



Policy to Practice: Suicide Intervention Toolkit

The aim of this toolkit is to share protocols, templates and resources that align with best practices in suicide intervention.

CREATED BY THE SDCOE STUDENT WELLNESS AND SCHOOL CULTURE DEPARTMENT



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Policy to Practice: Suicide Intervention Toolkit

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Some linked documents in this toolkit are templates that districts can adapt and modify to meet the unique needs of their school communities.



Columbia-Suicide Severity Rating Scale

The Columbia Protocol, also known as the **Columbia-Suicide Severity Rating Scale (C-SSRS)**, supports suicide risk screenings through a series of simple, plain-language questions that anyone can ask. The answers help users identify whether someone is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support that the person needs. It is evidence based, free, and universally used for all ages and settings.

- [C-SSRS Education Brochure](#) provides an overview of utilizing the screener in an educational setting.
- [C-SSRS Screener Free Online Training](#) can be used to train any adult in a school setting on using the tool through a prerecorded webinar in less than 30 minutes. ([available in Spanish](#)).
- [Suicide Risk Assessment and the C-SSRS](#) is a training for conducting the assessment and screener scales that can be completed in under an hour. [This assessment](#) can be used after the screener to help with treatment planning that includes risk and protective factors.



THE COLUMBIA
LIGHTHOUSE
PROJECT

IDENTIFY RISK. PREVENT SUICIDE.

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen with Triage Points for Schools

| | Past month | |
|---|------------|----|
| Ask questions that are in bold and underlined. | YES | NO |
| Ask Questions 1 and 2 | | |
| 1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u> | | |
| 2) <u>Have you actually had any thoughts of killing yourself?</u> | | |
| If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6. | | |
| 3) <u>Have you been thinking about how you might do this?</u> e.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it." | | |
| 4) <u>Have you had these thoughts and had some intention of acting on them?</u> as opposed to "I have the thoughts but I definitely will not do anything about them." | | |
| 5) <u>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u> | | |
| 6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. | | |
| If YES, ask: <u>Was this within the past 3 months?</u> | | |

C-SSRS

[C-SSRS Spanish Version](#)

[C-SSRS Elementary Version \(ages 6-11\)](#)

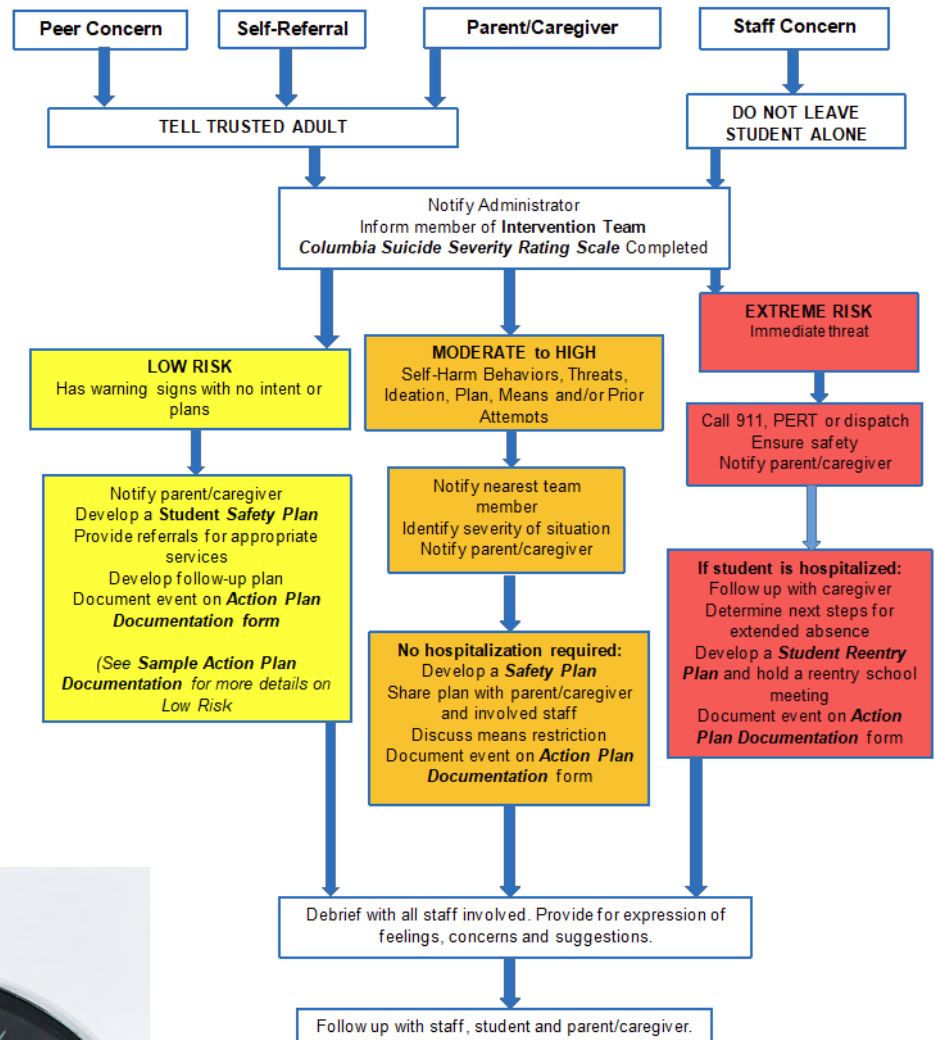
Adapted from Columbia Lighthouse Project

Protocol Flowchart for Suicide Intervention

This flowchart is adapted from the Comprehensive Suicide Toolkit for Schools-HEARD Alliance 2018. The protocol is determined by the following:

- Role of person that initiates the concern
- Severity level of risk assessment, which is color coded to align with the C-SSRS color coding
- Staffing and resources available in the schools

Protocol Flow Chart for Suicide Intervention



**Protocol Flowchart for
Suicide Intervention**

Action Plan Documentation

This **Action Plan Documentation** was adapted from Duarte & Kim. It provides a step-by-step checklist to document and guide the intervention process based on the severity level.

It is color coded to align with the **Protocol Flow Chart** and **C-SSRS** based on severity level of low (yellow), moderate (orange) and high risk (red), and identifies a staff person for each step along with responsible external contacts and phone numbers. On the bottom of the plan there is space for additional documentation.



Action Plan Documentation

Determined Low Risk based on CSSRS Screening

- Suicidal ideation with low frequency, intensity and duration
- No intent (degree to which student has planned suicidal behavior)
- No plans
- Few risk factors
- Good self-control
- Presence of protective factors

Date: _____ **Student:** _____ **School:** _____ **Grade:** _____

| Action Plan Checklist | Responsible Staff | External Contacts | Phone Number |
|--|-------------------|-------------------|--------------|
| <input type="checkbox"/> Take every warning sign seriously | | | |
| <input type="checkbox"/> Notify administration | | | |
| <input type="checkbox"/> Notify parent/caregiver with student present if appropriate | | | |
| <input type="checkbox"/> Complete Parent/Caregiver Notification Form | | | |
| <input type="checkbox"/> Develop Student Safety Plan and/or Self-Care Plan with student and parent if necessary | | | |
| <input type="checkbox"/> Refer to primary care or mental health services if necessary | | | |
| <input type="checkbox"/> Get parent signature on Authorization for Release and/or Disclosure of Information Form if necessary and share parent information and resources | | | |
| <input type="checkbox"/> Communicate to appropriate staff and document (using the Threat with Care memo for teacher/s) | | | |
| <input type="checkbox"/> Provide copy of Student Safety Plan with parents and involved staff | | | |
| <input type="checkbox"/> Complete Web of Support form with student | | | |
| <input type="checkbox"/> Share Teen Guide to Mental Health & Wellness with student | | | |
| <input type="checkbox"/> Follow up with student and family as often as necessary until student is stable | | | |
| <input type="checkbox"/> Debrief with involved staff to assist with the intervention, provide for expression of feelings, concerns and suggestions | | | |

Who identified student as being at risk: _____

Reason for concern: _____

Staff notified: _____

Adapted from Pomeroy & Kim, Revised 2017

Action Plan Documentation

Determined Moderate-High Risk based on CSSRS Screening

- Suicidal ideation with moderate frequency, intensity and duration
- Non-specific intent, some plans, not concrete
- Moderate self-control, presence of some protective factors

Date: _____ **Student:** _____ **School:** _____ **Grade:** _____

| Action Plan Checklist | Responsible Staff | External Contacts | Phone Number |
|---|-------------------|-------------------|--------------|
| <input type="checkbox"/> Remain with student to ensure safety | | | |
| <input type="checkbox"/> Notify other appropriate staff member(s) | | | |
| <input type="checkbox"/> Notify parent/caregiver with student present | | | |
| <input type="checkbox"/> Complete Parent/Caregiver Notification Form | | | |
| <input type="checkbox"/> If hospitalization is not required: | | | |
| <input type="checkbox"/> Develop Student Safety Plan and/or Self-Care Plan with student and parent if necessary | | | |
| <input type="checkbox"/> Discuss means restriction with parent/caregiver | | | |
| <input type="checkbox"/> Confirm understanding of next steps for student's care | | | |
| <input type="checkbox"/> Provide referrals to outpatient care services | | | |
| <input type="checkbox"/> Check for eating and school attendance | | | |
| <input type="checkbox"/> Get parent signature on Authorization for Release and/or Disclosure of Information Form if necessary | | | |
| <input type="checkbox"/> Communicate to appropriate staff and document | | | |
| <input type="checkbox"/> Complete Web of Support form with student | | | |
| <input type="checkbox"/> Share Teen Guide to Mental Health & Wellness with student | | | |
| <input type="checkbox"/> Student released to parent/caregiver or appropriate authority | | | |
| <input type="checkbox"/> Debrief with all staff involved | | | |
| <input type="checkbox"/> Establish a plan for periodic contact to follow up until student is stable | | | |

Who identified student as being at risk: _____

Reason for concern: _____

Action Plan Documentation

Determined Extreme Risk

- Frequent, intense and enduring suicidal ideation
- Clear intent, specific concrete plans and/or access to lethal means
- Increasing symptoms of psychological distress, depression, sense of hopelessness
- Many risk factors including history of suicidal attempts, hospitalization and/or self-harm behaviors
- Limited self-control, low level of rescue and reversibility of plan
- IF ACUTE LIFE THREATENING SITUATION, CALL 911

Date: _____ **Student:** _____ **School:** _____ **Grade:** _____

| Action Plan Checklist | Responsible Staff | External Contacts | Phone Number |
|---|-------------------|-------------------|--------------|
| <input type="checkbox"/> DO NOT LEAVE STUDENT ALONE | | | |
| <input type="checkbox"/> Call 911, PERT or dispatch officer to mobilize community links | | | |
| <input type="checkbox"/> Clear student from the area, ensure safety | | | |
| <input type="checkbox"/> Notify appropriate staff members | | | |
| <input type="checkbox"/> Notify parent/caregiver about seriousness of situation | | | |
| <input type="checkbox"/> Check for eating and school attendance | | | |
| <input type="checkbox"/> Complete Parent/Caregiver Notification Form | | | |
| <input type="checkbox"/> Student released to parent/caregiver or appropriate authority | | | |
| <input type="checkbox"/> Debrief with involved staff | | | |

Student is Hospitalized:

- Follow up with parent/caregiver
- Determine next steps for extended absence
- Follow steps on the Student Re-Entry Plan

Before student returns to school, initiate re-entry and after care plan

Who identified student as being at risk: _____

Adapted from Duarte & Kim, Revised 2017



Action Plan Documentation

Parent Information and Resources

The fillable **Parent Contact Acknowledgment Form** adapted from 2009 Maine Youth Suicide Prevention Program is used to notify the parent/guardian that a suicide risk assessment has been completed (if appropriate) and asks them to follow up with the student's continuing care.

[Parent Contact Acknowledgement Form](#)

[Spanish version](#)



Links to Parent Information and Resources

The following resources are to ensure parents/guardians are equipped with the information and resources needed to keep their child safe.

- [Suicide Prevention Resource for Parents Brochure](#)
- [Suicide Prevention Resource for Parents Brochure \(Spanish\)](#)



This brochure, created by Each Mind Matters, includes key questions parents/guardians can ask themselves to identify warning signs, know what to do, and learn about resources.

- [Preventing Youth Suicide: Tips for Parents and Educators](#)
- [Preventing Youth Suicide: Tips for Parents and Educators \(Spanish\)](#)



This infographic, created by NASP, is for parents and teachers who are in a key position to identify warning signs and get youth the help they need.

- [Suicidal Thinking and Threats: Helping Handout for Home](#)



This handout is to prepare parents/guardians to respond to youth who have thoughts of ending their life.

- [Means Safety: Striving to Keep a Loved One Safe from Suicide](#)



This website provides strategies and a checklist to keep youth safe during a crisis.



Student Safety Plans

The **Student Safety Plan** can be used in conjunction with the **Action Plan Documentation** forms. It should be done with the student and parent/guardian and written in the student's own words.

This safety plan was adapted from *Safety Plan Template* ©2008, 2021 Barbara Stanley and Gregory K. Brown and it has six steps that include a list of internal coping strategies, sources of supports and a list of resources that the student can use in a crisis.

Social Work Tech adapted the work of *Barbara Stanley and Gregory K. Brown's (2008) Student Safety Plan* and modified it to include contemporary language and future-oriented talk by listing the students' reasons for living. This plan provides an additional option to the one on the left.

STANLEY - BROWN SAFETY PLAN

STEP 1: WARNING SIGNS:

1. _____
2. _____
3. _____

STEP 2: INTERNAL COPING STRATEGIES – THINGS I CAN DO TO TAKE MY MIND OFF MY PROBLEMS WITHOUT CONTACTING ANOTHER PERSON:

1. _____
2. _____
3. _____

STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:

1. Name: _____ Contact: _____
2. Name: _____ Contact: _____
3. Place: _____ 4. Place: _____

STEP 4: PEOPLE WHOM I CAN ASK FOR HELP DURING A CRISIS:

1. Name: _____ Contact: _____
2. Name: _____ Contact: _____
3. Name: _____ Contact: _____

STEP 5: PROFESSIONALS OR AGENCIES I CAN CONTACT DURING A CRISIS:

1. Clinician/Agency Name: _____ Phone: _____
Emergency Contact: _____
2. Clinician/Agency Name: _____ Phone: _____
Emergency Contact: _____
3. Local Emergency Department: _____
Emergency Department Address: _____
Emergency Department Phone: _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

STEP 6: MAKING THE ENVIRONMENT SAFER (PLAN FOR LETHAL MEANS SAFETY):

1. _____
2. _____

The Stanley-Brown Safety Plan is copyrighted by Barbara Stanley, PhD & Gregory K. Brown, PhD (2008, 2021). Individual use of the Stanley-Brown Safety Plan form is permitted. Written permission from the authors is required for any changes to this form or use of this form in the electronic medical record. Additional resources are available from www.sanidid.org/plan.

Stanley-Brown
Safety Planning Intervention

's Safety Plan on _____

Step 1: My Warning Signs of a Crisis

Step 2: Activities I Can Do By Myself to Try to Take my Mind off of Things
THINGS I LIKE TO DO, COPING SKILLS, OR THINGS I'M GOOD AT:

Step 3: Taking My Mind off of Things
PEOPLE WHO CAN DISTRACT ME: _____ PLACES I CAN GO TO: _____

Step 4: People I Can Call for Help
NAME OF PERSON: _____
RELATIONSHIP: _____
CONTACT INFO: _____

Step 5: Ways That Supportive People Can Help Me Stay Safe

Step 6: I Can Call These Very Important Phone Numbers To Stay Safe!
WHO: _____
CONTACT INFO: _____
WHEN: _____

I'M GOING TO USE MY PLAN BECAUSE THESE ARE MY REASONS TO LIVE

Safety Plan | Adapted by Social Work Tech (2021) from an original work by Barbara Stanley, Gregory K. Brown (2008). Document provided for reference only and user(s) assume risks involved with safety planning. Its use is licensed under a Creative Commons Attribution-NonCommercial-NoDerivs 4.0 Unported License.

Social Work Tech Safety Plan 2021
(English & Spanish)



Student Safety Plan
(English & Spanish)

Student Re-Entry Plan

When a student re-enters the school after a suicide attempt or hospitalization, it is critical that the student is monitored by parents, mental health professionals, and designated school professionals.

The **Student Re-Entry Checklist** template outlines best-practice procedures to ensure staff provide a supportive and caring environment and monitor for continuing risk. The checklist includes:

- Re-entry school meeting
- Student accommodations
- Assignment accommodations
- Classroom accommodations
- Testing accommodations



| Student District Info/Logo | | Student Re-Entry Checklist | |
|--|----------|--|--|
| Student: _____ | | School Staff: _____ | |
| Absence Start Date: _____ | | Return to Site Date: _____ | |
| <input type="checkbox"/> No Hospitalization <input type="checkbox"/> Hospitalization (Name of Facility): _____ | | | |
| Re-Entry School Meeting | | | |
| Date | Initials | Action Items | |
| | | <input checked="" type="checkbox"/> Parent/Guardian Authorization for Release/Exchange of Information signed <ul style="list-style-type: none"> Obtain releases of information from the parent so the mental health provider can talk to school counselor or designated staff | |
| | | <input checked="" type="checkbox"/> Physician/Mental Health Professional <ul style="list-style-type: none"> Name: _____ Contact Number: _____ | |
| | | <input checked="" type="checkbox"/> Have a parent/guardian accompany the student on the first day back to school for re-entry meeting <ul style="list-style-type: none"> Parent/Guardian re-entry meeting with Administrator, Counselor, Student (if appropriate), and additional staff as needed Plan together what information the student wants shared and with whom Reassure the student and family that sharing information with school personnel will be done on a need-to-know basis Treat the student's return to school as you would have had the student been out sick for a few days. Let the student know you are glad he or she is back | |
| | | <input checked="" type="checkbox"/> Develop a Care Plan with Student and Parent/Guardian <ul style="list-style-type: none"> It is important that staff and teachers who have direct contact with the student be part of his/her safety plan Ask student how school staff can best support the student Refer to and update the Student's Care Plan as needed Relationship map for student to ensure they have a safety net of 3 caring relationships (e.g. Web of Support tool) Provide relevant skill building and coping strategy resources (e.g. Team Guide to Mental Health & Wellness) | |
| | | <input checked="" type="checkbox"/> Notify student's teachers as appropriate using Treat with Care Memo <ul style="list-style-type: none"> Health Technician notified of return and transition instructions if medications are needed | |
| | | <input checked="" type="checkbox"/> Identify school staff member/s to check in with student on a _____ basis (frequency to be determined by team and updated as needed) <ul style="list-style-type: none"> Staff Name/s: _____ Start date: _____ End date: _____ | |
| | | <input checked="" type="checkbox"/> Identified school staff will check in with parent on the following date: <ul style="list-style-type: none"> Staff Name: _____ Date: _____ | |

| Testing Accommodations (check all that apply) | | |
|---|----------|---|
| Date | Initials | Action Items |
| | | <input checked="" type="checkbox"/> Exams in alternate format (multiple choice to essay; presentation or portfolio) |
| | | <input checked="" type="checkbox"/> Use of assistive computer software (e.g. Optical Character Recognition) |
| | | <input checked="" type="checkbox"/> Extended time for test taking |
| | | <input checked="" type="checkbox"/> Exam in a separate, quiet, and non-distracting place |
| | | Other (specify): _____ |

Parent/Guardian Signature: _____

School Staff Signature: _____

Administrator Signature: _____

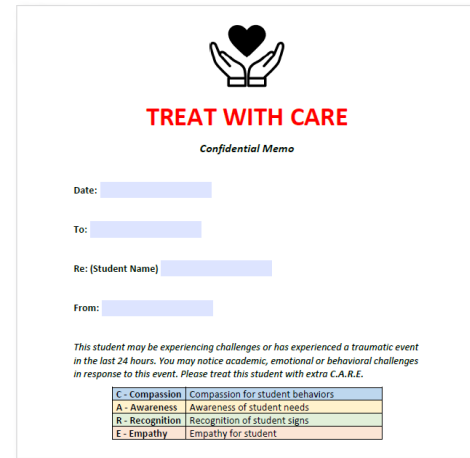


[Student Re-Entry Checklist](#)

Treat With Care Memo

After a student has been assessed for risk of suicide, this confidential memo can be sent to the teacher (leaving out specific details) stating that the student may be experiencing challenges or has experienced a traumatic event and to treat with care (specific messaging should be determined by the team). The intent of the memo is for the teacher to:

- Serve as a silent observer
- Practice compassion and empathy
- Increase awareness of student's needs



TREAT WITH CARE
Confidential Memo

Date: _____

To: _____

Re: (Student Name) _____

From: _____

This student may be experiencing challenges or has experienced a traumatic event in the last 24 hours. You may notice academic, emotional or behavioral challenges in response to this event. Please treat this student with extra C.A.R.E.

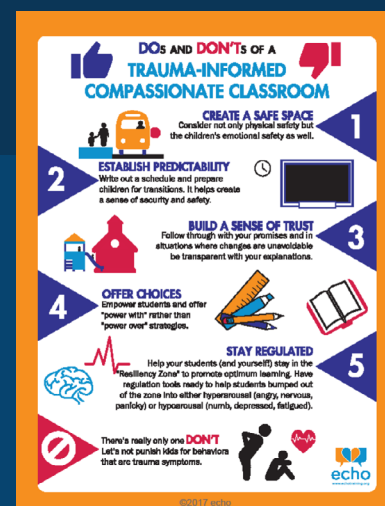
| | |
|-----------------|----------------------------------|
| C - Compassion | Compassion for student behaviors |
| A - Awareness | Awareness of student needs |
| R - Recognition | Recognition of student signs |
| E - Empathy | Empathy for student |

Treat With Care Memo

These supplemental infographic tips sheets created by Echo can be sent to teachers along with the Treat with Care Memo. They include **“What do I do?”** a step-by-step guide to a trauma-informed response, and **“Dos and Don'ts of a Trauma-Informed Classroom.”**



What do I do? Trauma-Informed Support for Children



Trauma-Informed Compassionate Classroom

Student Self-Care Plan

This tool, adapted from Social Work Tech, was designed for students to develop a balanced self-care plan to promote wellness and reduce vulnerability to exhaustion and hopelessness. Here is the Student Self-Care Plan with an example plan and a blank plan that include:

- 1. Mind:** Pleasurable activities that promote a sense of accomplishment
- 2. Body:** Basic physical needs such as sleep, exercise, healthy eating, and hydration
- 3. Spirit:** Social connection, meditation, prayer or gratitude practice




Student Self-Care Plan

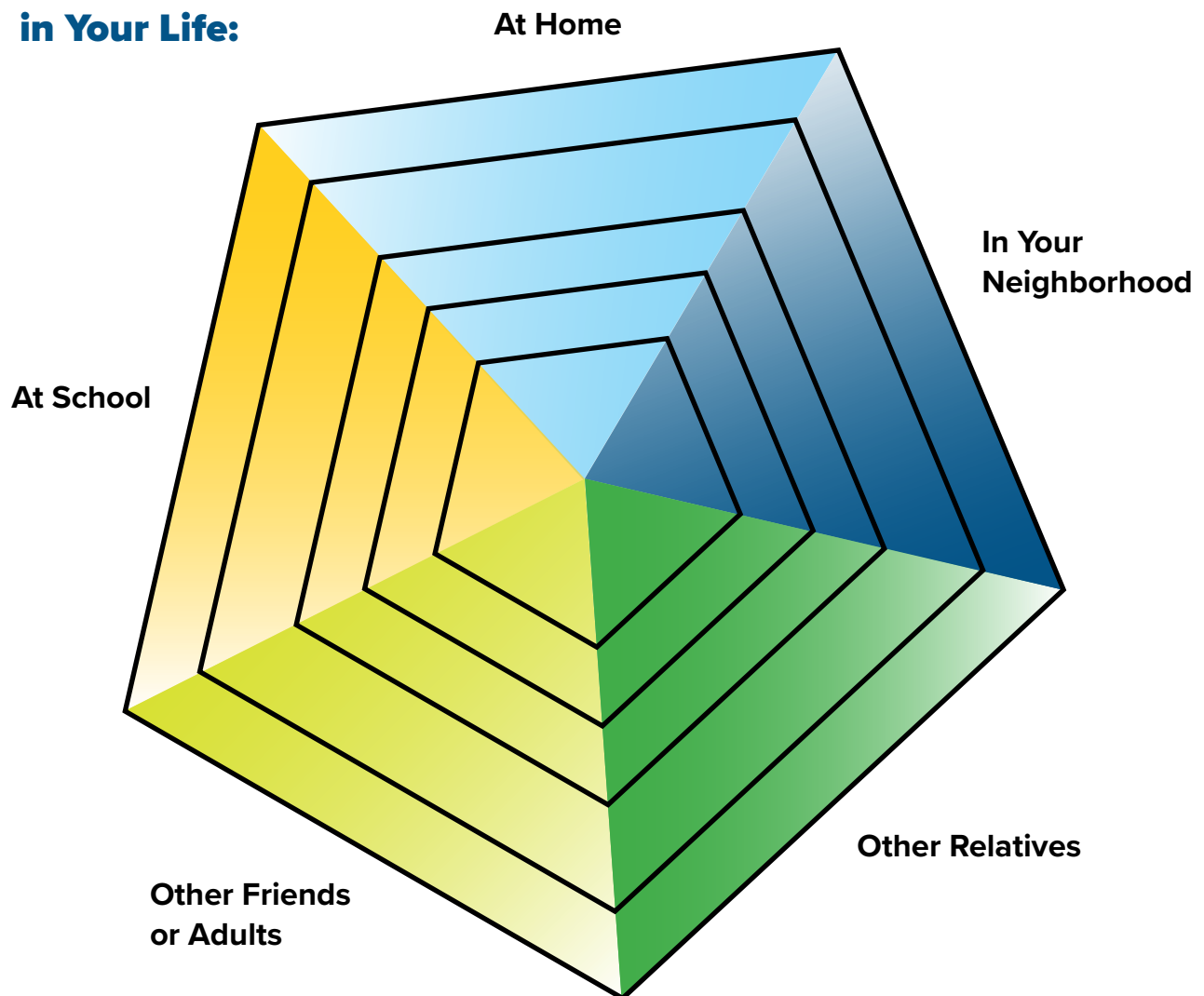
Spanish version

Web of Support

Protective factors such as positive relationships at home, school, and in the community are essential to creating webs of support.

Below is a relationship mapping tool adapted from *Fallin 2001* and is intended to be completed with the student to identify caring adults or peers that can be a part of their **Web of Support** and included in their safety and self-care plans.

Important People in Your Life:

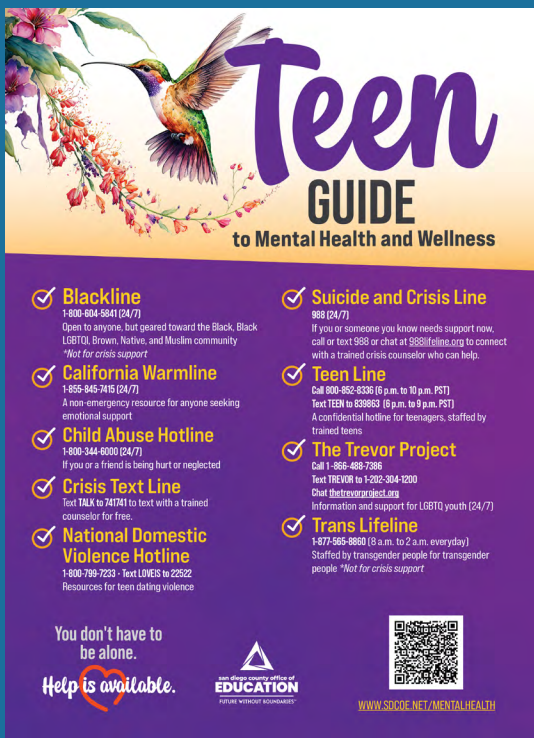


[Web of Support](#)
[\(English & Spanish\)](#)

Student Information and Resources

The **Young Person's Guide** and the **Teen Guide to Mental Health and Wellness** were created by SDCOE's Student Wellness and School Culture department. They provide information, tools, and resources to support students and their friends and peers. The Young Person's guide includes videos, apps, and strategies for wellness. The Teen Guide is offered in English and Spanish and includes:

- Hotlines and warm lines
- Free apps for teens on wellness and self-care
- Resources to increase mental health literacy



Teen GUIDE
to Mental Health and Wellness

✓ **Blackline**
1-800-494-5841 (24/7)
Open to anyone, but geared toward the Black, Black, LGBTQ, Brown, Native, and Muslim community
**Not for crisis support*

✓ **California Warmline**
1-855-845-7415 (24/7)
A non-emergency resource for anyone seeking emotional support

✓ **Child Abuse Hotline**
1-800-344-6000 (24/7)
If you or a friend is being hurt or neglected

✓ **Crisis Text Line**
Text TALK to 747471 to text with a trained counselor for free.

✓ **National Domestic Violence Hotline**
1-800-799-7233 - Text LOVEIS to 22222
Resources for teen dating violence


✓ **Suicide and Crisis Line**
888 (24/7)
If you or someone you know needs support now, call or text 988 or chat at 988lifeline.org to connect with a trained crisis counselor who can help.


✓ **Teen Line**
Call 800-852-8336 (6 p.m. to 10 p.m. PST)
Text TEEN to 839863 (6 p.m. to 9 p.m. PST)
A confidential hotline for teenagers, staffed by trained teens

✓ **The Trevor Project**
Call 1-866-488-7386
Text TREVOR to 1-202-324-1200
Chat thetrevorproject.org
Information and support for LGBTQ youth (24/7)

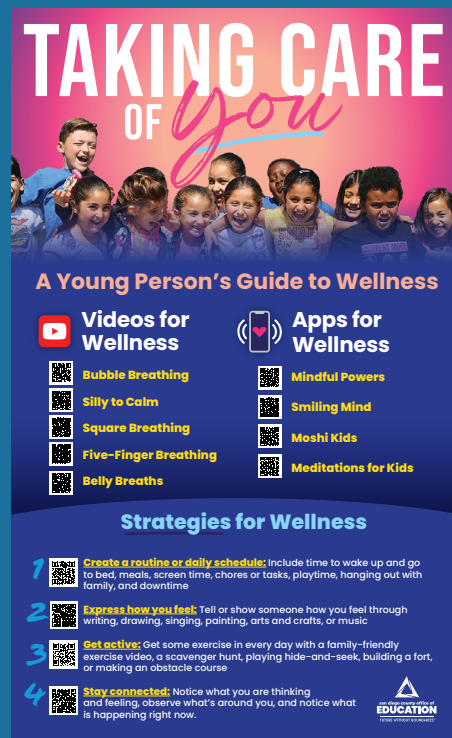
✓ **Trans Lifeline**
1-877-566-8800 (9 a.m. to 2 a.m. everyday)
Staffed by transgender people for transgender people. **Not for crisis support*

You don't have to be alone.
Help is available.

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[WWW.SDCOC-NET.NET/MENTALHEALTH](https://www.sdcoc-net.net/mentalhealth)







TAKING CARE OF YOU

A Young Person's Guide to Wellness





Videos for Wellness


-  **Bubble Breathing**
-  **Silly to Calm**
-  **Square Breathing**
-  **Five-Finger Breathing**
-  **Belly Breaths**

Apps for Wellness

-  **Mindful Powers**
-  **Smiling Mind**
-  **Moshi Kids**
-  **Meditations for Kids**

Strategies for Wellness

-  **1 Create a routine or daily schedule:** Include time to wake up and go to bed, meals, screen time, chores or tasks, playtime, hanging out with family, and downtime
-  **2 Express how you feel:** Tell or show someone how you feel through writing, drawing, singing, painting, arts and crafts, or music
-  **3 Get active:** Get some exercise in every day with a family-friendly exercise video, a scavenger hunt, playing hide-and-seek, building a fort, or making an obstacle course
-  **4 Stay connected:** Notice what you are thinking and feeling, observe what's around you, and notice what is happening right now.

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[Young Person's Guide To Wellness](#)




[Teen Guide to Mental Health and Wellness \(Spanish version\)](#)

Student Information and Resources

The SDCOE **Virtual Wellness Center** was created to support the well-being of staff, students, and parents as well as connect them to calming activities and tools to promote health and wellness. This is a safe space to take a break, rest, and refocus.


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VIRTUAL WELLNESS CENTER

This virtual Wellness Center is brought to you to support the well-being of staff, students, and parents as well as connect them to calming activities and tools to promote health and wellness. This is a safe space to access support, take a break, rest, and refocus.


[Mental Health Supports](#)
[Suicide Prevention](#)
[Social Emotional Learning](#)
[Training](#)




Calming Apps




Coloring and Creativity




Games and Puzzles




Gratitude




Journaling




Mindfulness




Physical Health and Nutrition




Positive Thinking




Resiliency



Sounds and Music



Stress and Anxiety



Virtual Tours and Webcams



[SDCOE Virtual Wellness Center](#)



For more information and resources on suicide prevention, visit the San Diego County Office of Education's Suicide Prevention website.



[SDCOE Suicide Prevention Links](#)



Note: *This material is not intended to provide medical advice and is not a substitute for professional advice, diagnosis or treatment.*