not enough. Ideally, districts will build time into staff orientation, annual or biannual PD days, and other meetings to provide training on the outlined protocol steps, answer questions staff have, and discuss how their application is functioning within the real world. School districts participating in MTSP have effectively set standards around staff PD.

Pairing community helpers and protocol training together can demonstrate to staff that administrators "have their back" in the implementation of best practice steps in identifying and supporting youth who are at risk of suicide.

Sustainability in Student Wellness Teams

One of the greatest indicators of long-term sustainability is the buy-in from district staff and families (Grebing et al., 2023; Peng et al., 2026). If the school community is not on board with the programs, protocols, or strategies being implemented, it is unlikely they will last. District investment in the MTSP Component Engaging Key School Community Members seeks to directly support the development of this buy-in from day-one when implementing comprehensive suicide prevention efforts in schools.

Building Shared Ownership

Staff pushback may arise when new prevention efforts change established practices or expand responsibilities. Involve staff from the beginning—especially those already doing prevention—

to identify what is working, clarify roles, and shape the approach. A working group with shared responsibility helps prevent the work from depending on one person and supports a collaborative rather than a top-down process.

Pushback may occur during planning, policy or protocol changes, implementation, or staff transitions. Districts can address concerns by gathering staff feedback, piloting new procedures, explaining decisions, and revisiting what is not working.

Plan for turnover by documenting key procedures and contacts, identifying backup staff, and updating the working group when roles change. Include suicide prevention in new-staff orientation and provide brief refreshers during the year, so staff understand the district's goals, protocols, responsibilities, and available supports.

School Committees

One of the most effective ways to ensure that buy-in lasts beyond an initial project launch or grant period is to form a team of school staff, family and student advocates, and community partners dedicated to youth wellbeing, mental health promotion, and suicide prevention. In the initial stages, this group may only focus on suicide prevention. But after policies and protocols have been created/updated and piloted, and best-fit strategies for the school community have been identified, the sole team focus on suicide prevention within the broader expectations of a school system is unlikely to continue. School districts participating in MTSP have found success in identifying broader student wellness, school safety, or crisis response teams to house ongoing suicide prevention responsibilities. This helps to form connections between suicide prevention and other related activities and ensure staff, volunteers, and partners are not being overtasked with too many meetings, taskforces, or committees.

When considering sustainability of student wellness teams, ensure staff and volunteers are given the opportunity to join and leave the team over time.

It is equally important for school leadership to demonstrate commitment to sustaining suicide prevention efforts (Askell & Koh, 2020). This can come through the following strategies:

- Leaders writing in formal expectations within suicide prevention policies for specific school teams to oversee and maintain suicide prevention efforts over time
- Leaders playing active roles in periodic meetings focused on mental health promotion and suicide prevention
- Leaders identifying core staff to maintain efforts and checking in with those staff over time

Frequent school committee meetings focused on suicide prevention will be needed during the launch of new activities. But districts engaged in MTSP have found that once past the initial pilot period, school teams focused on suicide prevention can be effectively sustained by setting up once or twice per-semester check-ins that discuss how continuation of strategies is

going, what challenges are being faced, and any important trends related to mental health and suicide-related data and their implications for the work.

Community Partnerships

Including community partners as school team members strengthens long-term sustainability. This does not mean an open invitation needs to be sent to all agencies or non-profits in a community. If districts identify through a community asset mapping or similar process that there are mental health services, suicide-specific interventions, or suicide prevention trainings which can support students and families, the organizations providing such services can be effective members of a school committee.

Recurring meetings with selected community partners help districts incorporate changing resources into prevention efforts and share responsibility for mental health events and training. Partners may contribute staff, resources, and expertise that support long-term sustainability. For example, many community partners provide community helper training at no or low cost. Schools can partner with community organizations to provide this training for new staff or refresher training at teacher-in-service. Another example would be having the district create an MOU with a local mental health provider to offer counseling services in the school once a week to reduce transportation barriers and easier access for students to receive services.

Keep in mind that school staff should not be expected to become experts in suicide prevention. By having local external experts in suicide prevention at the committee table, schools can ensure ongoing efforts are safe, effective, and in-line with best practices which all contribute to sustainable prevention.

Visit your state's department of education website to learn about state-level policies, guidance, and resources for schools. Visit sprc.org/states to find contact information for your state suicide prevention agency and a list of state organizations providing suicide prevention resources and services.

Lived Experience Recommendation

Local student and family advocates passionate about mental health and suicide prevention will change over time. The high schooler and their parents, passionate to help other teenagers not feel as alone and hopeless as they did during their first year, will grow up and move beyond high school. District committees should plan for continued lived-experience participation by:

- Extending annual, no-pressure invitations to students and parents whose lives have been positively affected by school mental health services
- Creating a student or parent advisory group or subcommittee

- Hosting annual discussions where students and families can learn about committee activities and provide feedback
- For more guidance, see Section 1.

Sustainability in Funding

There are many activities within a multi-tiered approach to suicide prevention that can be sustained without additional or long-term funding.

For example, school policies and protocols can be effectively sustained through internal staff professional development and buy-in. However, districts may identify programs, trainings, or services they want to offer that require long-term financial investment.

Districts should first take time to identify what they *do* and *do not* need additional funding to support across MTSS. After this has been clearly articulated, they are more prepared to seek funding support.

When planning for sustainability, work to coordinate with your state's focus areas for youth suicide prevention before choosing where to invest limited dollars. State Departments of Education and Mental Health often provide access to free or low-cost, evidence-based suicide prevention training and resources.

Likewise, state suicide prevention coalitions and nonprofits often offer resources and programming in suicide prevention specific to schools. By integrating your state's available resources, programming, and expertise you can increase sustainability of your suicide prevention efforts and make sure limited funds are focused on gaps not already able to be addressed through partner resources.

Framing Funding Development

Start with a prevention goal and the strategies needed to achieve it—not with an available funding opportunity. For example, if a district wants to reduce students' reported loneliness, it should first identify appropriate programs or services. The district can then seek funding that supports those strategies and fits its broader goals and context.

Funding Sources

There are common funding sources that can support district suicide prevention efforts. The tables below provide an overview of common sources of funding and links to websites to find additional information.

This is not an exhaustive list but is designed to raise awareness and generate ideas for future funding development. For districts actively seeking funding, they are encouraged to explore

their local state and community funding opportunities through a formal Community Asset Mapping Process.

National Funding Opportunities

Table 13: National Funding Opportunities

Funding Opportunity	Overseeing Agency or Group	Relevant Website to Learn More	Focus/Considerations
Title II Funding	US Department of Education	ed.gov/grants-and-programs	Strengthening staff practices and can be used to support staff PD in mental health and suicide prevention Funding dispersed through LEAs
Title IV Funding	US Department of Education	ed.gov/sites	Provides investment in a variety of areas to promote safe and healthy schools including violence prevention and behavioral supports Funding dispersed through LEAs
Stronger Connections Grant	US Department of Education	ed.gov/grants-and-programs/	Supports schools in creating safe, supportive, and inclusive learning environments, including mental health and wellness and safety initiatives Funding dispersed through LEAs
Project AWARE Federal Grants	Substance Abuse and Mental Health Services Administration (SAMHSA)	congress.gov	Provides funding focused on developing school mental health infrastructure, including suicide prevention LEAs and districts can collaborate in grant applications
Mental Health Awareness Training	SAMHSA	samhsa.gov/grants	Provides funding to support trainings in mental health and suicide prevention

(MHAT) Grants			Districts can directly apply for this federal funding
Trauma Informed Services in Schools (TISS)	SAMHSA	samhsa.gov/grants/	Provides funding to support district development of mental health and crisis support service LEAs and districts can collaborate in grant applications
Garret Lee Smith State-Tribal Suicide Prevention Grants	SAMHSA	samhsa.gov/grants/	Provides funding to support youth suicide prevention in states and tribes State and Tribal Governments can collaborate with schools in grant applications
School-Based Mental Health Services	US Department of Education	ed.gov/grants-and-programs/	Increase school-based mental health providers LEAs and districts can collaborate in grant applications
Mental Health Service Professional Development Grant Program	US Department of Education	ed.gov/grants-and-programs/	Partners development in school-based mental health services LEAs and districts can collaborate in grant applications
School Emergency Response to Violence	US Department of Education	ed.gov/grants-and-programs/	Supports school response to traumatic events, such as suicide or suicide clusters LEAs and districts can collaborate in applications

State and Local Funding Opportunities

Table 14: State and Local Funding Opportunities

Common Funder	Purpose/Considerations

State Department of Mental Health Services	Often provide local funding opportunities for districts focused on safe and supportive school environments, mental health promotion, mental health services, and suicide prevention
State Department of Education	Often provide local funding for staff training and professional development that can support staff training related to student wellbeing, mental health promotion, and suicide prevention
State School Safety Centers or Agencies	Often provide local resources, services, or funding for violence prevention, including suicide and self-harm
State and Local Mental Health and Suicide Prevention Non-Profits and Advocacy Groups	Often provide local resources, trainings, programs, and sometimes funding for mental health promotion and suicide prevention
State and Local Public Health Agencies	Often provide federal pass-through grants, state legislative allocations, and multi-agency public health frameworks.
State and Local Foundations	Often provide application-based funding opportunities for promoting youth, school, and community wellbeing
Local businesses/corporations	Sometimes provide application-based funding opportunities for promoting youth and community wellbeing through Corporate Social Responsibility Arms

Bringing it All Together

Development of sustainable, comprehensive approaches to suicide prevention is a long-term journey that spans investment in policies and protocols, school teams, community partnerships, and funding.

Resource 20: Sustainability Handout

This resource provides a table summarizing the key areas of sustainability, examples of what these areas look like in real practice, and questions to guide districts' evaluations of their own sustainability.

Sustaining School Suicide Prevention in the Real World

Attica Consolidated School Corporation

Attica Consolidated School Corporation is a small rural district that serves roughly 600 students across 2 main school buildings. Following the loss of grant funding,

Attica's dedicated Life Skills Educator position was eliminated. Rather than discontinuing Life Skills, the school integrated it into the existing Health curriculum to ensure students continue receiving essential skills.

The district also maintained the policies, protocols, and practices established during the grant, demonstrating a commitment to sustaining key prevention efforts despite reduced resources.

Citations

Abbott-Smith, S., Ring, N., Dougall, N., & Davey, J. (2023). Suicide prevention: What does the evidence show for the effectiveness of safety planning for children and young people? A systematic scoping review. *Journal of Psychiatric and Mental Health Nursing, 30*(5), 899–910.

Ackerman, J. P., & Horowitz, L. M. (Eds.). (2022). *Youth suicide prevention and intervention: Best practices and policy implications*. Springer. https://doi.org/10.1007/978-3-031-06127-1

Ajluni, V., & Amarasinghe, D. (2024). Youth suicide crisis: Identifying at-risk individuals and prevention strategies. *Child and Adolescent Psychiatry and Mental Health, 18*, Article 58. https://doi.org/10.1186/s13034-024-00753-9

Albaum, C., Irwin, S. H., Muha, J., Schumacher, A., Clarissa, S., Finkelstein, Y., Bridge, J. A., & Korczak, D. J. (2025). Safety planning interventions for suicide prevention in children and adolescents: A systematic review and meta-analysis. *JAMA Pediatrics, 179*(8), 886–895. https://doi.org/10.1001/jamapediatrics.2025.1012

American Academy of Pediatrics. (2024). Suicide and suicide risk in adolescents. *Pediatrics, 153*(1), e2023064800. https://doi.org/10.1542/peds.2023-064800

American Psychiatric Association. (2025, May 29). New research offers insights on youth suicide trends. https://www.psychiatry.org/news-room/apa-blogs/new-research-insights-on-youth-suicide-trends

American School Counselor Association. (n.d.). *School counselor roles & ratios*. https://www.schoolcounselor.org/About-School-Counseling/School-Counselor-Roles-Ratios

Angelakis, I., Austin, J. L., & Gooding, P. (2020). Association of childhood maltreatment with suicide behaviors among young people: A systematic review and meta-analysis. *JAMA Network Open, 3*(8), e2012563. https://doi.org/10.1001/jamanetworkopen.2020.12563

Askell-Williams, H., & Koh, G. A. (2020). Enhancing the sustainability of school improvement initiatives. *School Effectiveness and School Improvement, 31*(4), 660–678.

Batalden, P., Davidoff, F., Marshall, M., Bibby, J., & Pink, C. (2011). So what? Now what? Exploring, understanding and using the epistemologies that inform the improvement of healthcare. *BMJ Quality & Safety, 20*(Suppl. 1), i99–i105. https://doi.org/10.1136/bmjqs.2011.051698

Berman, J. D., McCormack, M. C., Koehler, K. A., Connolly, F., Clemons-Erby, D., Davis, M. F., Gummerson, C., Leaf, P. J., Jones, T. D., & Curriero, F. C. (2018). School environmental conditions and links to academic performance and absenteeism in urban, mid-Atlantic public schools. *International Journal of Hygiene and Environmental Health, 221*(5), 800–808. https://doi.org/10.1016/j.ijheh.2018.04.015

Black, R., Walsh, L., Magee, J., Hutchins, L., Berman, N., & Groundwater-Smith, S. (2014). *Student leadership: A review of effective practice*. ARACY.

Bowden, L., Fortune, S., Hetrick, S. E., Meinhardt, I., & Donkin, L. (2026). Systematic review of best practice guidance for schools to respond to self-harm. *School Mental Health*, 1–34.

Bridge, J. A., Asti, L., Horowitz, L. M., Greenhouse, J. B., Fontanella, C. A., Sheftall, A. H., Kelleher, K. J., & Campo, J. V. (2015). Suicide trends among elementary school–aged children in the United States from 1993 to 2012. *JAMA Pediatrics, 169*(7), 673–677. https://doi.org/10.1001/jamapediatrics.2015.0465

Brockie, T., Gone, J. P., Nelson, K. E., Mueller, A. S., Kahn-John, M., Olawole, W., & Perrin, N. (2025). Protective and risk factors of suicide in Native American youth: Cross-sectional findings from a mixed-methods study. *The Lancet Regional Health–Americas, 51*, Article 101245. https://doi.org/10.1016/j.lana.2025.101245

Capps, R. E., Michael, K. D., & Jameson, J. P. (2019). Lethal means and adolescent suicidal risk: An expansion of the PEACE protocol. *Journal of Rural Mental Health, 43*(1), 3–16. https://doi.org/10.1037/rmh0000108

Cassetti, V., Powell, K., Barnes, A., & Sanders, T. (2020). A systematic scoping review of asset-based approaches to promote health in communities: Development of a framework. *Global Health Promotion, 27*(3), 15–23. https://doi.org/10.1177/1757975919848925

Centers for Disease Control and Prevention. (2022). Suicides among American Indian or Alaska Native persons—National Violent Death Reporting System, United States, 2015–2020. *Morbidity and Mortality Weekly Report, 71*(37), 1161–1168. https://doi.org/10.15585/mmwr.mm7137a1

Centers for Disease Control and Prevention. (2024). Mental health and suicide risk among high school students—Youth Risk Behavior Survey, United States, 2023. *Morbidity and Mortality Weekly Report, 73*(Suppl. 4). https://www.cdc.gov/mmwr/

Centers for Disease Control and Prevention. (2024, April 25). *Risk and protective factors for suicide*. U.S. Department of Health and Human Services. https://www.cdc.gov/suicide/risk-factors/index.html

Centers for Disease Control and Prevention. (2024, June 26). *Whole School, Whole Community, Whole Child (WSCC).* https://www.cdc.gov/whole-school-community-child/about/index.html

Centers for Disease Control and Prevention. (2024, November 18). *School connectedness helps students thrive*. https://www.cdc.gov/youth-behavior/school-connectedness/

Centers for Disease Control and Prevention. (2026, May 19). *Suicide data and statistics*. https://www.cdc.gov/suicide/facts/data.html

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2024). *Web-based Injury Statistics Query and Reporting System* (WISQARS). Retrieved April 29, 2026, from https://wisqars.cdc.gov/lcd/?o=LCD&y1=2024&y2=2024&ct=10&cc=ALL&g=00&s=0&r=0&ry=2&e=0&ar=lcd1age&at=groups&ag=lcd1age&a1=0&a2=199

Craw, K. (2026, July 21). *Trauma-informed care 101*. National Network for Youth. https://nn4youth.org/learn/trauma-informed-care-toolkit/trauma-informed-care-101/

Erbacher, T. A., Singer, J., & Poland, S. (2023). *Suicide in schools: A practitioner's guide to multi-level prevention, assessment, intervention, and postvention*. Routledge.

Ferguson, M., Loughhead, M., McIntyre, H., & Procter, N. (2025). Trauma-informed approaches to suicide prevention: A scoping review. *Crisis*. Advance online publication. https://doi.org/10.1027/0227-5910/a001031

Fossey, R., & Zirkel, P. A. (2004). Liability for student suicide in the wake of Eisel. *Texas Wesleyan Law Review, 10*, 403–439.

Gavan, L., van der Spek, N., Bergers, N., Breedvelt, J. J. F., Hellegers, F., Bosmans, G., & Bockting, C. (2026). Is suicidality contagious? The social transmission of suicidal thoughts and behaviors: A systematic review and meta-analysis. *Comprehensive Psychiatry, 147*, 152691. https://doi.org/10.1016/j.comppsych.2026.152691

Grebing, E. M., Edmunds, J. A., & Arshavsky, N. P. (2023). The relationship between buy-in and implementation: Measuring teacher buy-in to a high school reform effort. *Evaluation and Program Planning, 97*, 102224. https://doi.org/10.1016/j.evalprogplan.2023.102224

Hanover Research. (2022). *Best practices for elevating student voice*. https://wasa-oly.org/WASA/images/WASA/6.0 Resources/Hanover/Best-Practices-for-Elevating-Student-Voice.pdf

Herlitz, L., MacIntyre, H., Osborn, T., & Bonell, C. (2020). The sustainability of public health interventions in schools: A systematic review. *Implementation Science, 15*, 4. https://doi.org/10.1186/s13012-019-0961-8

Holquist, S. E., Mitra, D. L., Conner, J., & Wright, N. L. (2023). What is student voice anyway? The intersection of student voice practices and shared leadership. *Educational Administration Quarterly, 59*(4), 703–743.

Hunsu, N. J., Oje, A. V., Tanner-Smith, E. E., & Adesope, O. (2023). Relationships between risk factors, protective factors and achievement outcomes in academic resilience research: A meta-analytic review. *Educational Research Review*, *41*, Article 100548. https://doi.org/10.1016/j.edurev.2023.100548

Jobes, D. A., & Rizvi, S. L. (2024). The use of CAMS and DBT to effectively treat patients who are suicidal. *Frontiers in Psychiatry, 15*, 1354430. https://doi.org/10.3389/fpsyt.2024.1354430

Katz, C., Bolton, S.-L., Katz, L. Y., Isaak, C., Tilston-Jones, T., & Sareen, J. (2013). A systematic review of school-based suicide prevention programs. *Depression and Anxiety, 30*(10), 1030–1045. https://doi.org/10.1002/da.22114

Kiran, T., Angelakis, I., Panagioti, M., Irshad, S., Sattar, R., Hidayatullah, S., Tyler, N., Tofique, S., Bukhsh, A., Eylem-van Bergeijk, O., Özen-Dursun, B., Husain, N., Chaudhry, N., & Hodkinson, A. (2024). Controlled interventions to improve suicide prevention in educational settings: A systematic review and network meta-analysis. *Clinical Psychology: Science and Practice, 31*(1), 85–93. https://doi.org/10.1037/cps0000179

Lake, A. M., & Gould, M. S. (2011). School-based strategies for youth suicide prevention. In R. C. O'Connor, S. Platt, & J. Gordon (Eds.), *International handbook of suicide prevention: Research, policy and practice* (pp. 507–529). Wiley Blackwell. https://doi.org/10.1002/9781119998556.ch29

Marraccini, M. E., & Brier, Z. M. F. (2017). School connectedness and suicidal thoughts and behaviors: A systematic meta-analysis. *School Psychology Quarterly, 32*(1, Supplemental), 5–21. https://doi.org/10.1037/spq0000192.supp

McIntosh, K., Mercer, S. H., Nese, R. N. T., Strickland-Cohen, M. K., Kittelman, A., Hoselton, R., & Horner, R. H. (2018). Factors predicting sustained implementation of a universal behavior support framework. *Educational Researcher, 47*(5), 307–316. https://doi.org/10.3102/0013189X18776975

McMyler, C., & Pryjmachuk, S. (2008). Do "no-suicide" contracts work? *Journal of Psychiatric and Mental Health Nursing, 15*(6), 512–522. https://doi.org/10.1111/j.1365-2850.2008.01286.x

Michael, K., Fischer, A. J., & Olsen, T. (2025). Addressing mental health needs in rural and Indigenous communities: Serving people on their terms. *Focus, 23*(1), 19–24.

Michael, K. D., & Brausch, A. (2026). Suicide prevention in K –12 schools: Introduction to the special issue. *School Mental Health*, 1–4.

Miller, D. N. (2021). *Child and adolescent suicidal behavior: School-based prevention, assessment, and intervention*. Guilford Publications.

Miller, D. N., Eckert, T. L., & Mazza, J. J. (2009). Suicide prevention programs in the schools: A review and public health perspective. *School Psychology Review, 38*(2), 168–188.

Molyneux, T. M., Kassan, A., Shapka, J., & Oberle, E. (2026). Comfort, care, and connection: Young adolescents' perspectives on school belonging across elementary, middle, and secondary contexts. *International Journal of Educational Research, 139*, 103022. https://doi.org/10.1016/j.ijer.2026.103022

Moutier, C., Marshall, D., Gibson, N., Cook, J., Vaillancourt, S., & Brinton, S. (2019). *Model school district policy on suicide prevention.* American Foundation for Suicide Prevention. https://afsp.org/model-school-policy-on-suicide-prevention

National Academies of Sciences, Engineering, and Medicine. (2024). *The science of engaging youth lived experience in health research, practice, and policy: proceedings of a workshop* —in *brief*. The National Academies Press. https://doi.org/10.17226/27529

National Center for School Mental Health. (2021). *Comprehensive school mental health systems: Guidance from the field.* University of Maryland School of Medicine.

National Center on Intensive Intervention (NCII). (n.d.). *Intensive intervention & multi-tiered system of supports (MTSS).* American Institutes for Research. https://intensiveintervention.org/special-topics/mtss

National Child Traumatic Stress Network, Schools Committee. (2017). *Creating, supporting, and sustaining trauma-informed schools: A system framework*. National Center for Child Traumatic Stress. https://www.nctsn.org/sites/default/files/resources/creating_supporting_sustaining_trauma_informed_schools_a_systems_framework.pdf

National Council for Mental Wellbeing. (2025). *Strengthening student mental health with community partnerships*. National Center for School Safety.

National Institute of Mental Health. (n.d.). *Suicide*. U.S. Department of Health and Human Services, National Institutes of Health. https://www.nimh.nih.gov/health/statistics/suicide

Nel, H. (2020). Stakeholder engagement: Asset-based community-led development (ABCD) versus the traditional needs-based approach to community development. Social Work/Maatskaplike Werk, 56(3), 362–378. https://doi.org/10.15270/56-4-857

Northern Illinois University. (n.d.). *Policy and procedure comparison*. NIU Policy Library. https://www.niu.edu/policies/submit/policy-and-procedure-comparison.shtml

Office of the Surgeon General. (2024). *2024 national strategy for suicide prevention*. U.S. Department of Health and Human Services. https://www.hhs.gov/surgeongeneral/priorities/suicide-prevention/national-strategy-suicide-prevention/index.html

Orlins, E. R., Prater, A., Cannon, E. A., Xia, X., Hughes, J. L., Thomas, G. V., & Ackerman, J. (2026). Universal suicide risk screening in schools: Outcomes from 9 years of implementation. *School Mental Health, 18*(2), 462–476. https://doi.org/10.1007/s12310-025-09803-9

Pagliaccio, D., Kirshenbaum, J. S., Greenblatt, J., Mroczkowski, M. M., Chernick, L. S., Dayan, P. S., & Auerbach, R. P. (2026). Suicide risk in 8- to 12-year-old children: Retrospective review of emergency department electronic health records. *JAACAP Open, 4*(1), 90–100.

Peng, Y., Alias, B. S., Wan, X., & Mansor, A. N. (2026). The impact of parental involvement on sustainable school in improving educational quality: A systematic review. *Discover Sustainability, 7*, 608. https://doi.org/10.1007/s43621-026-03011-4

Posamentier, J., Seibel, K., & DyTang, N. (2022). Preventing youth suicide: A review of school-based practices and how social–emotional learning fits into comprehensive efforts. *Trauma, Violence, & Abuse, 24(2), 746*–759. https://doi.org/10.1177/15248380211039475

Regional Educational Laboratory Program (REL) Pacific. (n.d.). *Consider student voices: Striving to understand student experiences to support learning and growth*. https://ies.ed.gov/ncee/edlabs/regions/pacific/blogs/blog19_consider-student-voices.asp

Rochelle, J. L., Mcwhirter Boisen, M. R., Spafford, S. G., & Seeley, J. R. (2026). Key determinants of school-based suicide prevention: Barriers and facilitators to implementation. *School Mental Health, 18*(2), 526–542.

Rogers, M. A., & O'Brien, K. H. (2021). Emotionally naked: A teacher's guide to preventing suicide and recognizing students at risk. John Wiley & Sons.

Ruch, D. A., Heck, K. M., Sheftall, A. H., Fontanella, C. A., Stevens, J., Zhu, M., Horowitz, L. M., Campo, J. V., & Bridge, J. A. (2021). Characteristics and precipitating circumstances of suicide among children aged 5 to 11 years in the United States, 2013–2017. *JAMA Network Open, 4*(7), e2115683. https://doi.org/10.1001/jamanetworkopen.2021.15683

Rural Health Information Hub. (2025, March 7). *Identify community needs and assets*. https://www.ruralhealthinfo.org/toolkits/rural-toolkit/1/needs-assessment

Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and cautions. *Social Work, 41*(3), 296–305. https://doi.org/10.1093/sw/41.3.296

Schonert-Reichl, K. A. (2017). Social and emotional learning and teachers. *The Future of Children, 27*(1), 137–155. https://doi.org/10.1353/foc.2017.0007

School Social Work Association of America. (n.d.). *SSWAA national census*. https://www.sswaa.org/national-census

Scott, D. L., Sharma, R., Godwyll, F. E., Johnson, J. D., & Putman, T. (2020). Building on strengths to address challenges: An asset-based approach to planning and implementing a community partnership school. *Journal of Higher Education Outreach and Engagement, 24*(2), 69–83.

Serriere, S. C., Mitra, D., & Reed, K. (2011). Student voice in the elementary years: Fostering youth-adult partnerships in elementary service-learning. *Theory & Research in Social Education, 39*(4), 541–575. https://doi.org/10.1080/00933104.2011.10473466

Singer, J. B., Erbacher, T. A., & Rosen, P. (2019). School-based suicide prevention: A framework for evidence-based practice. *School Mental Health, 11*(1), 54–71. https://doi.org/10.1007/s12310-018-9245-8

Smith, T. E., Sheridan, S. M., Kim, E. M., Park, S., & Beretvas, S. N. (2020). The effects of family-school partnership interventions on academic and social-emotional functioning: A meta-analysis exploring what works for whom. *Educational Psychology Review, 32*(2), 511–544. https://doi.org/10.1007/s10648-019-09509-w

Substance Abuse and Mental Health Services Administration. (n.d.). *988 Suicide & Crisis Lifeline*. U.S. Department of Health and Human Services. https://988lifeline.org/

Substance Abuse and Mental Health Services Administration. (2012). *Preventing suicide: A toolkit for high schools* (HHS Publication No. SMA-12-4669). Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

Suicide Prevention Resource Center. (n.d.). *Warning signs of suicide*. https://sprc.org/warning-signs-of-suicide/

Suicide Prevention Resource Center. (2023). *Considerations and best practices for lived experience programs*.

Suicide Prevention Resource Center & American Foundation for Suicide Prevention. (2018). *After a suicide: A toolkit for schools* (2nd ed.). Education Development Center.

U.S. Department of Health and Human Services. (2024). *National strategy for suicide prevention*. https://www.hhs.gov/sites/default/files/national-strategy-for-suicide-prevention.pdf

Van Pelt, J., Nuner, J., & Ziegler, S. D. (2024). A systematic review of literature on student voice and agency in middle grade contexts. *Education Sciences, 14*(11), 1158. https://doi.org/10.3390/educsci14111158

Walrath, C., Godoy Garraza, L., Reid, H., Goldston, D. B., & McKeon, R. (2015). Impact of the Garrett Lee Smith Youth Suicide Prevention Program on suicide mortality. *American Journal of Public Health, 105*(5), 986–993. https://doi.org/10.2105/AJPH.2014.302496

Walsh, E. H., Herring, M. P., & McMahon, J. (2022). Research review: The effect of school-based suicide prevention on suicidal ideation and suicide attempts and the role of intervention and contextual factors among adolescents: A systematic review and meta-analysis. *Journal of Child Psychology and Psychiatry, 63*(8), 836–845.

Walsh, E. H., Herring, M. P., & McMahon, J. (2023). A systematic review of school-based suicide prevention interventions for adolescents, and intervention and contextual factors in prevention. *Prevention Science, 24*(2), 365–381.

Webb, M., Bailey, E., Lamblin, M., Krysinska, K., & Robinson, J. (2025). What is the evidence for preparing for and responding to student suicide in schools? A systematic review. *School Mental Health*, 1–18.

Wirthlin, D., Richards, Z., Crandall, C. S., Mortensen, S. P., Richards, J. R., & Bakian, A. V. (2024). The School Suicide Policy Evaluation Tool (SSPET): A proof-of-concept for assessing school suicide prevention policies. *Public Health Challenges, 3*(2), e178. https://doi.org/10.1002/puh2.178

Ye, W., Teig, N., & Blömeke, S. (2024). Systematic review of protective factors related to academic resilience in children and adolescents: Unpacking the interplay of operationalization, data, and research method. *Frontiers in Psychology, 15*, Article 1405786. https://doi.org/10.3389/fpsyg.2024.1405786

Zhang, J., Boone, B. J., & Anderman, E. M. (2024). Students at the center: Student voice in parental involvement and school-family partnerships. *School Community Journal*, *34*(1), 109–126.

Zirkel, P. A. (2019). Liability for student suicide: An updated empirical analysis of the case law. *Communiqué, 48*(1), 1, 28, 30–31.

Resources

- **Resource 1:** Risk and Protective Factors
- **Resource 2:** Warning Signs of Suicide
- **Resource 3:** Recommended Suicide Prevention Trainings & Programs
- **Resource 4:** Common Terms in School-Based Suicide Prevention
- **Resource 5:** Multi-Tiered School Suicide Prevention Key Components
- **Resource 6:** Resources for Cultural Competence
- **Resource 7:** Sample MOUs
- **Resource 8:** National and Local Resource List Template
- **Resource 9:** Tools for Identification and Response Policies
- **Resource 10:** Risk Response Quick Reference Guide
- **Resource 11:** Model Development Protocol Development
- **Resource 12:** Supporting Children Through Grief
- **Resource 13:** National Grief Support Resources
- **Resource 14:** Screening Assessment Considerations
- **Resource 15:** Safety Planning with Elementary Youth Primer
- **Resource 16:** Lethal Means in Suicide Prevention
- **Resource 17:** Risk-Protective Factor Impact Model
- **Resource 18:** Suicide Prevention Data Sources
- **Resource 19:** Data Tracking List
- **Resource 20:** Sustainability Handout

Editable templated resources are available for download at go.edc.org/K12SPToolkit.

Resource 1: Risk and Protective Factors

Risk & Protective Factors

K12 Suicide Prevention

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 ▪ Unsafe media portrayals of suicide	▪ Access to school or community mental health supports ▪ Lethal means safety (such as securing firearms; securely storing medication)
Community	▪ Few sources of supportive relationships ▪ Barriers to health care ▪ Suicide cluster in the community	▪ Safe and supportive school and community environments ▪ Feeling connected to school and community
Relationship	▪ Adverse childhood experiences ▪ Bullying ▪ Family history of suicide ▪ Relationship problems ▪ Sexual violence	▪ Support from family and friends ▪ Presence of positive relationships with trusted adults (mentors, coaches, teachers) ▪ Feeling connected to others
Individual	▪ Prior suicide attempt(s) ▪ Misuse of alcohol or drugs ▪ Mental illness ▪ Access to lethal means (such as an unlocked, loaded gun in the home) ▪ Social isolation ▪ Hopelessness	▪ Coping and problem-solving skills ▪ Cultural and religious beliefs that discourage suicide ▪ Sense of purpose/reasons for living

Definitions adapted and expanded from: https://sprc.org/risk-and-protective-factors/

Resource 2: Warning Signs of Suicide

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

National Institute of Mental Health

www.nimh.nih.gov/suicideprevention

NIMH Identifier No. OM 22-4316

Resource 3: Recommended Suicide Prevention Trainings

Recommended Suicide Prevention Trainings & Programs for Schools

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 within the following topic areas: 1) promote protective factors against suicide through life skills development; 2) identify and support youth at risk of suicide; and 3) provide postvention support after a suicide death. Turn to the list of resources that are most relevant to the needs your district has identified. This resource provides a non-exhaustive list of professional development opportunities. You may identify additional programs beyond this list.

Some trainings may 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 focused on suicide prevention. School teams are encouraged to connect with community partners before independently arranging trainings from this resource.

For more individualized support determining which trainings and programs would best match the needs and capacity of your organization, contact EDC. **EDC's Multi-Tiered Suicide Prevention for Schools (MTSP) Service is available to provide a framework and associated technical assistance for incorporating trainings and programs into Multi-Tiered Systems of Support (MTSS) to increase their effectiveness and sustainability:**

Service	Purpose/Summary	Format	Intended Audience	Website	For More Information
Multi-Tiered Suicide Prevention for Schools (MTSP)	Provides a framework and individualized technical assistance to support districts in implementing suicide prevention with MTSS, including aligning trainings with different Tiers of student support and increasing their effectiveness, sustainability, and linkages with broader	Single-District and Cohort-Model Technical Assistance and Professional Development options available over the course of 1 or 2 school years	District Level Teams of district leaders, student wellness staff, and education staff	Go.edc.org/MTSP	Email EDC Solutions: Solutions@edc.org

	school efforts.				

Trainings/Programs on Tier 1 Strategies that Promote Protective Factors Against Suicide

Training/Program	Purpose/Summary	Format	Intended Audience	Website	For More Information
It's Real: Teens and Mental Health	A program for teenagers that educates on what mental health is, how to check in with someone you are worried about and how to identify both trusted adults and resources to support your mental health.	45 minute, in-person program designed to be used within high school and middle school classes.	Students between the ages of 14-18 for high school program. Students 11 to 15 for middle school program.	https://afsp.org/itsreal	Connect with your local AFSP chapter to learn about program offerings and to schedule a training: https://afsp.org/find-a-local-chapter/
Erika's Lighthouse	Program includes four pillars: classroom education, empowerment clubs, family engagement, and school policy and staff development. The classroom education helps students to recognize signs & symptoms of depression, promote mental health, and encourage help-seeking. The program is video-based and includes 4 lessons.	Classroom education offers 3-levels of programming. Level 1 for grades 4-6, level 2 for grades 5-9 and level 3 for grades 8-12. Program also offers a model for a student club focused on mental health: Empowerment Club. All materials can be accessed for free from the website.	Students grades 4–12, adult staff and parents.	erikaslighthouse.org/	Visit erikaslighthouse.org/contact for more information on Empowerment Clubs, contact Derik Elkin, Empowerment Club Coordinator, at Derick@erikaslighthouse.org

Training/Program	Purpose/Summary	Format	Intended Audience	Website	For More Information
Bring Change to Mind (BC2M) High School Program	Through weekly meetings, direct support from BC2M staff, and school-wide events and presentations, offers a student-led program to increase mental health awareness and education while empowering youth to be leaders of this movement and end stigma. The high school program also offers a free subscription for participating schools to Headspace for Teens, a mental health and mindfulness platform.	Programming offers a school club model and a guidebook of club activities to have student-led discussions on various mental health related topics, student leadership, and how to build a stronger school community. School clubs also receive $500 a year for club related activities.	Middle school and high school aged students.	https://www.bringchange2mind.org/high-school-program/	Complete Program Interest Form: https://bringchangetomind.my.site.com/BC2MForms/s/bc2m-club-application For more information, contact highschool@bringchange2mind.org or middleschool@bringchange2mind.org
Sources of Strength	Train's school staff and youth peer leaders in the implementation of an in-depth school framework for developing a positive school environment that promotes school social connectedness and life-skills. Includes building student awareness of how to seek help from trusted adults in the school community.	In-Person training for adult advisors and peer leaders that adult advisors can self-sustain after completing a train the trainer. Train the Trainer can be completed in-person or virtually. In-school activities post the adult train the trainer are in-person.	Adult staff, community partners, and students in elementary, middle, & high school.	sourcesofstrength.org	Reach out to the Sources of Strength team to learn more and discuss program options: https://sourcesofstrength.org/contact-us/

Training/Program	Purpose/Summary	Format	Intended Audience	Website	For More Information
Dialectical Behavior Therapy (DBT) in Schools: Skills Training & Emotional Problem Solving for Adolescents (DBT STEPS-A) Curriculum	Provides a curriculum that teachers and other school personnel can use to implement 30 different lesson plans on developing youth skills in mindfulness, distress tolerance, emotion regulation, and relationships. Been shown to decrease youth suicide thoughts and attempts.	Curriculum manual for school staff. Manual is reproduceable and available in PDF and lay-flat binding.	Curriculum to implement with 6-12 grade students.	https://www.dbtinschools.com/dbt-steps-a	Visit the DBT in Schools website: https://www.dbtinschools.com/
Gizmo's Pawesome Guide to Mental Health	A self-directed guide implementer training with Curriculum that teachers can use to teach elementary school students about mental health, healthy coping skills, and identifying trusted adults.	Online, self-paced training with curriculum materials and technical assistance from the curriculum creators.	Training for elementary school staff and curriculum for elementary students.	https://www.gizmo4mentalhealth.org/	Visit the webpage gizmo4mentalhealth.org/curriculum-preview/ to learn more on the curriculum.
Good Behavior Game	Provides training and t/a to help teachers implement a team-based classroom behavior management strategy which helps children learn how to act as effective students and learn lifelong skills that have been shown to reduce suicidal ideation.	Intensive, three-day, in-person training for teachers with ongoing coaching and materials for playing the game throughout the year.	Curriculum to implement with elementary school students.	https://goodbehaviorgame.air.org/about_gbg.html	Contact the program team at gbg@air.org or call 1-866-535-8686.

Training/Program	Purpose/Summary	Format	Intended Audience	Website	For More Information
Hope Squad	A program that educates a group of youth leaders in suicide prevention, mental health, resilience, and anti-bullying. These youth leaders participate in learning sessions and identify the school community's trusted adults. These youth leaders also help change the school culture to increase connectedness and decrease stigma related to mental health.	Schools partner with mental health agencies in implementing Hope Squads. 20-30 peer leaders engage in monthly trainings which include lesson plans and activities. Peer leaders identify trusted adults, help connect struggling youth with the trusted adults, and support broader school culture change throughout the academic year.	Peer leadership program can be implemented in elementary through high school. Hope Squad is adaptable for different grade levels.	hopesquad.com/faq/	Complete the online Get Started form here: https://hopesquad.com/get-started

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

Training/Program	Purpose/Summary	Format	Intended Audience	Website	For More Information
NAMI Ending the Silence for Students	Offers a presentation discussing the warning signs of mental health conditions, facts/statistics on mental health, and young adult stories of recovery. The presentation is designed to help students learn what steps they can take to help themselves or a friend deal with mental illness. Presentation can also be provided to school staff and parents.	A mixture of in-person presentations and accompanying videos. An online version of the presentation is also available where no local presenters are available.	Students, School Staff, and Parents/Guardians.	https://www.nami.org/programs/nami-ending-the-silence/	Visit the NAMI Ending the Silence website to request a presentation: https://ets.nami.org/
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.	School 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

Training/Program	Purpose/Summary	Format	Intended Audience	Website	For More Information
More than Sad	Three different versions of this training can be used to provide teachers, parents/guardians, or teens with information on the warning signs of mental distress and how to get help.	In person or virtual trainings that are 90-120 minutes.	Teachers, parents/guardians, and/or students	afsp.org/more-than-sad	Connect with your local AFSP chapter to find a training near you: https://afsp.org/find-a-local-chapter/
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 (e.g., have a QPR for school health professionals and a QPR for sport coaches).	School 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" and "Find an Instructor": https://qprinstitute.com/

Training/Program	Purpose/Summary	Format	Intended Audience	Website	For More Information
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.	School 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 available including an Introduction to Suicide Prevention and Suicide Prevention in the LGBTQ Community.	45-60 minute in-person training.	School 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/

Training/Program	Purpose/Summary	Format	Intended Audience	Website	For More Information
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.
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 individuals at risk for suicide.	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 and community planning.	School 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/

Training/Program	Purpose/Summary	Format	Intended Audience	Website	For More Information
Lifelines Prevention Training	Curriculum designed for middle and high schools to help staff, parents, and students learning suicide warning signs, how to get help, and their roles in suicide prevention.	Curriculum is designed to be integrated into health class programming and lesson plans.	Staff, parents, and middle and high school students.	https://www.hazelden.org/web/public/lifelines.page	Visit Lifelines website to learn more and to purchase the curriculum: https://www.hazelden.org/web/public/lifelines.page
Lifelines Intervention Training	Curriculum designed for school staff to help them better involve parents in suicide prevention efforts, and to learn how to intervene when a student is at risk for suicide.	Curriculum is designed to be taught by school staff to school staff.	School staff.	https://www.hazelden.org/web/public/lifelines.page	Visit Lifelines website to learn more and to purchase the curriculum: https://www.hazelden.org/web/public/lifelines.page
Making Educators Partners in Youth Suicide Prevention: ACT on FACTS	This training provides education to school staff on how to develop school cultures that promote suicide prevention, understand their role in suicide prevention, identify what groups of students may be at increased risk for suicide, and use specific strategies for supporting students who are at risk.	2-hour online or in-person training.	School teachers in high school, middle school, and elementary school.	https://sptsusa.org/school-staff/	Visit the Society for Prevention of Teen Suicide (SPTS) to register and access the online course portal: https://sptsuniversity.org/register

Training/Program	Purpose/Summary	Format	Intended Audience	Website	For More Information
Signs of Suicide for Students	This training fits into a typical single class period and can be used by school staff to teach students about the warning signs of suicide, how to get help for themselves or a friend, and can include implementation of optional depression and suicide risk screenings for youth.	In-person training that school staff can incorporate into class periods. Can include sharing of a non-diagnostic suicide risk screening form.	Middle & Highschool Students.	https://info.sossignsofsuicide.org/sos-signs-of-suicide	Visit the MindWise Innovations website: https://info.sossignsofsuicide.org/sos-signs-of-suicide
Signs of Suicide for Adults	This online or in-person training provides school staff with skills to identify the warning signs of suicide, engage in caring conversations with youth who are at risk, and to keep students safe while they are connected with mental health staff.	Available as a one-hour, self-guided online course or as a two hour live gatekeeper training that staff can take part in online or in person.	K-12 School Staff.	https://sossignsofsuicide.org/school-staff/	Visit the MindWise Innovations Website: https://sossignsofsuicide.org/school-staff/

Strengthening School Student Wellness & Mental Health Professionals' Abilities to Support Students Who Are at Risk for Suicide

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/
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.	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/ Find local mental health professional trained in the CAMS treatment modality at https://cams-care.com/clinician-locator/

Training/Program	Purpose/Summary	Format	Intended Audience	Website	For More Information
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, 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	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/

Training/Program	Purpose/Summary	Format	Intended Audience	Website	For More Information
	illness.				
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 one while also caring for themselves.	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/
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/

Training/Program	Purpose/Summary	Format	Intended Audience	Website	For More Information
Closegap	An online software that allows school professionals to get real-time insights about students and offer opportunities for emotional reflection and support. A free and premium version of the software is available. The premium version allows schools to link data with their LMS/SIS and additional data tracking features. The Closegap team is also actively developing support for additional languages (Portuguese, Spanish, Mandarin).	Students complete a brief, age-appropriate daily check-in about their mood and well-being, followed by a life skills learning activity. Designated school staff receive daily summaries and are immediately alerted when responses indicate concerns such as self-harm, suicide, or other risky behaviors. Schools can customize check-in topics to meet student needs. Through the online portal, students can also access resources, message staff, identify supportive adults, and request a meeting.	Resource for classroom teachers, administrators, and adults supporting K-12 students who are interested in understanding student wellbeing	https://www.closegap.org/ Privacy information: https://www.closegap.org/trust-and-safety Success stories: https://www.closegap.org/impact	To register for Closegap or to try out an interactive demo of the software, create a free online account here: https://app.closegap.org/sign-up Information for Closegap premium pricing & plan: https://www.closegap.org/pricing
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/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

Training/Program	Purpose/Summary	Format	Intended Audience	Website	For More Information
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 provide 90-minute, in-person workshops when requested.	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/
Safety Planning Intervention	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-

Training/Program	Purpose/Summary	Format	Intended Audience	Website	For More Information
					involved/student-curriculum
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	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. Focuses on building confidence and competence 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 School Community Preparedness to Implement a Postvention Response

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	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/

Training/Program	Purpose/Summary	Format	Intended Audience	Website	For More Information
			group facilitators)		
Connect Trainings for K–12 Schools	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. An online self-paced eLearning training is also available for school staff.	School communities, communities, and Community-serving organizations	https://theconnectprogram.org/training-for-students/	Visit theconnectprogram.org/services to learn about the Connect Standard Training Series and Specialized Training offerings
Lifelines Postvention: Responding to Suicide and Other Traumatic Death	Curriculum designed for school staff to learn how to implement a response plan following a student death by suicide or other traumatic death.	Curriculum designed for school staff to teach school staff.	School staff.	https://hazelden.org/web/public/lifelines.page	Visit Lifelines website to learn more and to purchase the curriculum: https://hazelden.org/web/public/lifelines.page
PREPaRE: Workshop 1 Training: Crisis Prevention and Preparedness Comprehensive School Safety Planning	Training helps schools improve and strengthen their school safety and crisis management plans and emergency response. Workshop 1 focuses on developing crisis response teams and plans and working with community crisis response personnel.	In-Person 1-day training, including presentations, activities, and class materials. A virtual option for the training is also available.	School mental health professionals, administrators, security officers, and educators.	https://www.nasponline.org/professional-development/prepare-training-curriculum/prepare-3rd-edition-curriculum-x27648	First, find a Local PREPaRE trainer in your area here: https://apps.nasponline.org/professional-development/prepare/find-local-trainers.aspx Second, email Nabeela Hassan at the NASP office with the trainer's name to get in touch with the trainer: nhassan@naspweb.org

Training/Program	Purpose/Summary	Format	Intended Audience	Website	For More Information
PREPaRE Workshop 2 Training: Crisis Intervention and Recovery: The Roles of School-Based Mental Health Professionals	Training helps schools strengthen their school safety and crisis management plans and emergency response. Workshop 2 Training is geared toward providing immediate mental health crisis interventions to the students, staff, and school community members who have been simultaneously exposed to an acute traumatic stressor.	In-person two-day training, including presentations, activities, and class materials.	School mental health professionals, administrators, and other school crisis response team members.	https://www.nasponline.org/professional-development/prepare-training-curriculum/prepare-3rd-edition-curriculum-x27648	First, find a Local PREPaRE trainer in your area here: https://apps.nasponline.org/professional-development/prepare/find-local-trainers.aspx Second, email Nabeela Hassan at the NASP office with the trainer's name to get in touch with the trainer: nhassan@naspweb.org

Resource 4: Common Terms in School-Based Suicide Prevention

Key Terminology

Died by suicide: Common phrase used to describe a suicide death

Gatekeeper trainings: Trainings that educate on how to recognize individuals who may be at risk for suicide and refer them to mental health services. Alternative language includes "community helper trainings."

Lethal means: Objects, instruments, or methods used in suicide attempts

Person with lived experience: Any individual with personal experience(s) related to suicide. Experience can include suicide thoughts, suicide attempts, and the loss of someone close to you by suicide.

- **Attempt survivor:** An individual who has survived a suicide attempt
- **Loss survivor:** An individual who has lost someone close to them to suicide
- **Impacted family and friends:** Individuals who have been impacted by the suicide thoughts, attempts, or deaths of others

Postvention: Activities following a suicide to minimize emotional distress of suicide loss survivors and to prevent additional trauma and contagion.

Protective factors: Things at an individual, group, or community-level that decrease risk for suicide

Risk factors: Things at an individual, group, or community-level that increase risk for suicide

Suicide attempt: Any action taken by an individual with the intention to take ones' own life.

Suicide contagion: A significant increase in the number of individuals in a defined community who engage in suicide-related behaviors following exposure to suicide behaviors or deaths

Suicide cluster: A group of suicides or suicide attempts that occur closer together in time and space than would be normally expected in a defined community

Suicide ideation: Thoughts of suicide

Definitions adapted from https://sprc.org/about-suicide/topics-terms

Resource 5: Multi-Tiered Suicide Prevention for Schools Key Components

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 Students 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, life 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]

References

1. SAMHSA. Substance Abuse and Mental Health Services Administration. (2012). Preventing suicide: A toolkit for high schools (HHS Publication No. SMA-12-4669). https://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669**.**

2. Rogers, M. A., & O'Brien, K. H (2021). Emotionally naked: A teacher's guide to preventing suicide and recognizing students at risk. John Wiley & Sons., Inc.

3. Erbacher, T. A., Singer, J. B., & Poland, S. (2024).Suicide in schools: A practitioner's guide to multi-level prevention, assessment, intervention, and postvention: Second edition. Routledge.

4. Nadeem, E., Santiago, C. D., Kataoka, S. H., Chang, V. Y., & Stein, B. D. (2016). School personnel experiences in notifying parents about their child's risk for suicide: Lessons learned. Journal of School Health, 86(1), 3–10. https://doi.org/10.1111/josh.12346.

5. Moutier, C., Marshall, D., Gibson, N., Cook, J., Vaillancourt, S., & Brinton, S. (2019) (1). Model school district policy on suicide prevention. American Foundation for Suicide Prevention. https://afsp.org/model-school-policy-on-suicide-prevention.

6. American Foundation for Suicide Prevention, & Suicide Prevention Resource Center. (2018) (2). After a suicide: A toolkit for schools (2nd ed.). Education Development Center. https://www.sprc.org/sites/default/files/resource-program/AfteraSuicideToolkitforSchools.pdf.

7. Miller (6), D. N. (2021). Child and adolescent suicidal behavior: School-based prevention, assessment, and intervention. Guilford Publications.

8. Lake (7), A. M., & Gould, M. S. (2011). School-based strategies for youth suicide prevention. In R. C. O'Connor, S. Platt, & J. Gordon (Eds.), International handbook of suicide prevention: Research, policy and practice (pp. 507–529). Wiley Blackwell. https://doi.org/10.1002/9781119998556.ch29.

9. Marraccini, M. E., & Brier, Z. M. F. (2017). School connectedness and suicidal thoughts and behaviors: A systematic meta-analysis. School Psychology Quarterly, 32(1, Supplemental), 5–21. https://doi.org/10.1037/spq0000192.supp.

10. Posamentier, J., Seibel, K., & DyTang, N. (2022). Preventing Youth Suicide: A Review of School-Based Practices and How Social-Emotional Learning Fits into Comprehensive Efforts. Trauma, Violence, & Abuse. https://doi.org/10.1177/15248380211039475.

Learn more about our services at go.edc.org/mtsp or contact solutions@edc.org.

Resource 6: Resources for Cultural Competence

Cultural Competence in Suicide Prevention

Cultural competence is an ongoing practice of learning about, honoring, and responding to the cultures, identities, religious beliefs, experiences, languages, strengths, and needs that students and families bring to the school community. In the context of school and district suicide prevention efforts, cultural competence involves examining how suicide prevention policies, practices, relationships, communication, and referral pathways are experienced by students and families from all communities and working with all students and families to strengthen belonging, trust, safety, and access to support. This resource is intended to help school districts deepen that work.

This resource is a starting point and not an exhaustive list of cultural competence supports that may be available to your school team. The organizations and resources featured are grouped by communities that the Centers for Disease Control and Prevention (CDC) has identified as ***at increased risk for suicide thoughts, attempts, or death***. Consider that students in your community may belong to multiple groups or none of the groups included in this resource. For more information about culturally competent approaches, visit the Culturally Competent Approaches page of the Suicide Prevention Resource Center (SPRC) and also explore SPRC's Best Practices Registry.

Alongside consulting these resources, whenever possible, school teams should invite people with relevant lived experience and community expertise to guide selection, adaptation, implementation, and evaluation of prevention activities.

For additional guidance on Lived Experience and Community Partners, turn to Section 1, Engaging the Voice of Lived Experience and Section 3, Community Partners.

American Indian and Alaska Native Youth

Resources for Tribal Communities – Suicide Prevention Resource Center

https://sprc.org/tribal-resources

This SPRC webpage provides various resources related to supporting individuals who work with Tribal communities on suicide prevention and mental health support across settings. School teams should use these resources as a starting point for relationship-building rather than as a replacement for guidance from local Tribal nations or Native communities.

Center for Native American Youth at the Aspen Institute

https://www.cnay.org/

CNAY is a national education and advocacy organization that partners with Native youth ages 24 and under across tribal nations and the U.S. to increase the overall wellbeing of Native youth in America. District teams can use CNAY's youth-centered information, advocacy perspectives, and related resources to strengthen authentic youth voice and avoid generalized approaches to Native student support. Districts should pair national resources with local consultation and respect for Tribal sovereignty.

Johnson-O'Malley Program

https://www.bie.edu/jom

The Johnson-O'Malley (JOM) Program provides supplemental educational support for eligible American Indian and Alaska Native students enrolled in public and participating private schools. Local JOM programs operate under an educational plan approved by the Bureau of Indian Education and may include cultural, language, academic, and dropout-prevention activities. School districts can use the program information to explore whether they are eligible to participate, connect with Tribal organizations and local Indian Education Committees, and strengthen supports that reflect Native students' cultural and educational needs.

Black Youth

Black Emotional and Mental Health Collective

https://beam.community/

BEAM is a Black-led organization focused on emotional health, healing, and wellness for Black communities. Its perspective can help school districts examine whether their mental health and suicide prevention efforts are affirming, trauma-informed, and responsive to the experiences of Black youth and families. School teams should determine which resources are appropriate for school use and engage Black students, families, and community partners in interpreting and adapting them.

Mental Health Support for Black Families – Child Mind Institute

https://childmind.org/about-us/reports/mental-health-support-for-black-families/

This Child Mind Institute resource addresses mental health support for Black children, adolescents, and families. School districts can use it to inform family engagement, staff professional learning, communication about mental health, and referral processes. Districts should use this resource alongside discussions with local Black community members and

review whether available mental health providers and resources are accessible, affirming, and relevant to the community.

Black Mental Health Alliance

https://blackmentalhealth.com/

The Black Mental Health Alliance works to make culturally relevant behavioral health care accessible to Black communities through trusted resources, support programs, and equity-driven mental health services. School districts can use BMHA's perspective and resources to strengthen culturally competent staff learning, family engagement, student referrals, and partnerships with Black-led behavioral health organizations.

LGBTQ+ Youth

The Trevor Project

https://www.thetrevorproject.org/

The Trevor Project is the nation's leader for effective suicide prevention and crisis response for LGBTQ+ young people. The organization offers various resources for supporting LGBTQ+ mental wellness across settings, including key topic research briefs and professional development trainings for adults. Youth can also be connected to immediate crisis support 24/7 using their confidential chat, call, or text options.

Gay Straight Alliance (GSA) Network

https://www.gsanetwork.org/

The GSA Network empowers and trains youth leaders to build safer schools and healthier communities. Its resources highlight the role of youth-led alliances in building community, reducing isolation, and ensuring students support one another. School districts can use the GSA Network's resources to support student-led clubs, center student voice, strengthen adult advising, promote inclusive and affirming school climates, and connect LGBTQ+ and allied students with leadership and organizing opportunities.

Youth in Rural Settings

Rural Suicide Prevention Toolkit – Rural Health Information Hub

https://www.ruralhealthinfo.org/toolkits/suicide

The Rural Suicide Prevention Toolkit offers information to help communities understand rural suicide prevention and plan, implement, and evaluate prevention strategies. School districts can use it to assess how rural conditions shape access to support. This toolkit can also guide districts in building effective partnerships. School teams should adapt the guidance to

resources available locally and avoid assuming that all rural communities or populations have the same cultures, resources, or needs.

Rural Schools and Health – Rural Health Information Hub

https://www.ruralhealthinfo.org/topics/schools

This Rural Health Information Hub topic page provides information about the role of rural schools in supporting student and community health. Districts can use it to explore school-community partnerships, school-based and referral-based services, and strategies for addressing access barriers in rural settings. School teams should use local data and community input to determine which partnerships and service models are feasible and culturally competent.

Youth with Disabilities

Suicide Prevention and People with Intellectual and Developmental Disabilities (IDD): What You Need to Know – The Arc

https://thearc.org/resource/suicide-prevention-and-people-with-idd-what-you-need-to-know/

This resource from The Arc focuses on suicide prevention and individuals with intellectual and developmental disabilities. It can help school districts consider how communication, screening, warning signs, safety planning, crisis response, and family engagement may need to be adapted so that students with intellectual and developmental disabilities are not overlooked or assessed through approaches that do not fit their communication and support needs. School teams should ensure any adaptions that are made to their suicide risk and identification processes to meet student needs are accessible, strengths based, and consistent with a student's IEP and clinical guidance when applicable.

Health and Wellbeing Resources – Autism Society

https://autismsociety.org/resources/health-wellness/

The Autism Society provides health and well-being information and resources for autistic people, families, and professionals. School districts can use these materials to strengthen understanding of autistic students' diverse communication, sensory, relational, and support needs and to identify questions for family and provider collaboration. Districts should avoid treating autism as a single experience and should prioritize communication with autistic students and their families about what support is most helpful, respectful, and safe.

People with Disabilities – National Alliance on Mental Illness (NAMI)

https://www.nami.org/community-and-culture/people-with-disabilities/

NAMI's resources on people with disabilities can help school districts consider the intersection of disability and mental health, including the importance of accessible information, accommodations, family support, and connections to care. The resources are most useful when paired with disability-affirming practices, student and family voice, collaboration with special education and related teams, and attention to the individual student's communication and access needs.

Transition Age Youth

Resources – Child Welfare Information Gateway

https://www.childwelfare.gov/resources/

Child Welfare Information Gateway, a service of the Children's Bureau, provides information and resources related to child welfare, foster care, adoption, and young people transitioning to adulthood. Its transition-focused resources can help districts identify state independent living contacts, youth advocacy and advisory groups, foster care alumni organizations, and supports related to education, employment, housing, health care, and life skills. School teams should center each young person's goals, cultural and community connections, and preferred supportive adults in their prevention activities. Because eligibility and services vary by state, teams should verify local contacts, requirements, and availability before sharing information with students and families.

Resources – Casey Family Programs

https://www.casey.org/resources/

Casey Family Programs offers a broad collection of child welfare resources, including research reports, state data, policy resources, practice tools, and responses to questions from the field. School districts can use these materials to understand the systems and conditions affecting youth in foster care, identify strategies for supporting transition-age youth, and strengthen collaboration with child welfare agencies, families, caregivers, and community organizations. School teams should use Casey's resources as a foundation for discussion and planning, then adapt them with youth and families to best match their needs.

Resource 7: Sample MOUs

This resource is available for download as a template at go.edc.org/K12Toolkit.

Model Memorandums of Understanding

Template 1: School District & Mental Health Provider

Memorandum of Understanding Between

[School District Name]

And

[Mental Health Provider Organization Name]

1. Purpose

The purpose of this Memorandum of Understanding (MOU) is to establish a collaborative partnership between [**School District** 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 [**School District** 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

[School District 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 [**School District** 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 [**School District** 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 FERPA, 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

[**School District** Contact Name, Title, Email, Phone]
[Provider Contact Name, Title, Email, Phone]

Signatures

[**School District** Authorized Signature] Date:

_____

[Provider Authorized Signature] Date:

_____

Template 2: School District & Mobile Crisis Team

Memorandum of Understanding

Between

[School District Name]

And

[Mobile Crisis Team/Agency Name]

1. Purpose

This MOU establishes a partnership to support rapid response when youth served by [**School District** 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

[School District 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.

[**School District** Contact Name, Title, Email, Phone]
[Crisis Team Contact Name, Title, Email, Phone]

Signatures

[**School District** Authorized Signature] Date:

_____

[Crisis Team Authorized Signature] Date:

_____

Template 3: School District & Crisis Line/Emergency Support Partner

Memorandum of Understanding

Between

[School District Name]

And

[Crisis Line/Emergency Support Partner/Agency Name]

1. Purpose

This MOU supports coordination between [**School District** 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

[School District 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.

[**School District** Contact Name, Title, Email, Phone]
[Crisis Team Contact Name, Title, Email, Phone]

Signatures

[**School District** Authorized Signature] Date:

_____

[Crisis Team Authorized Signature] Date:

_____

Resource 8: National and Local Resource List Template

This resource is available for download as a template at go.edc.org/K12Toolkit.

Instructions: Copy this template and customize the Local Resources below for your unique community resources. For example, you may or may not have a local mobile crisis team, and you may only have one or many community mental health providers that work with youth. Likewise, your list of local non-profits or other organizations will be unique to your region.

The local resource list is ideally completed after a formal or informal community asset mapping process has been completed. After you have updated this resource list, distribute this resource sheet to staff who are tasked with connecting youth and families to external resources.

National and Local Resource List

National Resources:

Suicide and Crisis Lifeline- 988

AFSP- American Foundation for Suicide Prevention- 1-888-333-2377 or https://afsp.org

Mental Health America- 1-800-969-6642 https://mhanational.org/

NAMI- National Alliance on Mental Health- 1-800-950-6264 or https://nami.org/

SPRC- Suicide Prevention Resource Center- https://sprc.org/

911 or emergency services if there is immediate danger

Local Resources:

Mobile crisis team:

Website (if applicable)	Our Local Contact(s)	Phone Number(s)	Email(s)	Hours of Availability

Local Community Mental Health Provider(s):

Website (if applicable)	Our Local Contact(s)	Phone Number(s)	Email(s)	Hours of Availability

Hospital Emergency Services:

Website (if applicable)	Our Local Contact(s)	Phone Number(s)	Email(s)	Hours of Availability

Child Protection Services:

Website (if applicable)	Our Local Contact(s)	Phone Number(s)	Email(s)	Hours of Availability

Local Substance Misuse Counseling Providers:

Website (if applicable)	Our Local Contact(s)	Phone Number(s)	Email(s)	Hours of Availability

Local Outreach of Suicide Survivor (LOSS) Teams or Other Suicide Loss Support Groups:

Website (if applicable)	Our Local Contact(s)	Phone Number(s)	Email(s)	Hours of Availability

Local AFSP Chapter

Website (if applicable)	Our Local Contact(s)	Phone Number(s)	Email(s)	Hours of Availability

(Locate your local AFSP chapter here: https://afsp.org/find-a-local-chapter/)

Local MHA Affiliate:

Website (if applicable)	Our Local Contact(s)	Phone Number(s)	Email(s)	Hours of Availability

(Locate your local MHA affiliate here: https://mhanational.org/our-affiliates/)

Local NAMI Affiliate:

Website (if applicable)	Our Local Contact(s)	Phone Number(s)	Email(s)	Hours of Availability

(locate your local NAMI affiliate here: https://www.nami.org/find-your-local-nami/)

Other non-profits, advocacy, or organizations dedicated to youth wellness and mental health:

Website (if applicable)	Our Local Contact(s)	Phone Number(s)	Email(s)	Hours of Availability

Resource 9: Tools for Identification and Response Policies

Download this resource as an editable template at go.edc.org/K12SPToolkit.

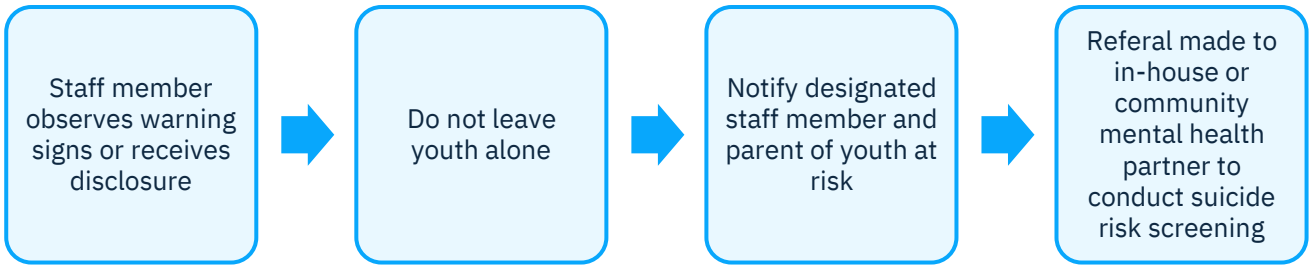
This resource provides example flowcharts and process graphics designed to help school teams operationalize their suicide risk identification and response processes. The visuals offer clear, step-by-step illustrations of recommended actions, roles, and communication pathways. These examples are intended to support staff training, reinforce established protocols, and make response procedures easier to understand and implement in real-world situations. ***The tools in this document are examples. District and building level teams can copy and adapt the flow charts and graphics to fit their district's needs and environments*** and are encouraged to incorporate adapted flow charts and graphics into their own protocols. Additional resources to support flowchart and graphic development are provided at the end of this resource.

Example Flowcharts and Process Graphics

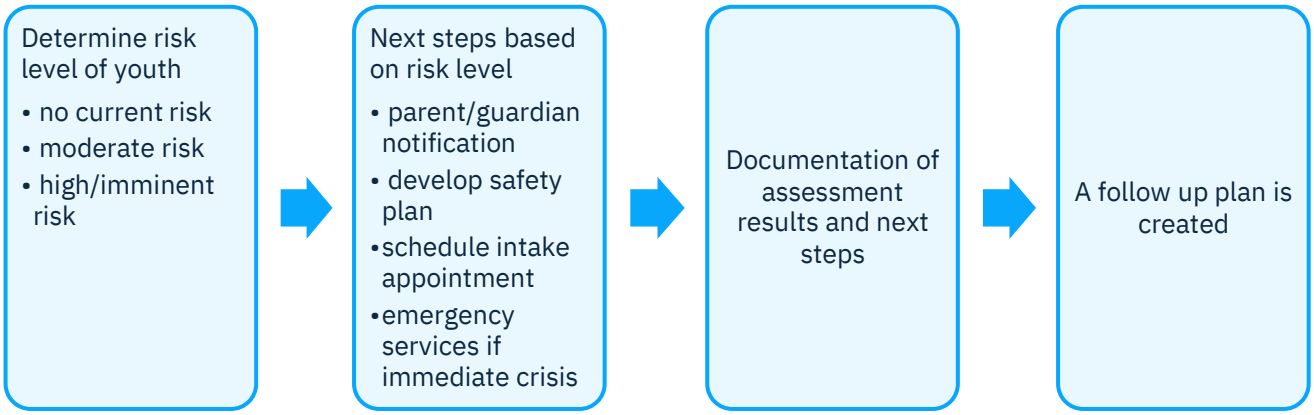
Example 1: Process for Youth Identified at Risk

Purpose: Provide a step-by-step process for what staff should do if they notice warning signs and how licensed internal or external mental health staff will determine risk level.

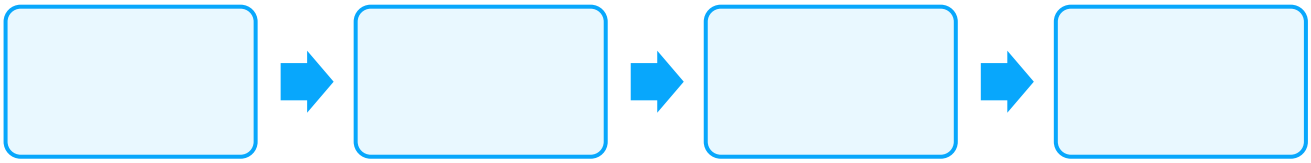
School Staff Role:



Licensed Clinical In-House Mental Health Provider or Community Partner Role:

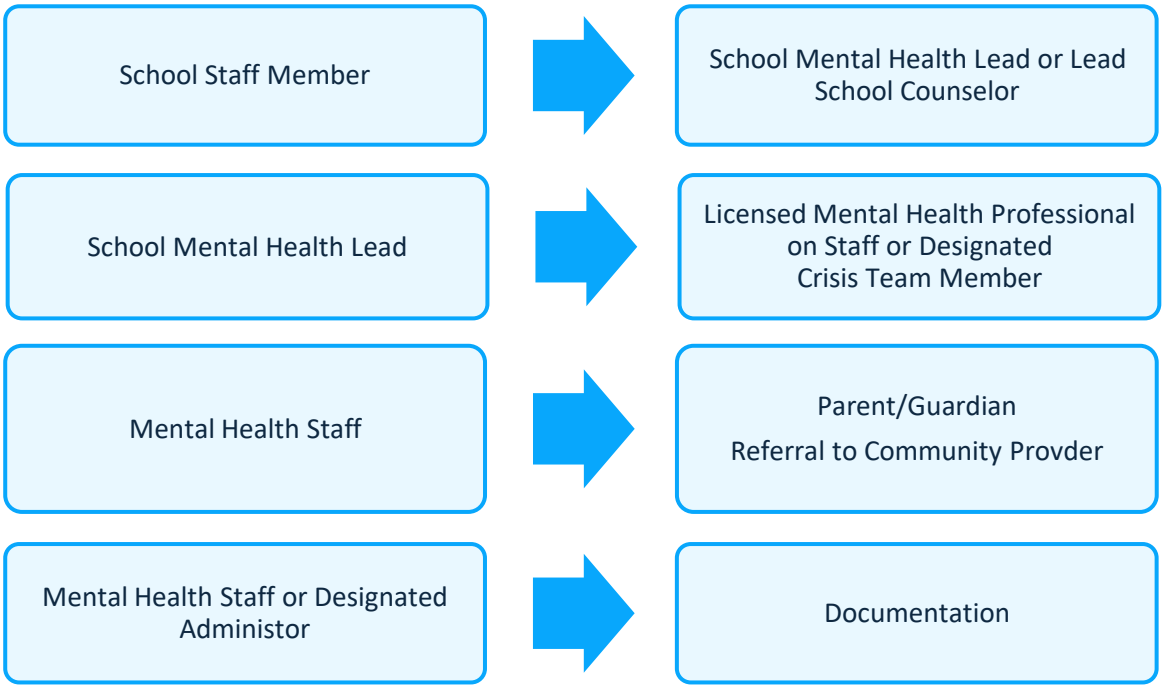


Example 1 Blank Template



Example 2: School 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 school district. This flowchart should be updated based on the staff and community partnerships available in your school community.



Example 2 Blank Template (add more rows as needed)

Example 3: Suicide Risk Level Decision Tree

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

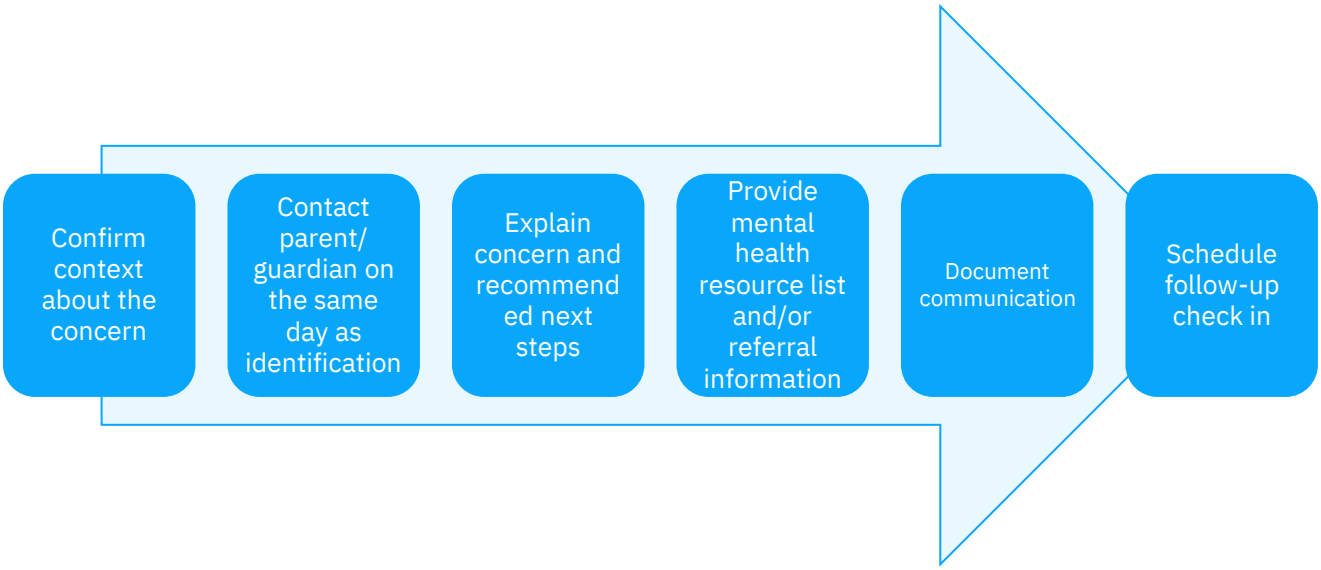
Risk Level	Indicators	Response
Low	Distress but no suicidal ideation	Provide support and monitor; notify parents
Moderate	Suicidal ideation without a plan	Parent contact and referral to community mental health provider
High	Has a plan or recent attempt	Monitor for safety/do not leave youth alone. Warm 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 3 Template

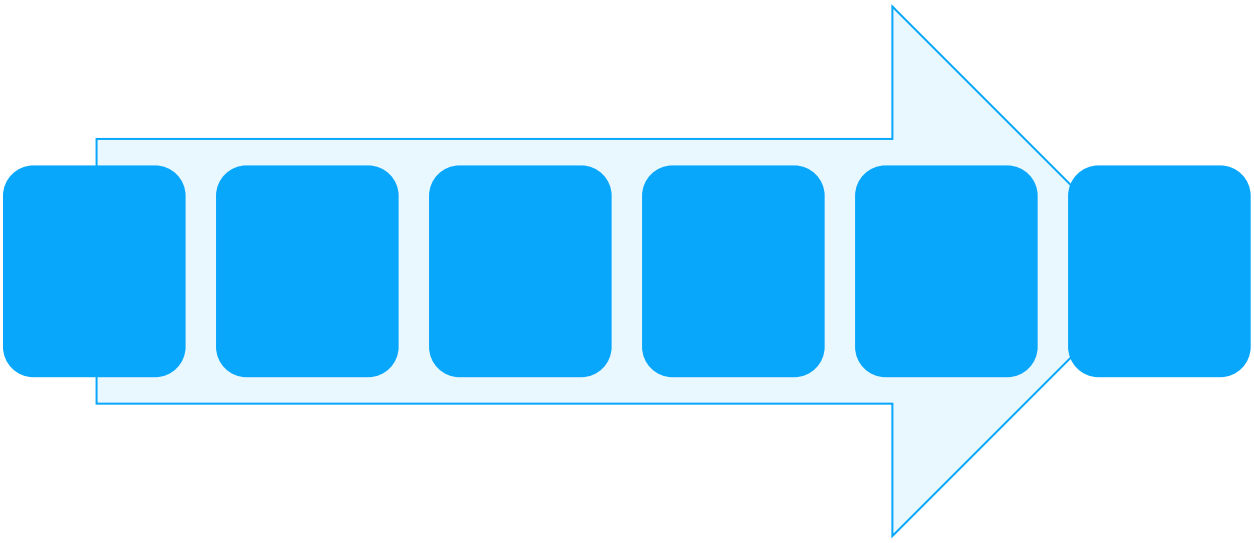
Risk Level	Indicators	Response
Low		
Moderate		
High		
Imminent		

Example 4: Parent/Guardian Notification Process Graphic

Purpose: Shows a clear sequence for communicating with families.

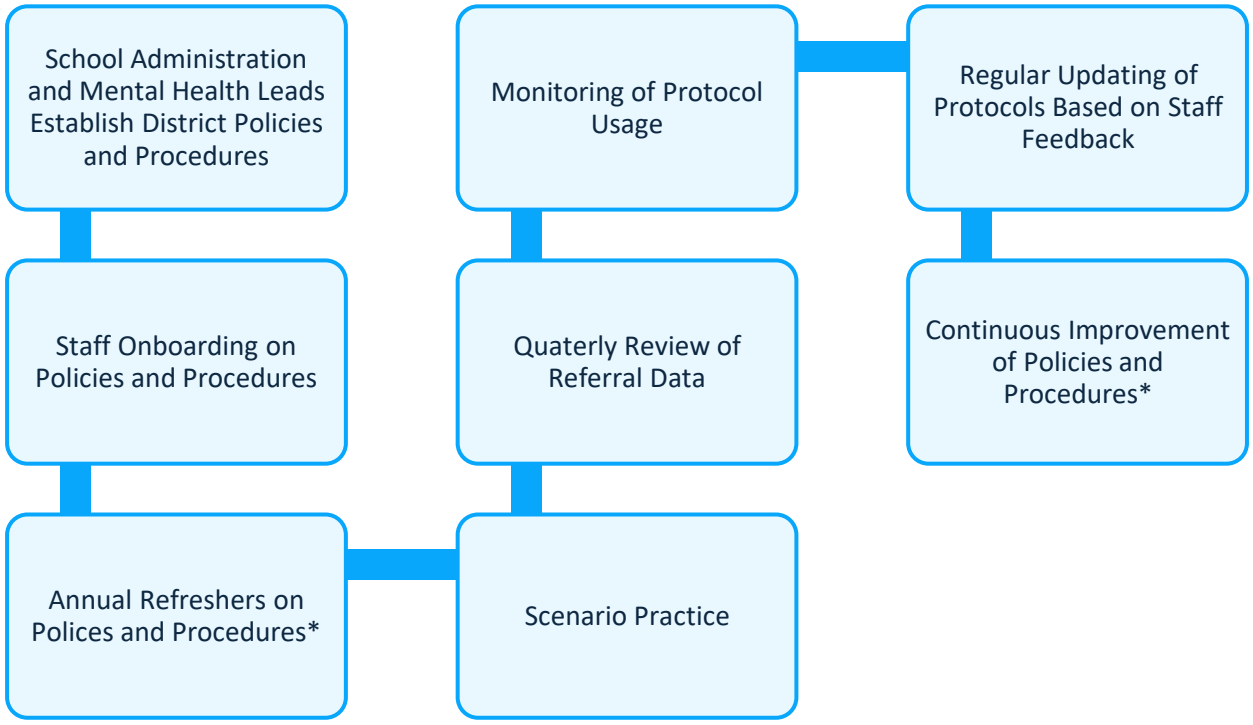


Example 4 Template



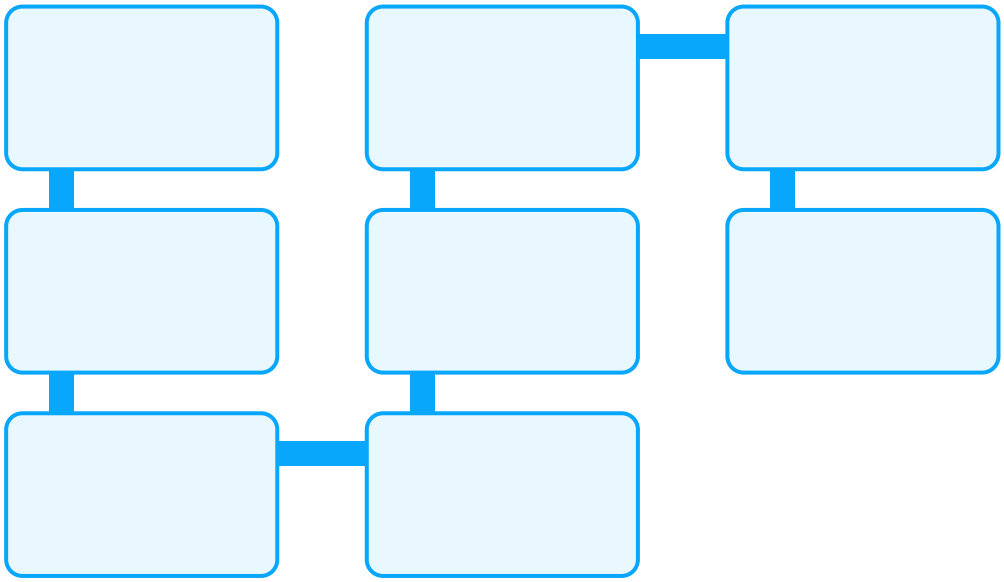
Example 5: Staff Training Implementation Process Graphic

Purpose: Shows staff how your school district sustains training on your district suicide risk identification and response policies and procedures.



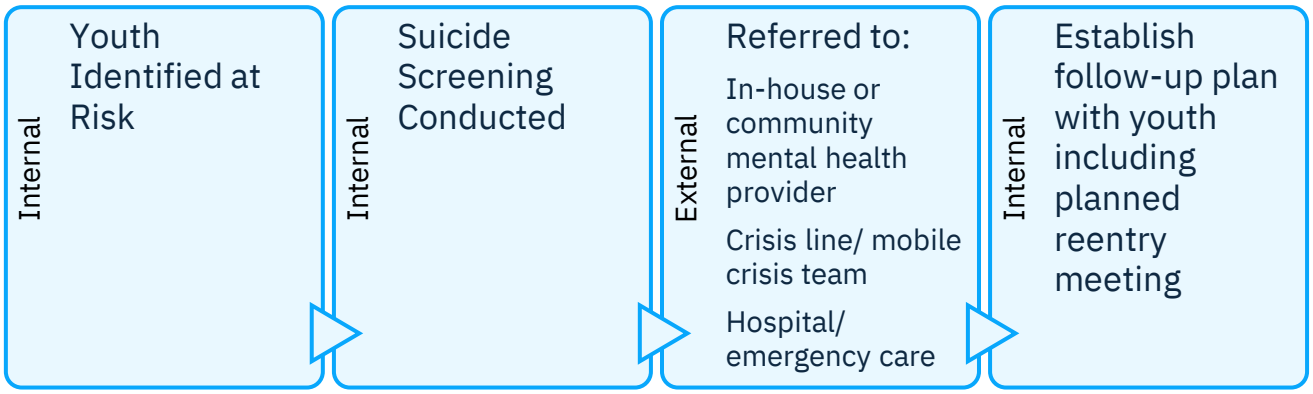
*Note: Improvements made to policies and procedures should be reflected in future training.

Example 5 Template (add or remove steps as needed)

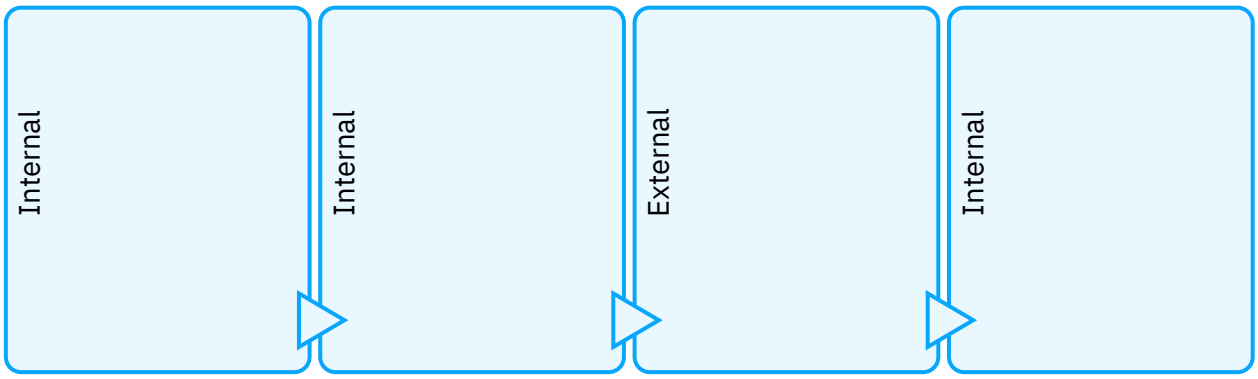


Example 6: Referral Pathway Graphic

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



Example 6 Template



Example 7: Community Mental Health Contact Sheets

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

Organization	Services	Phone #	Referral Process
School Crisis Team Lead	First point of contact, In-house crisis support, questions on district policies and procedures	###-###-####	Can help coordinate in-house and external referrals

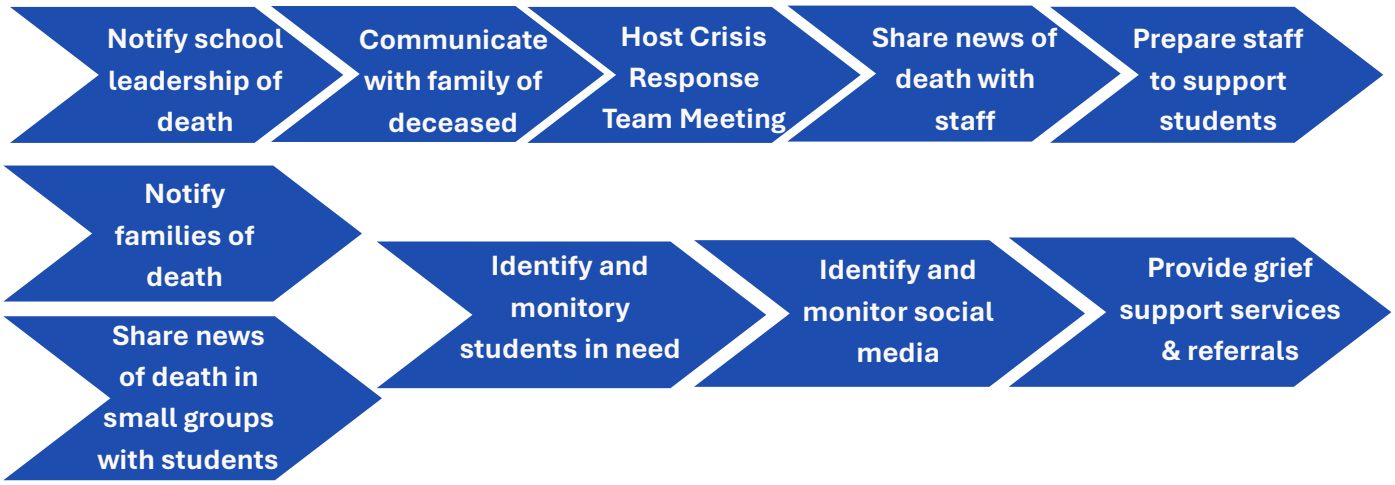
Community Mental Health Center	Crisis services, individual therapy, social skills groups	###-###-####	Call intake line
Mobile Crisis Team	Dispatch on-site crisis response	###-###-####	Available 24/7 via calling number or online contact form
Hospital Emergency Department	Psychiatric evaluation, immediate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

Example 7 Template (add or remove rows as needed)

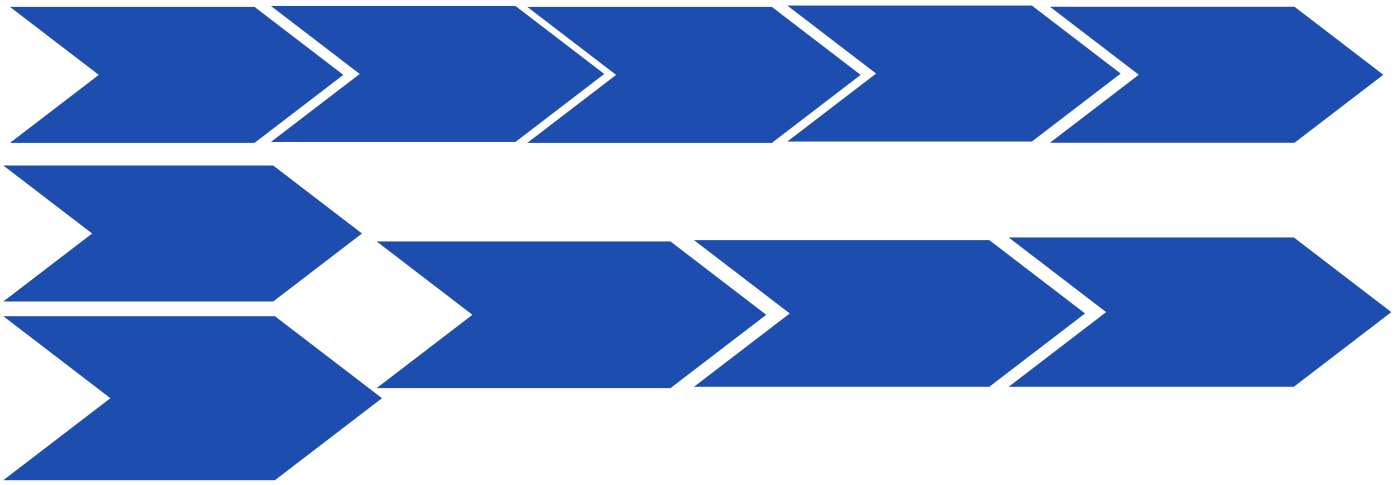
Organization	Services	Phone #	Referral Process
School Crisis Team Lead			
Community Mental Health Center			
Mobile Crisis Team			
Hospital Emergency Department			
Other resources identified by your organization			

Example 8: Postvention Response Flowchart

Purpose: Illustrate a clear response pathway that is taken by identified crisis response staff when a suicide death occurs in your school community.



Example 8 Template



Additional 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 school community.

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 school community.

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 school district 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, https://988indiana.org/resource-toolkit/

- Your school district 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.

Resource 10: Risk Response Quick Reference Guide

Suicide Identification & Response

Risk Response Quick Reference Guide

This resource is intended as a quick reference guide for how to identify and respond to youth suicide risk within school settings. Non-mental health staff are not expected to formally evaluate, diagnose, or provide therapy. Regardless of their position or qualifications, nearly all school staff can be trained to notice warning signs, respond supportively, maintain student safety, and connect the student to the appropriate crisis team member, mental health staff, caregiver, crisis resource, or external mental health support. Please consult your school district's suicide identification and response policies and procedures for more detailed guidance.

Purpose: Use this guide when a student displays warning signs for suicide, which can include talking about wanting to die, expressing hopelessness or feeling like a burden, engaging in self-harm or suicide, showing concerning behavior, or when another young person reports concern about a peer.

Warning Signs of Suicide

Note: Students may show one or several warning signs. Any warning sign should be taken seriously, regardless of whether the student is currently receiving mental health services.

- 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
- Loss of interest in usual activities
- History of a previous suicide attempt
- Showing rage or talking about seeking revenge

- Displaying extreme mood swings or marked changes in behavior

If a student 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
- Giving away meaningful possessions or engaging in other preparatory behaviors, such as writing goodbye notes or saying goodbye to people as though they will not be seen again

Simple Response Flow

Notice → Ask → Stay → Connect → Document

- **Notice** warning signs or concerning statement
- **Ask** directly about suicide or self-harm
- **Stay** with the student if safety is a concern
- **Connect** the student with school mental health staff, designated school crisis team lead, parents/guardians, and emergency/crisis support as needed
- **Document** what happened and follow your school district/corporation policy

What to Do Right Away

If you are concerned about a student:

- Stay calm and stay with the student
- Take what they say seriously
- Ask directly and clearly about whether they are thinking about suicide or self-harm
- Do not promise the student confidentiality
- Do not leave the student alone if there is an immediate safety concern
- Contact school mental health staff or the designated school crisis team lead right away according to your district's protocol
- Engage a parent or guardian and other supportive adults based on your district's protocol and the student's level of risk
- Connect the student to crisis or emergency support
- Document what happened and what actions were taken
- Store documentation in a secure, district-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 wanted to check in with you."
- "You seem like you are dealing with a lot right now. Do you want to talk about what's been going on?
- "Have you been thinking about killing yourself?"
- "Sometimes when people feel like this, they think about ending their life. Have you had any thoughts about suicide?"

If a student 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 designated school crisis team lead). It is important to report all suicide concerns to parents except in documents cases of suspected abuse or neglect. Follow state and district policies regarding cases of suspected abuse and neglect if this is a concern.

2. **If the student 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 student 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 student. Remember to emphasize that support is available and you are there to help them. They are not alone. For example, instead of saying "You're overreaching, and there's nothing really wrong" or "You just need to take a moment, and the feeling will go away", your response could be, "This sounds hard, and you do not have to handle it alone. Let's talk about support options to help you".

When an Immediate Response is Needed

It is advised to get help right away if a student:

- says they are going to act on suicidal thoughts right now

- has a suicide plan or access to lethal means (e.g., things they can use to end their life including firearms, medication, access to a high place, or another specific method identified)
- has recently attempted suicide or engaged in serious self-harm
- appears highly agitated, intoxicated, unable to maintain safety, or unable to regain emotional control
- cannot be safely supervised in the current setting (e.g., virtual setting)

In these situations, do not leave the student alone and follow your district'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 designated crisis team lead, school administration, and the student's parents. Attempt to make a referral to the appropriate level of support services on the same-day suicide risk is identified when the student:

- 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/warning signs of suicide
- has experienced a recent crisis, loss, or traumatic event

Communicating with the Family

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

- stay calm and factual while acknowledging what you are sharing may be unexpected or difficult for them to hear
- clearly communicate your concern for the student's safety and wellbeing
- share the specific statements, thoughts, behaviors, or warning signs that led to concerns
- explain what steps have already been taken, including any assessment, supervision, referrals, or safety measures
- emphasize that the family is not alone and that you want to work together to support the student
- provide information about recommended next steps and available crisis resources
- express that you will follow up with them to check in and set up a school re-entry meeting (if needed)
- do not delay emergency action if student 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.”

Example: "I am calling because we are concerned about your child's safety. I recognize this may be difficult to hear, and I appreciate you taking this call. Today, your child shared/was observed to ____. Specifically, they said/did ____. Because of these concerns, we have ____. We are recommending ____ as the next step. Our primary concern is your child's safety, and we want to work together with you to ensure they receive the support they need."

Connecting Student to Support

Depending on your district’s policies and procedures, available support services for student can include:

- On-site mental health staff (school counselor, social worker, psychologist) or designated mental health/crisis lead
- Community mental health provider
- Mobile crisis team
- 988 Suicide & Crisis Lifeline
- 911 or emergency services if there is immediate danger

School District Contact: _____

Supervisor/Lead: _____

Local Crisis Resource (988): _____

Documentation Reminders

Document your conversation and any actions taken to support a student according to your school district’s policies and procedures. This can include:

- What the student 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/guardians 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 within 1-3 days, school staff follow up with the family of the student identified as at risk for suicide to check-in on student wellbeing and support the family in completing any previously agreed upon next steps. This provides an opportunity to address questions, problem-solve barriers to accessing care, reinforce available supports, and discuss any plans for returning to school. Ideally, you should inform parents/guardians about follow up conversations when you initially communicate with them on suicide risk.

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

- Current safety/wellbeing of the student
- The family's ability to connect with any external mental health providers or resources previously discussed
- Whether the student has been evaluated by a mental health professional or crisis service, if commended
- Whether a safety plan is in place and if the family has any questions about implementing it, including adaptations that need to be made for a school setting
- Any barriers that may be preventing the family from accessing recommended services (e.g., transportation, scheduling, insurance, waitlists, language, or other concerns)
- Any changes in the student's thoughts, behaviors, mood, or functioning since the initial concern
- Questions the family may have about suicide risk, available resources, school procedures, or next steps
- What support or information the school district might be able to provide to them during this time
- Plans for school attendance, re-entry, and ongoing support at school, when applicable
- Confirming expectation that you will follow up with the family again in the coming days to check-in on the student

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 the district 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

Resource 11: Model Agenda(s) for Protocol Development Meeting(s)

This resource has been created to provide examples for facilitating school team meetings focused on the development and improvement of their 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 may 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, education, and mental health/wellness support perspectives whenever possible.
  - Depending on the size of your district or school, there may be additional perspectives to consider engaging such as school crisis response team members, community mental health professionals, volunteer perspectives (e.g., parents or guardians), special education perspectives, legal perspectives, etc.
- At least 2 weeks out from protocol development meeting, email out copies of Resource 10: Risk Response Quick Reference Guide to staff to review in advance of meeting
- The day before or day of the meeting, print copies of the AFSP Model School district Policy on Suicide Prevention and the most helpful graphics from Resource 10: Risk Response Quick Reference Guide 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 students' suicide risk
   b. To help adapt model protocol resources to our school-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 school community? 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 school district structure and work with students?
- What steps can we address through internal district or school 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 district or school practices?
- How feasible is this step to integrate into daily practices/work with our students?
- How might this step need adapted for students of different ages and grade levels?
- How might this step need adapted for different programming, services, or activities we offer (e.g., afterschool activities, field trips, etc.)?
- What concerns do you have around implementing this step in our work with students?

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

a. Once protocols are drafted, take time to discuss your plans for training school staff and/or community partners that interact with students in protocol steps

Example Facilitator Discussion Questions:

- What steps are most important for our educator, mental health, and administrative staff to know? (add additional staff/community partner 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 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 school 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?

Resource 12: Supporting Children Through Grief

English Version → Download PDF

Supporting Children Through Grief

A Guide for Caregivers

As caregivers, one of the harder conversations we will have is talking to our children about grief following a death.

First, recognize that navigating loss is hard. We may be grieving, too. We won't always have the perfect words; we will make mistakes. What matters most is our presence and willingness to have open, caring conversations.

Some general ideas to remember:

- Children pay attention to what we say and how we say it: our tone, calmness, openness and trustworthiness matter. Calm body language, slower speech and open posture signal safety.
- Be honest — acknowledge that a person has died using straightforward language and validate that all feelings are OK. It's fine if we don't have all the answers in the moment; it is appropriate to say, "I don't know." We can normalize uncertainty.
- Give space for your child's questions and let them guide the conversation. We don't "fix" the grief; we walk alongside our children. Grief is experienced and expressed differently by each of us[1,4].
- Maintain routines; predictability helps kids feel safe.
- Make time to connect with your child at times when conversation can be causal, like on the drive home, at dinner or before bed.
- Over time, many families find that grief conversations bring closeness and resilience. Nationwide Children's Hospital frames this as part of how a family grieves together[2].

NATIONWIDE CHILDREN'S®

When your child needs a hospital, everything matters.

Spanish Version → Download PDF

Apoyando a los niños en el duelo

Guía para padres y familiares

Una de las conversaciones más difíciles que tendremos como padres y familiares es hablar con nuestros hijos sobre el duelo después de una muerte.

Primero, reconoce que atravesar una pérdida es difícil. Puede que tú también estés en duelo. No siempre tendremos las palabras perfectas; vamos a cometer errores. Lo más importante es tu presencia y tu disposición a tener conversaciones abiertas y con empatía.

Algunas ideas generales para recordar:

- Los niños se fijan en lo que decimos y en cómo lo decimos: tu tono, tu calma, tu apertura y tu confiabilidad importan. Un lenguaje corporal tranquilo, hablar más despacio y una postura abierta transmiten seguridad.
- Sé honesto: reconoce que una persona murió usando un lenguaje claro y directo y valida que todos los sentimientos están bien. No pasa nada si no tienes todas las respuestas en el momento; es apropiado decir: "No lo sé". Podemos normalizar la incertidumbre.
- Deja espacio para las preguntas de tu hijo y deja que él guíe la conversación. No "arreglamos" el dolor; caminamos a su lado. Cada persona vive y expresa el duelo de manera distinta.[1],[4]
- Mantener rutinas predecibles ayuda a que los niños se sientan seguros.
- Haz tiempo para conectar con tu hijo en momentos en que la conversación se sienta casual, como de camino a casa, en la cena o antes de dormir.
- Con el tiempo, muchas familias descubren que hablar del duelo trae cercanía y resiliencia. Nationwide Children's Hospital lo plantea como parte de cómo una familia vive el duelo en conjunto.[2]

NATIONWIDE CHILDREN'S®

When your child needs a hospital, everything matters.

Resource 13: 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 school 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

A Guide for a School's Response in the Aftermath of Sudden Death, 5th Edition – STAR Center, University of Pittsburgh
https://www.starcenter.pitt.edu/resources/manual-descriptions

Resource 14: Suicide Risk Screening & Assessment Considerations

K–12 Suicide Risk Screening & Assessment Considerations

As your school district prepares to strengthen its use of suicide risk screenings and assessments, there are many feasibility considerations to keep in mind. Your school team will want to ensure that the entire school system and community are prepared for the rollout of screenings and assessments prior to their use. A list of the most common factors influencing the use of K–12 screenings and assessments is provided below.

Pairing Suicide Risk Screenings and Assessments

Suicide risk screenings are used to identify specific students from within a larger population who may be at risk for suicide. They cannot be used to assess a student's current level of crisis or risk. Instead, screenings help school systems to flag youth who need additional follow-up through suicide risk assessments.

Suicide risk assessments should be provided to all students who screen positive for suicide risk. Assessments can also be provided when school staff report that a student is demonstrating concerning behaviors or the warning signs of suicide or a behavioral health crisis. The assessment is specifically used to assess a student's current level of crisis or risk. Assessments do NOT predict long-term suicide risk. Instead, they indicate whether a student needs crisis intervention services at this moment in time.

Because of their different purposes, suicide risk screenings and suicide risk assessments will be most effective when they are rolled out together. When providing suicide risk screenings to students, school should be prepared to immediately follow up on any positive screenings with risk assessments.

Implementing Universal vs. Selective and Indicated Screenings

Universal screenings are screenings that are given to an entire student population. Schools that implement universal screenings will experience large increases in the number of youths flagged for suicide risk and who require follow-up and more in-depth suicide-risk assessments. However, some of these students may be false positives, but schools will not know this without proper follow-up and assessment. Schools that implement universal screenings will need the time, capacity, resources, and mental health providers (whether internal or through external community partners) to follow-up with, assess, and support all youth flagged as at risk for suicide.

Selective screenings are screenings that are given to a subgroup of students who may be at an increased risk for suicide (e.g., students currently receiving Tier 2 and 3 services in schools or all students currently receiving mental health services in the school mental health center).

Indicated screenings are screenings that are given to students who are demonstrating the warning signs of suicide. Selective and indicated screenings will produce fewer false positives because you will be offering them to a smaller number of students. However, only using selective and indicated screenings may mean that some students who are at risk for suicide never participate in a school suicide risk screening.

It takes significant mental health provider capacity to effectively rollout universal suicide risk screenings in schools. Schools should intentionally consider what screening processes are feasible, practical, and effective. Often schools may begin by implementing selective and indicated screening with the goal of developing the capacity for universal screenings over time.

Choosing Evidence-Based Suicide Risk Screenings and Assessments

There are a variety of evidence-based suicide risk screenings and assessments available. Schools should select screenings and assessments that have been tested and shown effective with youth populations. Some screenings tools have also been tested and shown effective with additional youth subpopulations such as Black, Latin American, American Indian, Alaskan Native, and LGBTQ. Schools should select screenings and assessments that are appropriate for their community.

Screenings and assessments can vary in their length and format. Choose the screenings and assessments that can be feasibly integrated into your school system's or staff's daily interactions with youth.

Visit Zero Suicide's Children's Hospital Toolkit Identify webpage for a list of available evidence-based screenings and assessments, that have been tested and validated with youth

Staff Training in Suicide Risk Screenings and Assessments

While a variety of staff can be trained to implement suicide risk screenings, it is the sole role of mental health providers to conduct suicide risk assessments. Any staff responsible for the rollout of screenings or assessments should be adequately trained in their use.

Evidence-based screenings will include step-by-step instructions for their rollout, and the staff tasked with providing them to students should be trained in how to follow those instructions, how to interact with students who screen positive, and how to connect those students to mental health providers in charge of conducting risk assessments.

Evidence-based risk assessments will also include instructions for their use, but they will usually require more in-depth training on properly implementing the assessment tools and interpreting their results. Turn to the individual assessment tool's listed instructions and

training requirements prior to their rollout and ensure mental health staff receive annual training on how to use assessment tools.

Protocols and Policies and Suicide Risk Screenings and Assessments

Your school's protocols and policies for providing mental health services to students should explicitly describe when, where, how, and by whom suicide screenings and risk assessments are provided. These protocols and policies are important for laying out what staff members are responsible for screenings versus assessments, when staff members are expected to offer a screening and an assessment to students, and how students are referred to mental health services following a positive screening and/or suicide risk assessment.

Protocols and policies can guide staff offering screenings and assessments and protect the school from potential litigation. Protocols and policies can also be used to ensure parents understand how students are supported following a positive suicide risk screening or assessment.

Parental/Guardian Consent for Suicide Risk Screenings and Assessments

Schools should be familiar with their state and local laws on parental consent in student health services, screenings, and assessments and can usually find this information by reaching out to their local education agency (LEA) or state department of education.

In some states and jurisdictions, **active parental consent** is required for suicide risk screenings and assessments. In active consent, a parent must sign and return a form consenting for their child to participate in screenings and assessments.

Some states and jurisdictions may allow schools to gather **passive parental consent**, which requires notification to parents/guardians of screenings and assessments but assumes parent/guardian consent following notification. In passive consent, a parent/guardian must sign a form refusing youth participation.

Schools can consider multiple methods for gathering parent/guardian consent. For example, schools can request consent for student participation in suicide risk screenings and associated assessments at the beginning of each school year through the annual parent orientation process. Schools can also provide parents/guardians with samples of the screening and assessment protocols and policies, example situations in which they would be implemented, and how parental consent will be obtained at the time of implementation. This preparation can make gathering parental consent at the time of screenings or assessments easier.

In some states, there may be situations in which parental/guardian consent for suicide risk screenings or assessments can be waived—such as when a student is believed to be at immediate risk of harming themselves or others. Turn to your local legislation and policies for any guidance on situations when consent may be waved.

Regardless of state parental consent requirements, schools will benefit from actively communicating with parents/guardians and seeking their feedback on plans, policies, and protocols around suicide risk screenings and assessments BEFORE they are implemented.

Resource 15: Safety Planning with Elementary Youth Primer

Primer on Current Practice, Evidence Base, and Limitations

Introduction

Where do I access the Stanley-Brown Safety Planning Intervention (SPI)?

Visit https://suicidesafetyplan.com/forms/.

What is the Stanley-Brown Safety Planning Intervention?

The SPI was developed by Barbara Stanley and Gregory Brown in 2008 and is a brief, suicide-risk specific intervention. Decades of implementation across a wide range of populations and clinical settings have shown that this best practice intervention is effective in reducing suicide attempts and behaviors in individuals struggling with suicide ideation.[1,2,3]

What does the SPI include?

The SPI focuses on empowering youth to identify internal and external coping strategies that they can use to keep themselves safe and includes the involvement of youth's parents, guardians, and trusted adults to support the use of these strategies when needed. Mental health, student wellness, and crisis response team staff work collaboratively with students to create a plan that is unique to them - identifying their own warning signs and preferred coping strategies they can use to keep themselves safe when experiencing thoughts of suicide.

SPI strategies for keeping youth safe include working collaboratively with the student and family to develop a plan to reduce lethal means in the student's home environment, as well as other places they may frequent (i.e., grandparents home, care provider).

The SPI is typically delivered in 20-60 minute meetings with follow-up check-ins to examine how the SPI is working and whether updates should be made to the strategies listed. The template is adaptable and has been tailored across ages and settings.

What populations has the SPI been tested with?

The SPI has been implemented and tested with individuals at risk for suicide in the following populations:

- Emergency department and other acute care setting patients[4]
- Military and veterans[5]

- Adolescents and youth primarily between the ages of 10-19, including in school mental health settings[6,7]
- College Students[8]
- Individuals in correctional settings, including juvenile justice settings[9,10]
- Individuals receiving outpatient and non-acute mental health care[11]

SPI and Elementary-Age Youth

Current Evidence-Base and Limitations for Elementary Age Application of the SPI

Most research on the SPI has focused on adolescents and adults. There is limited research on application of the SPI with elementary-age children and older youth with cognitive/developmental delays. No Randomized Control Trials have been completed with elementary-age youth.[6] However, many respected school and community-metal health organizations and resources recommend application of the SPI with elementary-age children as long as adaptations are made to language and format to ensure the SPI is developmentally appropriate. For example, the University of Maryland's National Centre for School Mental Health recommends application of the SPI with youth as young as 6.[12]

In recent years, a child-SPI (C-SPI) has been developed and reviewed by a team of child psychologists with a focus on making the SPI more concrete and straightforward in language, organization, and examples. This adapted version has been implemented and piloted with children between the ages of 6 and 12 and additional evaluation and research on the C-SPI is ongoing. The current research on the C-SPI highlights important considerations for young youth adaptation of the SPI (see below).[13]

Recommendations and Considerations for Elementary Age Application of the SPI:

Safety planning with elementary-age youth is seen as a viable intervention for supporting children struggling with suicide risk. However, adaptations to the language and concepts in the standard SPI are needed to ensure it is developmentally appropriate. Recommendations from the limited literature on this include[13,14]:

- Work with children and parents/caregivers collaboratively to complete a safety plan for elementary-age children. Parents/guardians are integral to identifying the warning signs of suicide in youth, removing lethal means in the home environment, ensuring children can access needed resources, and supporting them in implementing their identified internal coping strategies.
- The safety plan should be reflective of the entire family context and dynamics to ensure it is useful in the real world.

- SPI language and concepts should be made concrete and anchored in real-world examples. For examples, a clinician giving specific examples of what it means to list “internal coping strategies” could update the language to, “things I like to do that help me think about other things-- like watching a movie or drawing or reading a book.” Or when listing “people that provide distraction” a clinician could give examples of what people to consider (e.g. a grandparent, coach, etc.,). In the piloted C-SPI, a list of common, appropriate coping strategies are provided on the form for children to choose from.
- In contrast to the typical SPI for older youth and adults, it is not recommended that children list settings that provide distraction within their safety plan. This is because elementary-age children often do not have control of their settings throughout the day. An alternative strategy tried with the piloted C-SPI is having children list adults they can turn to within each of the settings they are frequently in (e.g. a trusted adult to reach out to in school, church, at home, at an after-school program, etc.)
- Images, icons, illustrations can be used to help the children navigate the safety plan. This is particularly useful for youth with limited reading or writing ability or youth just learning to read and write.
- Completing the SPI with elementary-age children may take a while. Children and parents may need breaks within the SPI process. A mental health provider could complete the SPI with young youth over a couple sessions if needed or provide breaks where the child and parent are given the opportunity to leave the counseling room and come back to ensure the child is able to maintain his focus. If the safety plan is completed over a couple sessions, focus should be placed on discussing means safety during the first session to make sure parents are empowered with steps to remove access to means as soon as possible.
- Staff engaging in the SPI with elementary-age children should be properly trained in administering the SPI and have an understanding of the cognitive abilities of the elementary-age children they are working with. They should ensure adaptations align with the cognitive development of the youth completing the SPI. Schools can train nurses, counselors, and social workers and other student-wellness professionals in safety planning to increase the number of staff with trusted relationships with parents and children who can support this life-saving intervention.[15] Additionally, schools might consider engaging teachers in safety planning discussions along with other trained staff as children and parents may see them as their primary trusted adults in the school.
- Just as when safety planning with older youth, safety plans should be linked with broader crisis response plans and protocols of organizations. In MTSP, we encourage districts to outline proper use of the SPI for older youth as well as children within district suicide risk response protocols.

Citations

1. Stanley, B., Brown, G. K., Brenner, L. A., Galfalvy, H. C., Currier, G. W., Knox, K. L., Chaudhury, S. R., Bush, A. L., & Green, K. L. (2018). Comparison of the Safety Planning Intervention With Follow-up vs Usual Care of Suicidal Patients Treated in the Emergency Department. *JAMA psychiatry*, *75*(9), 894–900. https://doi.org/10.1001/jamapsychiatry.2018.1776
2. Stanley, B., & Brown, G. K. (2012). Safety planning intervention: a brief intervention to mitigate suicide risk. *Cognitive and behavioral practice*, *19*(2), 256-264.
3. Nuij, C., van Ballegooijen, W., de Beurs, D., Juniar, D., Erlangsen, A., Portzky, G., O'Connor, R. C., Smit, J. H., Kerkhof, A. J. F. M., & Riper, H. (2021).Safety planning-type interventions for suicide prevention: Meta-analysis. *The British Journal of Psychiatry, 219*(2), 419–426.
4. Brousseau-Paradis, C., Genest, C., Maltais, N. *et al.* Towards a Better Use of Safety Planning in Emergency Departments: An Exploratory Study of Patients and Clinicians' Perspectives. *Community Ment Health J* 61, 724–733 (2025). https://doi.org/10.1007/s10597-024-01394-0
5. Bryan, C. J., Khazem, L. R., Baker, J. C., et al. (2018). *Evaluating the effectiveness of safety plans tailored to veteran characteristics in reducing suicide risk*. *Behavior Therapy, 49*(6), 931–938. https://doi.org/10.1016/j.beth.2017.11.005
6. Albaum, C., Irwin, S. H., Muha, J., Schumacher, A., Clarissa, S., Finkelstein, Y., Bridge, J. A., & Korczak, D. J. (2025). Safety planning interventions for suicide prevention in children and adolescents: A systematic review and meta-analysis. *JAMA Pediatrics, 179*(8), 886–895. https://doi.org/10.1001/jamapediatrics.2025.1012
7. Singer, J. B., Erbacher, T. A., & Rosen, P. R. (2018). *School-Based Suicide Prevention: A Framework for Evidence-Based Practice*. *School Mental Health*, 10(3), 257–273.
8. Stewart, K. L., Darling, E. V., Yen, S., Stanley, B., Brown, G. K., & Weinstock, L. M. (2020). Dissemination of the Safety Planning Intervention (SPI) to University Counseling Center Clinicians to Reduce Suicide Risk Among College Students. *Archives of suicide research : official journal of the International Academy for Suicide Research*, *24*(sup1), 75–85. https://doi.org/10.1080/13811118.2018.1531797
9. Weinstock, L. M., Jones, R. N., Miller, T. R., Brown, G. K., Arias, S. A., Graves, H. R., Miller, I. W., Cerbo, L., Rexroth, J., Fitting, H., Kubiak, S., Stein, M. D., Matkovic, C., Yen, S., & Johnson, J. E. (2025). Safety planning vs standard care for suicide prevention after pretrial jail detention: A randomized clinical trial. *JAMA Network Open, 8*(12), e43156. https://doi.org/10.1001/jamanetworkopen.2025.43156

10. Rudd, B. N., George, J. M., Snyder, S., Whyte, M., Cliggitt, L., & Brown, G. K. (2021). Harnessing quality improvement and implementation science to support the implementation of suicide prevention practices in juvenile detention. *Psychotherapy, 59*(2), 150–156. https://doi.org/10.1037/pst0000377

11. Zonana, J., Simberlund, J., & Christos, P. (2018). The Impact of Safety Plans in an Outpatient Clinic. *Crisis*, *39*(4), 304–309. https://doi.org/10.1027/0227-5910/a000495

12. University of Maryland National Center for School Mental Health. Safety Planning Intervention (Stanley-Brown): Tier 3. https://www.schoolmentalhealth.org/media/som/microsites/ncsmh/documents/blueprint/Safety-Planning-RFA-one-pager-design.pdf?utm_source=chatgpt.com

13. Itzhaky, L., & Stanley, B. (2024). The Safety Planning Intervention for Children (C-SPI): rationale and case illustration. *Cognitive and Behavioral Practice*, *31*(2), 250-258.

14. Abbott-Smith, S., Ring, N., Dougall, N., & Davey, J. (2023). Suicide prevention: What does the evidence show for the effectiveness of safety planning for children and young people?–A systematic scoping review. *Journal of psychiatric and mental health nursing*, *30*(5), 899-910.

15. DeCou, C. R., Simeona, C., Lyons, V. H., Rowhani-Rahbar, A., Vavilala, M. S., Vercollone, L., & Simonetti, J. A. (2019). Suicide Prevention Experiences, Knowledge, and Training among School-based Counselors and Nurses in King County, Washington - 2016. Health behavior and policy review, 6(3), 232–241. https://doi.org/10.14485/hbpr.6.3.3

Resource 16: Lethal Means in Suicide Prevention

Youth Suicide Prevention

What Are Lethal Means?

The term 'lethal means' in suicide prevention refers to the method of a suicide or suicide attempt.

Lethal means can include a variety of methods for suicide. Some of the most common methods discussed in the field of suicide prevention follow:

- Cars
- Cutting
- Firearm
- Jumping
- Poisoning
- Train

Why Are Lethal Means Important?

The experience of a suicidal crisis normally only occurs for a short period of time. In research by Hawton (2007):

- 87% of suicide attempt survivors shared that less than 1 day passed between when they decided to kill themselves and when they made an attempt.
- 71% said that 1 hour or less passed between their decision to kill themselves and their attempt.
- 24% said less than 5 minutes passed.

Similarly, research on reducing access to specific methods of suicide, such as putting in place barriers where individuals jump as a suicide method, has shown significant decreases in attempts at locations where access was restricted (Okolie et al., 2020).

Evidence shows that restricting access to methods of suicide while someone is in crisis can save lives. If youth are unable to access means when experiencing a suicidal crisis, it is likely that the crisis will pass.

How are Lethal Means Addressed in Suicide Prevention?

There are two primary strategies for reducing access to means of suicide:

1. **Lethal means counseling, where a trained adult asks youth struggling with thoughts of suicide whether they have plans for suicide and then work with the family to reduce the youth's access to their described suicide method. In school settings, guidance or adjustment counselors, social workers, or psychologists can effectively provide lethal means counseling.**

For example, if a youth shares that they are planning to overdose with pills, the adult support person can coordinate with the family to ensure medication is temporarily removed from the house and/or that any essential medication for family members is stored in a locked location while the youth is struggling.

Similarly, if a youth describes using a family firearm to kill themselves, the family can temporarily remove firearms from the home by storing them with a trusted loved one, seeking out information on whether local shooting ranges or police offices provide temporary firearm storage facilities, and engaging in overall safe firearm storage by keeping the unloaded weapon in a locked safe.

Visit zerosuicide.org to participate in the free online course: Counseling on Access to Lethal Means.

Visit the American Academy of Pediatrics for a free Counseling on Access to Lethal Means Course developed for healthcare providers working with youth.

2. **Reduce access to a suicide method in an entire community or setting.**

For example, the installation of nets or other barriers in a parking garage to prevent jumping impacts the entire community, but they can also save the life of someone in that community who experiences a suicidal crisis. Similarly, policies preventing minors from purchasing handguns are population-level prevention efforts.

Reducing access to means of suicide should be seen as one prevention strategy within a systemwide approach to suicide prevention. While preventing suicidal actions when youth are in crisis is important. It is equally important to invest in promoting youth mental health and development to reduce the likelihood that they experience a suicidal crisis. Likewise, ensuring all youth who are struggling receive effective mental health care is essential for their long-term well-being. Visit the Suicide Prevention Resource Center's Effective Prevention Model to learn more about creating a comprehensive approach to suicide prevention.

Where Can I Learn More on Lethal Means?

- Harvard T. H. Chan School of Public Health: Means Matter
- SAVE: Lethal Means Safety
- Suicide Prevention Resource Center: Reduce Access to Means of Suicide

Citations

Hawton K. (2007). Restricting access to methods of suicide. Crisis: The Journal of Crisis Intervention and Suicide Prevention 28(S1), 4–9. https://doi.org/10.1027/0227-5910.28.S1.4

Okolie, C., Wood, S., Hawton, K., Kandalama, U., Glendenning, A. C., Dennis, M., Lloyd, K., & John, A. (2020). Means restriction for the prevention of suicide by jumping. Cochrane database of systematic reviews.
https://doi.org/10.1002/14651858.CD013543

Resource 17: Risk-Protective Factor Impact Model

This resource is available for download as a template at go.edc.org/K12Toolkit.

Introduction: Impact Model Template has been developed to simplify and adapt existing logic model templates to make it easy for school teams to map out how their own efforts to promote youth wellbeing are contributing to suicide prevention. Common school-based activities such as investing in life-skill development programming, creating supportive cultures, and linking youth with trusted adults contribute to the reduction of risk factors for suicide and increase in protective factors against suicide.

The table below can be used to help your school team map out how efforts contribute to suicide prevention. Districts are encouraged to track data related to risk and protective factors as well as instances of suicidal thoughts, attempts, and deaths in their school and community. This Impact Model provides a visual for risk and protective factors and suicide-related data to track.

As you build and track your inputs and outcomes within this model, keep in mind that suicide is a complex behavior with multiple factors in students' lives that go beyond the school day. This resource can help you map risk and protective factors your district addresses that contribute to suicide prevention but does not imply that they are the only reasons for observed changes.

This document provides:

- An example of a completed Impact Model Template
- A blank Impact Model that can be completed by school teams
- A model agenda for conducting a school wellness meeting focused on completing the Impact Model

Directions:

Begin by providing 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

Situation Statement: Since 2020, school staff have observed an increase in the number of students disclosing thoughts of suicide, along with decreased student participation in peer connection and relationship-building activities.

Inputs	Outputs		Outcomes		Impacts
Resources	Activities What We Will Do	People Who We Will Reach	Risk Factors Reduced	Protective Factors Increased	Long Term Impact (See Resource 18 for data sources)
▪ Staff Time ▪ X Life skill development program ▪ School climate team and resources ▪ Professional learning on inclusive and restorative practices	Continue life skills lessons in Health and English classes	Middle school and high school students	▪ Poor decision-making ▪ Relationship problems ▪ Emotional dysregulation	▪ Coping and problem-solving skills ▪ Healthy relationships ▪ Resilience ▪ Confidence	Reported suicidal thoughts decrease in annual youth wellness survey Youth suicide attempt rate in our county decreases Youth suicides are prevented
	Review and strengthen school protocols for suicide risk identification, assessment, and referral	Students identified as being at risk for suicide, their families, and responding staff	▪ Barriers to mental health support ▪ Social isolation ▪ Unawareness of resources or support	▪ Supportive environments ▪ Staff knowledge of how to support youth at risk ▪ Access to mental health services	
	Use student voice and school-climate data to identify and address barriers to belonging	All students, with focused outreach to students who report feeling disconnected, bullied, or unsafe	▪ Bullying ▪ Social isolation ▪ Relationship issues	▪ Safe and supportive school environment ▪ Feeling connected ▪ Positive relationships	

Risk & Protective Factor Impact Planning Model Template

School Name:

Situation Statement:

Inputs	Outputs		Outcomes		Impacts
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.

Model Agenda for Impact Model Development Meeting

Instructions: This impact model meeting development agenda has been provided as an example for how school staff might effectively come together to complete the impact model across one or more meetings. Use the agenda as a starting point for your own internal Impact Model discussions and meeting(s). Make whatever edits and adaptations are most important to ensure a successful conversation for developing this impact model in your district.

Recommended Actions Prior to Meeting

- Identify a small group of staff to participate in the Impact Model Development meeting. These staff should represent administrative, educator, and mental health/wellness support perspectives whenever possible.
  - Depending on the size of your district or school, there may be additional perspectives to consider engaging such as community mental health professionals, volunteer perspectives (e.g., parents or guardians), school bus or cafeteria perspectives, etc.
- At least 3 days before meeting, email out copies of Resource 17: Impact Model Template and Resource 1: Risk and Protective Factors, and Resource 18: Suicide Prevention Data Sources to staff to review in advance of meeting

Model Agenda

Be sure to have a staff capture group discussion in notes, to ask staff to record their thoughts before sharing on a group whiteboard, or to use AI to capture key points during the Impact Model development meeting(s).

6. **Welcome/Explanation of Why Staff Are Here** — Recommended Time: 10 min.
   c. To provide feedback on existing school activities, services, and resources that contribute to the reduction of risk factors and increase in protective factors against suicide
   d. To identify additional activities, services, or resources our district wants to invest in to better address risk and protective factors for suicide
7. **Review Risk and Protective Factor Handout with Staff** — Recommended Time: 30 min.

c. *Resource 1: Risk and Protective Factors should inform this conversation.*

d. Review and Discuss Risk and Protective factors against suicide listed in the handout

Example Facilitator Discussion Questions:

- What risk factors are we already reducing through existing school activities, services, and resources? What are those relevant efforts?
- What protective factors are we already strengthening through existing school activities, services, and resources? What are those relevant efforts?
- What risk and protective factors can our district help address, but we aren't currently addressing well enough?
- What risk and protective factors are outside of our districts' control? What community partners can we refer students and families to help address those factors?
    - Consider completing Resource 8: National and Local Resource List Template at a future staff gathering if key risk and protective factors need addressed through outside organizations

8. **Complete Inputs, Outputs, and Outcomes Columns in Impact Model** — Recommended Time: 30 min.

a. *Blank impact model template above should be completed during this conversation.*

b. Build out captured activities and associated risk and protective factors from conversation into the Impact Model. Districts are encouraged to build out information related to each existing activity within its own row in the Impact Model.

Example Facilitator Discussion Questions:

- For this identified activity and associated risk and protective factors, what staff or volunteer time, funding, or other resources make the activity possible and should be captured as part of our inputs?
- What groups (geography, race, ethnicity, age, building, etc.) are and are not currently being effectively reached by our existing activities? Why not? What can we commit to doing differently to better reach them?
- How will we track the impact of these activities on our risk and protective factors? (e.g. staff discussions during PD days, student surveys, a google sheet with disciplinary and absentee records, etc.)

    - What do we need to add as inputs to make this data collection possible?
  - What new activities are we going to invest in to expand our ability to address more risk and protective factors?
    - What staff or volunteer time, resources, or funding will be needed to make this possible?

9. **Complete Impact Column in Impact Model** — Recommended Time: 30 min.

   Resource 18: Suicide Prevention Data Sources should inform this conversation.

   c. Identify district, community, regional, and/or state data that can be tracked to show changes in suicide-related behaviors.

      Example Facilitator Discussion Questions:

      - For this identified activity and associated risk and protective factors, what district, community, regional, or state data is available to show impact on suicide-related behaviors (for example, student wellness surveys, deidentified student school records, hospital data on suicide attempts, state violent-death reporting system data on suicide deaths)
      - What groups (geography, race, ethnicity, age, building, etc.) are and are not currently tracked through our existing data sources? Why not? What can we commit to doing differently to better show impact across groups?
      - Who will support efforts to monitor what this data is showing over time? What can staff feasibly commit to reviewing?
        - For example, staff might visit the state Violent Death Reporting System once each Spring Semester or might reach out to a local hospital to request an update on aggregate data on treatments for youth suicide attempts every other month
      - How will we incorporate lessons learned from collected data to strengthen our ongoing efforts moving forward?

Resource 18: Suicide Prevention 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 school teams 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 school team has the tools and data you need to describe the problem of suicide for the youth populations in your school community. 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 area.

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 linked 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 linked with suicide-related behavior
Justice department	▪ Suicide attempt and suicide death data for individuals with legal system involvement
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)	▪ National ▪ Regional ▪ State	https://wisqars.cdc.gov/ WISQARS Data Modules: https://wisqars.cdc.gov/help/

	▪ Cost of nonfatal injury ▪ Leading causes of death		
Youth Risk Behavior Surveillance System (YRBSS)	▪ Suicide attempts ▪ Suicidal ideation ▪ Risk and protective factors	▪ National ▪ State ▪ Select Cities	cdc.gov/yrbs/index.html

Resource 19: Data Tracking List

Provided below is a list of key data indicators to consider tracking to help monitor and show impact in your district suicide prevention efforts. Consider this list a starting point. You may identify additional pieces of data your school 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 life skills, 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	▪ Reported use of knowledge, skills, or capacity through 3-, 6-, or 12-month follow-up surveys post event ▪ Number of youths identified as at risk for suicide ▪ Number of youths identified as at risk for suicide who are successfully connected with a mental health staff ▪ Number of youths referred to community mental health providers ▪ Number of youths referred to community mental health providers who successfully connect with provider ▪ Number of individuals reporting key suicide risk and protective factors 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

▪ Number of individuals visiting website/ webpage ▪ Number of meetings held		

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 17: Risk-Protective Factor Impact Model Template). 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 LGBTQ status
- Differences in socioeconomic status

This demographic data can help you to identify youth and staff groups who may need increased training, resources, or support. Data may indicate need to increase cultural competence in efforts.

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

Immediate Data to Track:

Follow Up Data to Track:

Resource 20: Sustainability Handout

Sustaining Comprehensive Suicide Prevention

4 Key Areas of Sustainability

Key Area of Sustainability	What does this look like?	Key Questions to Answer
Policy & Protocol CQI	▪ Policies/practices are established ▪ Staff are regularly trained & refreshed on protocols ▪ Periodic check-ins on policies & protocols occur ▪ Feedback is provided on effectiveness ▪ Data on policies & protocols is tracked & analyzed	▪ Do we have leadership support for policies & protocols? ▪ What are opportunities for training, communication, & refreshers on policies & protocols? ▪ How will we adjust protocols as needed in the future? ▪ Who is responsible for protocol improvement? ▪ Who tracks & monitors data?
Student Wellness Teams	▪ A student wellness team is maintained ▪ School members are given opportunity to leave & join ▪ Team maintains representation from different school roles (e.g. administration, education, mental health, etc.) ▪ Recurring meetings are established ▪ Team supports policy & protocol CQI	▪ How will we maintain, change, or improve our team? ▪ How will we gather new team members over time? ▪ What meeting expectations are both feasible and helpful? ▪ What will be our team's key tasks in CQI? (e.g. student crisis debriefs, annual event planning, data tracking, etc.)

Community Partnerships	▪ District maintains regular communication with community partners ▪ Community partners are invited to participate ▪ Community partners provide relevant sources of fundings, resources, expertise, & support ▪ *When possible,* written agreements describing community partner services for district are created	▪ What community stakeholders do we want to involve? ▪ How can we involve them in ongoing student wellness & CQI? ▪ What resources do community partners have available to support us? ▪ When are written agreements needed?
Funding	▪ District identifies whether key activities require new funding or can be supported through existing resources ▪ District identifies internal funding sources ▪ District identifies external funding opportunities ▪ District applies for & receives additional funding	▪ What can be sustained through existing resources? ▪ What activities will need new sources of funding? ▪ What resources do community partners have available to support us? ▪ Who will explore and apply for new sources of funding?

For support implementing this toolkit, as well as additional resources, support, and technical assistance in implementing multi-tiered approaches to suicide prevention, reach out to EDC's Education & Wellbeing experts at solutions@edc.org and learn more about our work at solutions.edc.org.

EDC.ORG

Education Development Center
Boston | Chicago | New York

Solutions.edc.org
solutions@edc.org