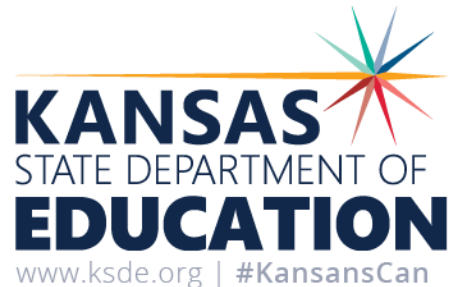


# Kansas Schools Suicide Prevention Toolkit:

## UPDATE



Trish Backman, KSDE

School Mental Health Coordinator

Special Education, Title Services Team

*Kansas leads the world in the success of each student.*

# The Backstory

In 2023, the School Mental Health Advisory Council created a subcommittee to address suicide rates in school-age Kansans.

The Toolkit was identified as a field resource that needed updates.

## Needs Identified:

1. Common language
2. Consistency in care
3. Education on school staff responsibilities related to suicide crises

## WHAT WE CREATED:

- A guidance document to be used by each school district as they update their local suicide policies, plans, and procedures
- Editable forms and QR codes for each local document, so that all staff have easy access to their local resources

## WHO HELPED:

- Professionals from the fields of school psychology, school counseling, school social work, and suicide prevention experts from HeadQuarters Kansas
- Included many folks with lived experience in this type of crisis response



# Prevention



988

SUICIDE  
& CRISIS  
LIFELINE

You can call or text 9-8-8 anytime for any reason.



# SUICIDE IS PREVENTABLE

Help students  
and colleagues  
stay safe from  
suicide by:

- Talking to students about suicide.
- Knowing the risk factors and warning signs of suicide.
- Remaining calm.
- Listening without judging. Allow for the discussion of experiences, thoughts, and feelings.
- **Responding immediately.**
  - Escort the student to a member of the SMHT.



# School Mental Health Team (SMHT)

SMHT  
Coordinator

SMHT  
Assistant  
Coordinator

Principal

Assistant  
Principals

School  
Counselor

School  
Psychologist

School Social  
Worker

School Nurse

School  
Resource  
Officer



# WARNING SIGNS

## ★ Defined comprehensive suicidal behaviors

In general, warning signs of suicide look like signs of suffering or signs of struggle.

The most important thing is that all warning signs of suicide, when observed, are not ignored, and are taken seriously.

Suicide Statements

Suicide Notes and Plans (Preparatory)

Making Final Arrangements (Preparatory)

Preoccupation with Death

Changes in Behavior, Appearance, Thoughts, and/or Feelings

Prior Suicidal Behavior

- *Suicide Attempt*
- *Aborted Attempt*
- *Interrupted Attempt*
- *Preparatory Acts or Behaviors*
- *Non-Suicidal Self-Harm (NSSI)*



# Risk & Protective Factors



01

Updated all data and statistics to be as current as possible.

02

Included the findings of the 2021 Blue Ribbon Taskforce on Bullying related to identifying risk factors of bullying and suicide.

03

Included more thorough and accurate information about LGBTQIA+ youth risk and protective factors.



# LETHAL MEANS REDUCTION



Reducing access to lethal means is the most practical and effective suicide prevention strategies.

- **Firearms:**
  - Lock up all firearms, preferably unloaded
  - Store/lock ammunition separately from the firearm
  - During a suicide crisis, storing firearms outside of the home is the safest option.
- **Medications:**
  - Get rid of unused or unnecessary medications
  - Keep small quantities of OTC and prescription medications on hand; lock up the rest
- **Other considerations:**
  - Install safety barriers for bridges, buildings, and other jumping sites
  - Lock up alcohol since there is an increased risk of suicidal behavior when drinking

# Identify the School Mental Health Team (SMHT)



# School Mental Health Team (SMHT)

SMHT  
Coordinator

SMHT Assistant  
Coordinator

Principal

Assistant  
Principals

School  
Counselor

School  
Psychologist

School Social  
Worker

School Nurse

School Resource  
Officer



# Types of Mental Health Professionals



## School mental health professionals:

- School Social Worker
- School Psychologist
- School Counselor

## Community mental health professionals:

- Community behavioral health and/or mental health professionals that are licensed in social work, psychology, professional counseling, or marriage and family therapy.
- Mental Health Initiative Team (MHIT)

# Intervention



## Identifying and Responding to Suicide Risk in Schools

# Culture & Climate | Liability

Districts are responsible for having suicide intervention protocols in place, and to avoid liability, schools should follow best practices.

School administrators play a crucial role in establishing a climate that enables **all** school personnel to response to suicidal crises with confidence and competence.



# Suicide Screening vs. Suicide Assessment

A suicide screener is NOT a clinical assessment, and it *does not predict* future suicide attempts or deaths.



The purpose of a suicide screener is to detect potential suicide risk and inform intervention and safety planning next steps.



Anyone can conduct suicide screenings whereas only qualified mental health professionals can conduct risk assessments.



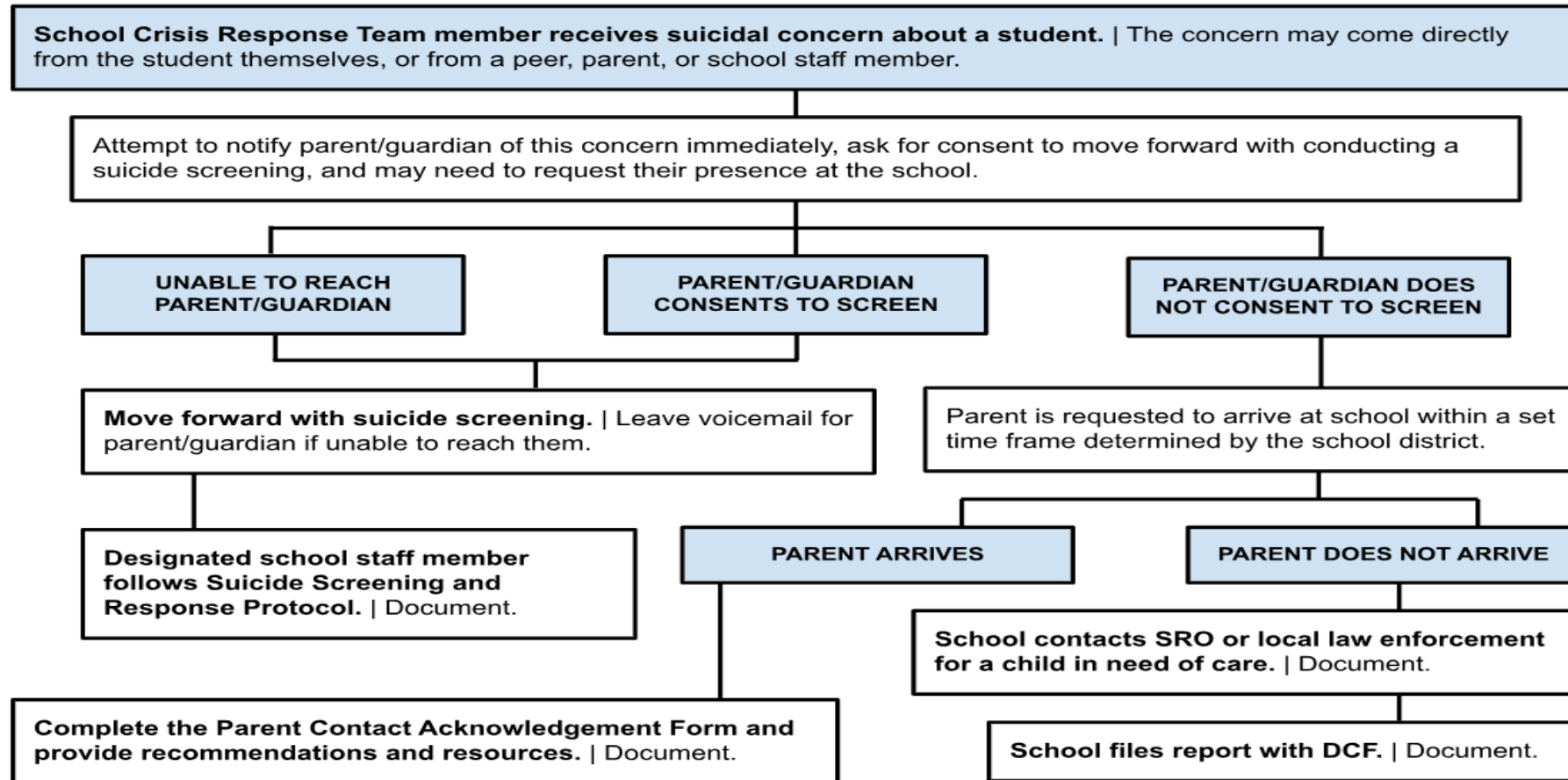
# Suicide Intervention Protocol | Overview



Action 1	Attempt to Notify Student Caregivers & Request Permission to Screen the Student
Action 2	Conduct Suicide Risk Screen
Action 3	Engage Family, Make Recommendations, and Safety Plan
Action 4	Ensure All Documentation is Completed



# PARENT/GUARDIAN NOTIFICATION PROTOCOL FLOWCHART



# C-SSRS with Adapted Language

## COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen with Triage Points for Schools

\*Includes adapted language for elementary-age and/or cognitively impaired students.

Ask questions 1 and 2.		Past Month					
		YES	NO				
<p>1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></p> <p>If yes, describe:</p> <p><b>*Adapted language:</b>  <i>Have you thought about being dead or what it would be like to be dead?</i>  <i>Have you wished you were dead or wished you could go to sleep and never wake up?</i>  <i>Do you wish you weren't alive anymore?</i></p> <p>If yes, describe:</p>							
<p>2) <u>Have you had any actual thoughts of killing yourself?</u></p> <p>If yes, describe:</p> <p><b>*Adapted language:</b>  <i>Have you thought about doing something to make yourself not alive anymore?</i>  <i>Have you had any thoughts about killing yourself?</i></p> <p>If yes, describe:</p>							
<p>If YES to question 2, ask question 3; If NO to question 2, go directly to question 6.</p>		<table border="1"> <thead> <tr> <th colspan="2">Past Month</th></tr> <tr> <th>YES</th><th>NO</th></tr> </thead> </table>		Past Month		YES	NO
Past Month							
YES	NO						



# Screening Response Protocol

Risk is not “assigned” as low, moderate, or high.

The school’s response is still informed by the same risk information (how the student answers the screening questions).

This response protocol was created with the intention of helping schools feel more comfortable engaging in least restrictive intervention; however, it can be adapted as even less restrictive if the school desires.

Student Response to Screener	School Response to Student/Caregivers
<p><b><u>Student answers no to questions #1, #2, and #6</u></b></p> <p><input type="checkbox"/> No wish to die or thoughts of suicide.</p> <p style="text-align: center;"><b>AND</b></p> <p><input type="checkbox"/> No suicidal behavior in their lifetime.</p>	<p><b><u>Notify Parents of Initial Concern</u></b></p> <p><input type="checkbox"/> Inform parents/guardians of reason for suicide screening.</p> <p><input type="checkbox"/> Inform parents/guardians of student’s responses to screener.</p> <p><input type="checkbox"/> Provide resources for services in the community.</p> <p><input type="checkbox"/> Discuss plan for follow-up.</p> <p><input type="checkbox"/> Student cannot leave school/school activity until parents/guardians have been notified.</p>
<p><b><u>Student answers yes to question(s) #1 and/or #2</u></b></p> <p><input type="checkbox"/> Wish to die or thoughts of suicide WITHOUT method, intent, plan, or behavior.</p>	<p><b><u>Recommend Ongoing Community Services</u></b></p> <p><input type="checkbox"/> Request parent/guardian presence at school.</p> <p><input type="checkbox"/> Stay with the student until parents/guardians arrive.</p> <p><input type="checkbox"/> Inform parents/guardians of reason for suicide screening.</p> <p><input type="checkbox"/> Inform parents/guardians of student’s responses to screener.</p> <p><input type="checkbox"/> Provide resources for services in the community.</p> <p><input type="checkbox"/> Discuss plan for follow-up.</p>
<p><b><u>Student answers yes to question #3</u></b></p> <p><input type="checkbox"/> Suicidal ideation with method, WITHOUT plan, intent, or behavior.</p> <p style="text-align: center;"><b>OR</b></p> <p><b><u>Student answers yes to question #6 re: lifetime</u></b></p> <p><input type="checkbox"/> Suicidal behavior more than 3 months ago.</p>	<p><b><u>Create Collaborative Safety Plan</u></b></p> <p><input type="checkbox"/> Request parent/guardian presence at school.</p> <p><input type="checkbox"/> Stay with the student until parents/guardians arrive.</p> <p><input type="checkbox"/> Inform parents/guardians of reason for suicide screening.</p> <p><input type="checkbox"/> Inform parents/guardians of student’s responses to screener.</p> <p><input type="checkbox"/> Create collaborative safety plan with the student for home and school</p> <p><input type="checkbox"/> Adjust safety plan with parent/guardian involvement as needed.</p> <p><input type="checkbox"/> Provide resources for services in the community.</p> <p><input type="checkbox"/> Encourage further clinical assessment.</p> <p><input type="checkbox"/> Discuss plan for follow-up.</p>
<p><b><u>Student answers yes to question #4 or #5</u></b></p> <p><input type="checkbox"/> Suicidal ideation with intent or with plan.</p> <p style="text-align: center;"><b>OR</b></p> <p><b><u>Student answers yes to question #6 re: past 3 months</u></b></p> <p><input type="checkbox"/> Suicidal behavior more than 3 months ago.</p>	<p><b><u>Create Collaborative Safety Plan</u></b></p> <p><input type="checkbox"/> Request parent/guardian presence at school.</p> <p><input type="checkbox"/> Stay with the student until parents/guardians arrive.</p> <p><input type="checkbox"/> Inform parents/guardians of reason for suicide screening.</p> <p><input type="checkbox"/> Inform parents/guardians of student’s responses to screener.</p> <p><input type="checkbox"/> Explain <u>need</u> for immediate further assessment.</p> <p><input type="checkbox"/> Adjust safety plan with parent/guardian involvement as needed.</p> <p><input type="checkbox"/> Provide local options (crisis center, mental health center, or ER).</p> <p><input type="checkbox"/> Discuss plan for follow-up.</p>



# Screening Response Protocol



## Initial Concern Unfounded

### Student answers no to questions #1, #2, and #6

☐ No wish to die or thoughts of suicide.

**AND**

☐ No suicidal behavior in their lifetime.

### Notify Parents of Initial Concern

- ☐ Inform parents/guardians of reason for suicide screening.
- ☐ Inform parents/guardians of student's responses to screener.
- ☐ Provide resources for services in the community.
- ☐ Discuss plan for follow-up.
- ☐ Student cannot leave school/school activity until parents/guardians have been notified.

# Screening Response Protocol



Equivalent to “Low Risk”

## Student answers yes to question(s) #1 and/or #2

- ☐ Wish to die or thoughts of suicide WITHOUT method, intent, plan, or behavior.

## Recommend Ongoing Community Services

- ☐ Request parent/guardian presence at school.
- ☐ Stay with the student until parents/guardians arrive.
- ☐ Inform parents/guardians of reason for suicide screening.
- ☐ Inform parents/guardians of student’s responses to screener.
- ☐ Provide resources for services in the community.
- ☐ Discuss plan for follow-up.

# Screening Response Protocol



## Equivalent to “Moderate Risk”

### Student answers yes to question #3

- ☐ Suicidal ideation with method, WITHOUT plan, intent, or behavior.

OR

### Student answers yes to question #6 re: lifetime

- ☐ Suicidal behavior more than 3 months ago.

### Create Collaborative Safety Plan

- ☐ Request parent/guardian presence at school.
- ☐ Stay with the student until parents/guardians arrive.
- ☐ Inform parents/guardians of reason for suicide screening.
- ☐ Inform parents/guardians of student's responses to screener.
- ☐ Create collaborative safety plan with the student for home and school
- ☐ Adjust safety plan with parent/guardian involvement as needed.
- ☐ Provide resources for services in the community.
- ☐ Encourage further clinical assessment.
- ☐ Discuss plan for follow-up.

# Screening Response Protocol



Equivalent to “High Risk”

**Student answers yes to question #4 or #5**

☐ Suicidal ideation with intent or with plan.

**OR**

**Student answers yes to question #6 re: past 3 months**

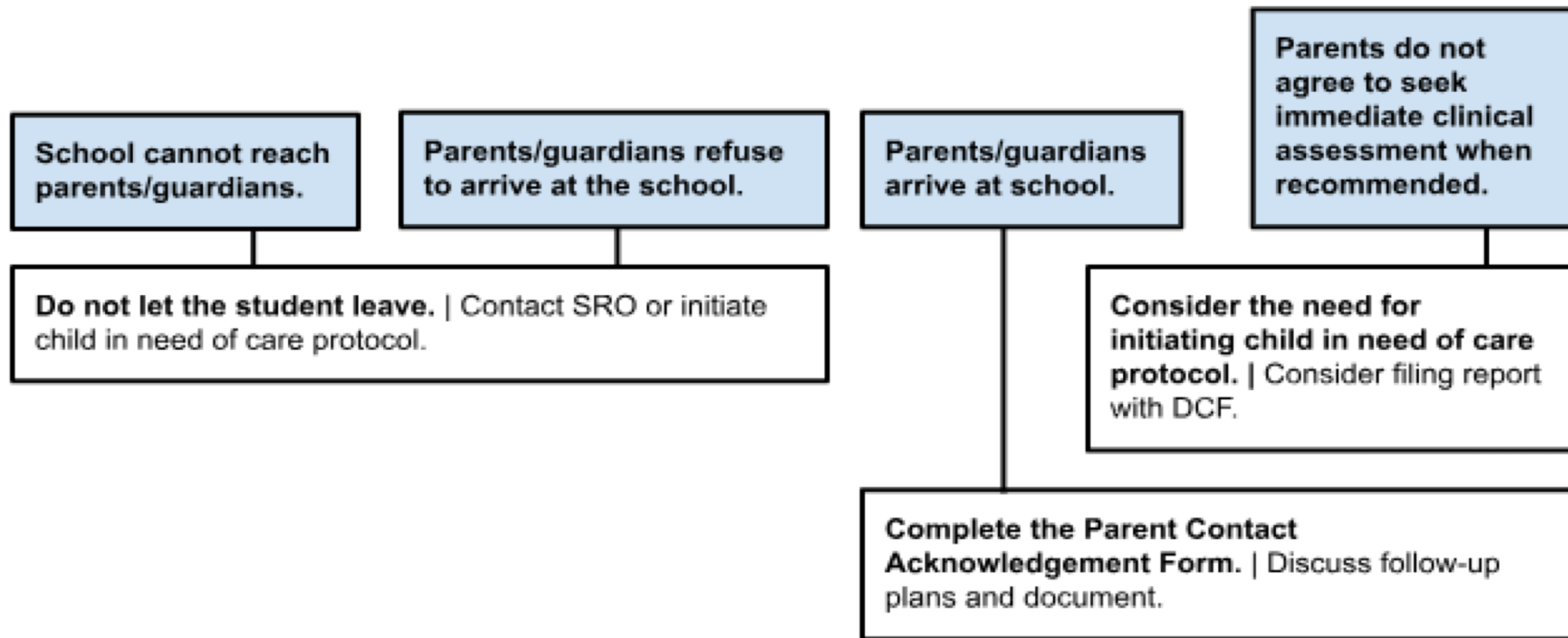
☐ Suicidal behavior more than 3 months ago.

**Create Collaborative Safety Plan**

- ☐ Request parent/guardian presence at school.
- ☐ Stay with the student until parents/guardians arrive.
- ☐ Inform parents/guardians of reason for suicide screening.
- ☐ Inform parents/guardians of student’s responses to screener.
- ☐ Explain need for immediate further assessment.
- ☐ Adjust safety plan with parent/guardian involvement as needed.
- ☐ Provide local options (crisis center, mental health center, or ER).
- ☐ Discuss plan for follow-up.



# Post-Screening Intervention Flowchart | Families





# Parent Contact Acknowledgment Form

Disclosure re: costs associated with recommended care

Used the term “potential suicide risk”

- Helps schools feel protected from the ethical concern (school counselors) of assigning suicide risk

Included a checklist of recommendations that align with the Screening Response Protocol

- The school presents their recommendations to the family in the top section
- The family marks what they agree to do in the bottom section (because they may not agree to comply with all the recommendations made by the school)

The parent/guardian must check:

- “I further understand that I am responsible for taking the actions necessary to ensure my child’s continued safety.”

Included a prompt to schedule and agree to attend a re-integration meeting



# Stanley Brown Safety Plan (Adapted)

**Step 1.** Thoughts, feelings, situations, or behaviors that indicate a crisis may be developing:

**School:** bullying, getting bad grades, thinking about having to go to my dad's, feeling overwhelmed with homework

**Home:** being at dad's, feeling stressed about chores, ignoring my alarms, forgetting to take my medicine, getting yelled at

**Step 2.** Activities that soothe me or provide distractions that I can do alone:

**School:** fidget spinner, tracing/doodling, deep breathing, taking a break in the hallway

**Home:** watching tv, playing games on my phone, deep breathing, taking a nap, running, playing with my dog

**Step 3.** People and social settings that provide distraction (include contact information):

**School:** friends at my lunch table, the library, the art classroom, helping in the office

**Home:** walking to the gas station, going to the park, helping my neighbor, calling my grandparents

**Step 4.** People whom I can ask for help (include contact information):

**School:** art teacher, coach, best friend, girlfriend

**Home:** mom, girlfriend, best friend, sometimes my sister

**Step 5.** Professionals or agencies I can contact during a crisis (include contact information):

**School:** school social worker, text 988, text my case manager

**Home:** call my doctor, call/text 988, my therapist and case manager, call heyHQ

**Step 6.** Ways to make my environment safe and calm:

**School:** keep medications in the nurse's office, ask teachers to use lamps, go to calm down zone

**Home:** have mom keep medications and sharps locked temporarily, low lights, blankets and cozy clothes



# Reintegration



## Facilitating a Student's Return to School

# Reintegration Team

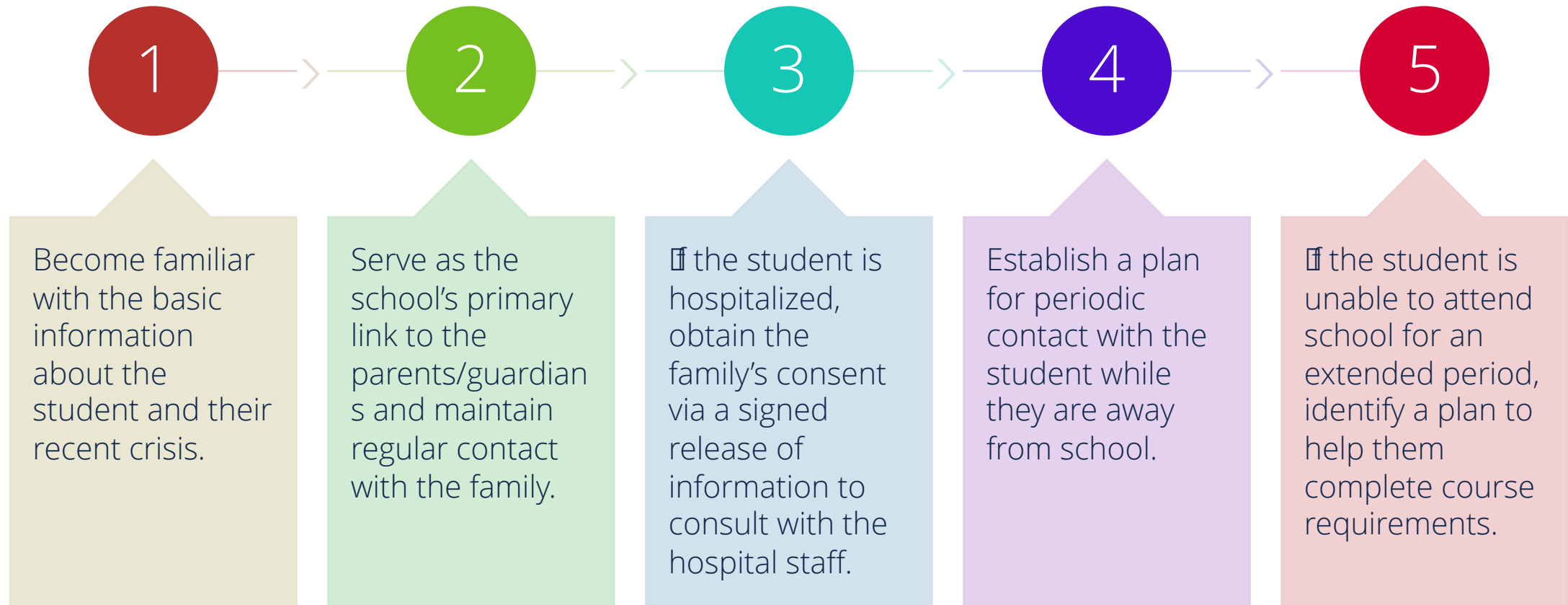
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- ☐ Student
- ☐ Student's Parent(s)/Guardian(s)
- ☐ Administrator(s)
- ☐ School Nurse
- ☐ School Mental Health Professional(s):
  - School Counselor
  - School Social Worker
  - School Psychologist

The re-integration team should **designate one staff member to be the primary contact** for facilitating the student's return to school beyond the initial re-integration meeting.

# Designated Primary Contact



# Student Support Plan

Everything on the form is open ended and intended to simply be **prompts** for trauma-informed considerations.

Students don't have to put something in every box if the team is not concerned about specific items.

To the right is a sample snippet from the document. Other prompts included are:

- ☐ Identify how and in what ways the student's class schedule will be modified (if at all).
- ☐ Consider how to navigate school extra-curricular activities.
- ☐ Identify "Need To Know" staff who should be alerted (teachers, coaches, etc.).
- ☐ Discuss any additional safety planning the student or school have identified.

☐ Off-campus considerations:

Notes:

☐ Lunch-time considerations

Notes:

☐ Class transition considerations:

Notes:

☐ Restroom access considerations:

Notes:

☐ How will the student handle questions/attention from peers?

Notes:



# Check-In Schedule



The student should choose a school staff member on the reintegration team that they can check-in with on a temporarily regular basis.

They should identify how/where those check-ins will take place and co-create a tapered schedule.

Week 1	Week 2	Week 3	Week 4

# Postvention

Addressing A Student or Staff Death





# Postvention Response Checklist

There is a step-by-step checklist for schools to assign specific SMHT members to various tasks.

Specific tasks on the checklist coordinate with specific Attachments in the Section.

**Immediate Response:**  
Notify key individuals, notify school community, support school community (these are broken down further)

**Long-Term Response:**  
Monitor risk, check-in / follow-up, phase support out instead of abruptly stopping



# Universal Postvention Guides



Guidelines for  
Working With the  
Family

Attachment 4.01

Best Practices for  
Memorialization  
Policies

Attachment 4.02

Considerations  
for Long-Term  
Support

Attachment 4.03

Considerations  
for Anniversaries  
of Crises

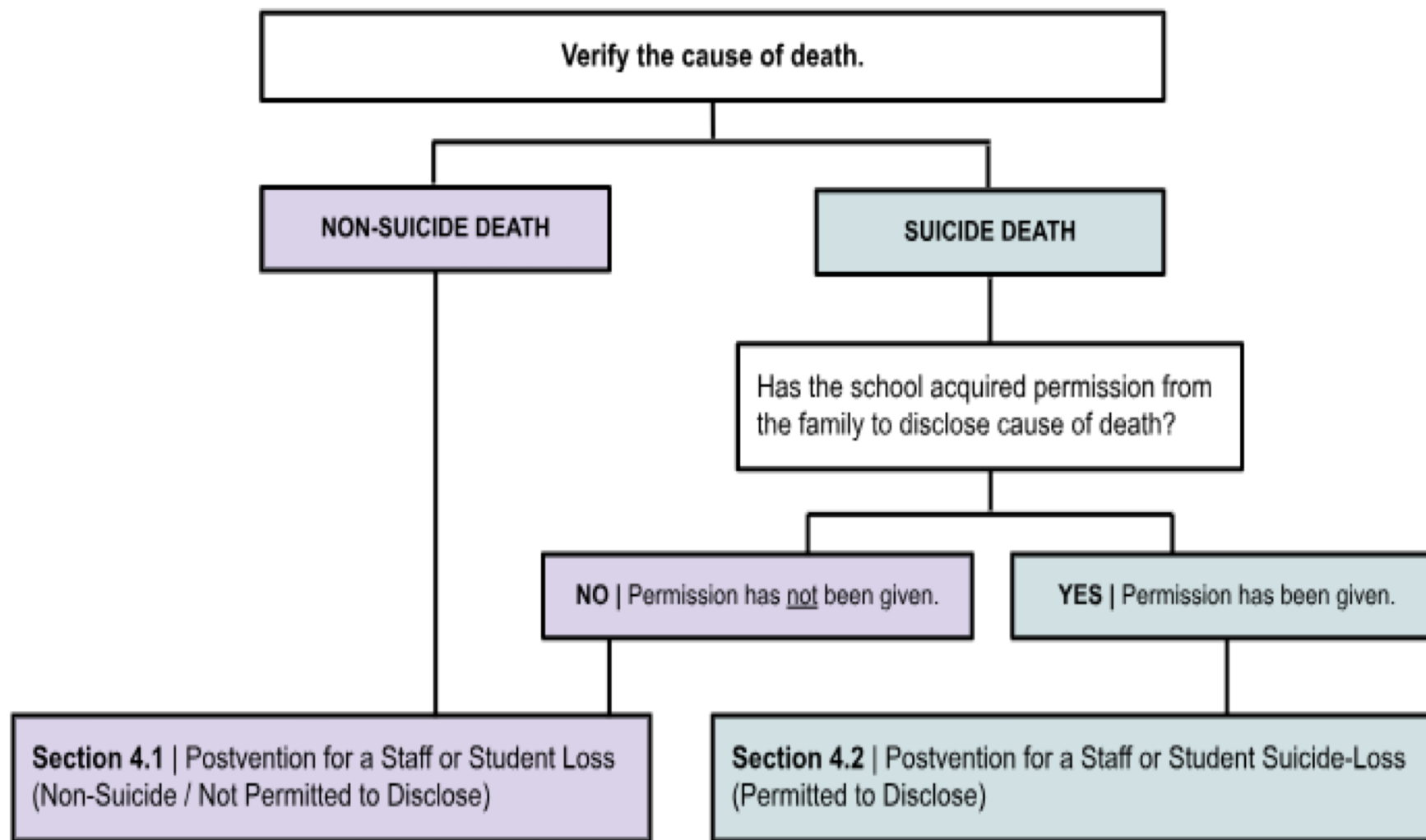
Attachment 4.04

# Sample Script for Getting Permission to Disclose | Attachment 4.01

*On behalf of the entire school district, we are so incredibly sorry for your loss. I can't imagine how painful and difficult this has been for you and your family. If there is anything the school can do to support you at this time, or to connect you to the folks who can support you, please let me know without hesitation. I'd like to speak with you about the school's response to [Student's Name] death. We've received guidance from HeadQuarters Kansas, who are the leading experts in suicide prevention for our state, on the best way to support our school community as we all grieve this loss. Many students are already talking about what happened and we are concerned that word is spreading. We know that when a student dies by suicide, the risk for the rest of the school population increases. Because of that, we have a responsibility to take actions that are most protective for our students AND that honor this loss in the most truthful way. We don't want people to engage in spreading rumors that aren't true about [Student's Name] and we also want to ensure that our students have access to the resources and support they need to process and cope. Suicide prevention experts say that the most protective thing we can do at this time is alert students of the death, be transparent that it was a suicide, and provide ongoing support. I understand that this has been an incredibly painful time for your family, and we absolutely want to respect your privacy. For all these reasons, I am asking for your permission to disclose to the school community that [Student's Name] died by suicide.*



# Determine Which Subsection to Use



# Section 4.1 Attachments



## NON-SUICIDE / NOT PERMITTED TO DISCLOSE

- Attachment 4.11 – Inquiry Response Protocol
- Attachment 4.12 – Notifying All Staff of a Death
- Attachment 4.13 – Notifying Students of a Death
- Attachment 4.14 – Supporting Students Through Grief
- Attachment 4.15 – Communicating With Students (Scripts)
- Attachment 4.16 – Communicating With Families (Scripts)
- Attachment 4.17 – Guidelines for Media Interactions
- Attachment 4.18 – Monitoring Social Media

# Section 4.2 Attachments



## SUICIDE / PERMITTED TO DISCLOSE

- Attachment 4.21 – Inquiry Response Protocol
- Attachment 4.22 – Notifying All Staff of a Death
- Attachment 4.23 – Notifying Students of a Death
- Attachment 4.24 – Supporting Students Through Suicide-Loss
- Attachment 4.25 – Communicating With Students (Scripts)
- Attachment 4.26 – Communicating With Families (Scripts)
- Attachment 4.27 – Guidelines for Media Interactions
- Attachment 4.28 – Monitoring Social Media

# Resources



# Sources

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**1** HeadQuarters Kansas (Formerly KSPHQ)

<https://www.hqkansas.org>

**2** Jason Foundation

<https://jasonfoundation.com/>

**3** Jason Flat Act KSA 72-6284 (2016)

[http://www.kslegislature.org/li/b2023\\_24/statute/072\\_000\\_0000\\_chapter/072\\_062\\_0000\\_article/072\\_062\\_0084\\_section/072\\_062\\_0084\\_k/](http://www.kslegislature.org/li/b2023_24/statute/072_000_0000_chapter/072_062_0000_article/072_062_0084_section/072_062_0084_k/)

**4** Infinitec Training Repository

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

**5** School Mental Health: A Resource for Kansas School Communities

<https://www.ksdetasn.org/smhi/school-mental-health-a-resource-for-kansas-school-communities>



# Sources

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**6** Zero Suicide in Health and Behavioral Health Care

<https://zerosuicide.edc.org/sites/default/files/Legal%20and%20Liability%20Issues%20in%20Suicide%20Care%205.27.16%20PPT%20Transcript.pdf>

**7** HEARD Alliance *K-12 Toolkit for Mental Health Promotion and Suicide Prevention*

<https://www.heardalliance.org/help-toolkit/>

**8** SAMHSA Preventing Suicide: A Toolkit for High Schools

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

**9** Family Educational Rights and Privacy Act FERPA

<https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

**10** Health Insurance Portability and Accountability Act HIPAA

<https://www.cdc.gov/phlp/publications/topic/hipaa.html>

# Sources

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**11** Kansas Communities That Care (KCTC)

<https://kctcdata.org/>

**12** American Academy of Pediatrics

<https://publications.aap.org/pediatrics/article/142/4/e20174218/76767/Transgender-Adolescent-Suicide-Behavior?autologincheck=redirected>

**13** The Trevor Project

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

**14** Columbia-Suicide Severity Rating Scale (C-SSRS)

[https://cssrs.columbia.edu/wp-content/uploads/C-SSRS\\_Pediatric-SLC\\_11.14.16.pdf](https://cssrs.columbia.edu/wp-content/uploads/C-SSRS_Pediatric-SLC_11.14.16.pdf)

**15** Stanley-Brown Safety Planning Template

<https://suicidesafetyplan.com/forms/>

# Reach Out!



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Special Education and Title Services  
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[tbackman@ksde.org](mailto:tbackman@ksde.org)

The Kansas State Department of Education does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the nondiscrimination policies: KSDE General Counsel, Office of General Counsel, KSDE, Landon State Office Building, 900 S.W. Jackson, Suite 102, Topeka, KS 66612, (785) 296-3201.

