

2023-2024

Kentucky Department for Behavioral Health,
Developmental and Intellectual Disabilities

Recommendations for School Suicide Prevention Training Toolkit

**Together we care
Together we prepare
Together we grow**



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Bringing Training, Resources, and Hope to Kentucky Schools

The last few years have been tough on students, faculty, staff, families, and the entire nation. Now is the time to recover and prepare to support our young people through intensifying mental health challenges.

When a child starts kindergarten, they learn the safety plans and practice drills that help them prepare for fires, tornadoes, and other natural disasters. Schools are proactive, so everyone knows what to do in case of an emergency. Later in life, many people become certified to provide Cardiopulmonary Resuscitation (CPR) in the event they encounter someone experiencing a heart attack. It is something individuals hope to never use, but a safety training skill that can be used in an emergency. Most people never need to use CPR, but they know what to do just in case.

Mental health and suicide must be treated similarly to save lives and help communities thrive. Addressing the risk of mental health concerns and suicide in a similar way is important. Becoming prepared before we need the skill can support community members to remain safe and thrive.

For more information or assistance please contact:
Brittany Young at brittany.young@ky.gov or 502-564-2740

By the Numbers: Youth Mental Health in Kentucky

Kentucky youth are ready for a change. **Suicide** is the **leading cause of death** among youth and adults ages 10-34.



In Kentucky in 2021, **middle and high school students** in grades 6, 8, 10 and 12 reported an increase in **serious psychological distress**.

Mental health challenges were particularly prominent among **6th graders**, who reported increases in **deliberate self-harm, suicide ideation, and suicide attempts**.

Kentucky State Law for Schools



Requirements for Suicide Prevention Staff Training:

- KRS 156.095 requires all school district employees with job duties requiring direct contact with students in grades six through twelve to fulfill **one hour** of high-quality suicide prevention training **every year**. The training should include the recognition of signs and symptoms of possible mental illness and shall be provided either in person, by live streaming, or via a video recording.

Requirement for Suicide Prevention Student Training (Grades 6-12):

- KRS 156.095 requires that every public school shall provide suicide prevention awareness information in person, by live streaming or via video recording with information to **all students in grades six through twelve** by September 15th of each year.

Educators and School Staff Play A Key Role

Why is promoting mental health and well being for students important?

- Research shows that students who receive social-emotional, mental, and behavioral health support **achieve more** academically.
- Improves school climate.
- Classroom behavior and **focus** improves when emotional and mental health needs are addressed.
- Students become **more engaged** in learning.
- Students experience an increased sense of **connectedness** and well-being.

What can educators do in classrooms and schools to support student mental health?

- **Educate** staff, parents, and students on symptoms of and help for mental health problems.
- Promote social and emotional competency and **build resilience**.
- Help ensure a positive, **safe** school environment.
- Teach and reinforce **positive** behaviors and decision-making.
- Encourage **helping others** and good physical **health**.
- Help **ensure access** to school-based mental health supports.



School Suicide Prevention Training Planning Tools

As Kentucky schools move to a place of preparation, now is the time to gather a team, assess, plan, and prepare to ensure the safety and mental well-being of students and staff.

Below are tools to assess your school's current suicide prevention trainings for school year 2023-2024.



Staff Suicide Prevention Training Tool
<https://forms.office.com/g/Urpp5w7uU3>

Student Training and Education Readiness Tool



<https://forms.office.com/g/JSCSEUYAxE>

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Together we prepare
Together we grow



2023-2024

Student and Staff Goal and Priorities Worksheet

After completing the planning tools on page 5, use this worksheet to prioritize the delivery of suicide prevention for school year 2023-2024. Then plan your next steps to ensure the training you select matches your staff and students' needs.

2023-2024 Staff Suicide Training Priorities:

- Example: Providing suicide prevention training to all certified and classified school staff.
- Example: Providing guidance on school policies and procedures and instruction on how to assist a student who is in suicide crisis.

2023-2024 Student Suicide Training Priorities:

- Example: Engage youth in planning suicide prevention training.

2023-2024 Next Steps:

Talking About Mental Health and Suicide

When talking to students or coworkers about suicide it can be difficult to find the right words to say.

It is important to use words that are **factual** and **non-stigmatizing**. When using the correct language and terminology, others around you may talk more openly about suicide, allowing you to support others in seeking safety.

The definitions on the next two pages will help guide the language you use when addressing suicide and mental health.



Language Matters

When someone dies by suicide, we often don't know how to talk about it or the words to use to address it. Use the language below when addressing suicide.

- Bereaved by Suicide: Someone who has been exposed to a suicide of another person and as a result experiences psychological, physical and/or social distress for a significant length of time. Everyone grieves differently and on their own timeline. This is important to remember when comforting someone who is grieving. Integrating such a loss into one's life involves work and support from others.
- "Died by Suicide": Is the preferred language to use in describing when someone dies as a result of suicidal behavior. The phrase "Committed Suicide" is no longer considered acceptable as it doesn't accurately describe what has occurred. Committed implies a crime or immoral act. Suicide is a death due to a brain illness.
- Fatal or Non-Fatal Attempt: Applying the general principle of speaking about suicide using illness-based language, fatal and non-fatal is language in line with a fatal or non-fatal heart attack or other illness. It is not recommended to add a value statement to a suicide calling it a failed attempt, successful, botched, etc. The term "completed" suicide should not be used as the word "completed" implies that the act was successful.

**<https://www.mirecc.va.gov/vsn19/cpg/recs/13/>

Language Matters

- Person with Lived Experience: A person who has a lived experience of suicide and has struggled with suicidal thoughts, behaviors or has attempted suicide and survived. Resilience is a skill that can be developed in building and strengthening protective factors. One is not permanently fragile when they are an attempt survivor.
- Suicide Exposure: This can be anyone exposed to a suicide, including first responders, anyone who discovers someone who has died by suicide, family members, therapists, close friends, health care workers, community members, schools & workplaces, acquaintances, fans of celebrities, community groups (sporting clubs), and rural or close knit communities.
- Suicide Survivors: Family members, significant others, or acquaintances who have experienced the loss of a loved one due to suicide. Sometimes this term is also used to mean suicide attempt survivors.



Glossary



- Best Practice- Activities or programs which have been developed based on research that shows they are effective and achieve identified outcomes. Often these programs are shown effective with specific populations. Before choosing, ensure they align with the populations you wish to serve.
- Comprehensive Suicide Prevention Plan- Plans that use a multi-faceted approach (educational programs, policy reviews and revisions, changes to school norms) to address the problem and include multiple populations (staff, students and parents, and community for example)
- Gatekeepers- People in a community who have face-to-face contact with large numbers of community members as part of their usual routine; they may be trained to identify people at risk of suicide and refer them to treatment or supportive services as appropriate.
- Intervention- A strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition (such as providing lithium for bipolar disorder or strengthening social supports in a community).

Glossary



- Military Connected Youth- Youth with a close family member serving in any branch of the United States Armed Forces, in any status including Active Duty, Reserve, or National Guard.
- Mental Health- Someone's state of being in regard to their emotions and feelings. Everyone has mental health! Mental health is a spectrum and can present strengths and challenges at all stages of life.
- Protective Factors- are parts of someone's life experience that might increase their ability to cope with stressors. Examples of protective factors are a stable home environment, presence of supportive adults, and financial stability.
- Risk Assessment- Evaluation of a student who could be having thoughts of suicide. This assessment would be performed by a trained school staff member. These assessments include questions that provide next steps that are needed for care.
- Risk Factors- are part of someone's life stressors or the oppression experienced by a part of their identity that might increase their likelihood of thinking about suicide.

Glossary



- Self-Harm/Self Injury- The various methods by which individuals deliberately injure themselves, such as cutting, battering, overdosing or exhibiting deliberate recklessness, often as a coping mechanism.
- Stigma- A negative perception or shame associated with a societal topic due to a combination of lived experience, culture and belief systems in communities.
- Suicidal Ideation- Self-reported thoughts of engaging in suicide-related behavior.
- Suicidality- A term that encompasses suicidal thoughts, ideation, plans, suicide attempts, and completed suicide.
- Suicide- Death from injury, poisoning, or suffocation where there is evidence that a self-inflicted act led to the person's death.

Glossary



- Suicide Contagion/Cluster- The researched pattern that suicides in a community tend to put others at risk for suicide. Despite the name, suicidal thoughts are not necessarily "contagious" to otherwise mentally healthy individuals. Suicide contagions can occur when a suicide triggers feelings in others that are otherwise already at-risk for suicide.
- Suicide/Crisis Intervention- The intentional steps schools and staff take to assist students who are in a mental health crisis.
- Suicide Postvention- The intentional steps taken by the school and staff after a suicide. Best practices in postvention are designed to reduce the rate of suicide contagion.
- Suicide Warnings Signs- indications that an individual is at risk for suicide.

A Comprehensive Approach to Preventing and Addressing Suicide



Prevention

Suicide Prevention is the planned steps schools take to generate an environment that promotes positive coping skills, reduces stigma, normalizes help seeking behaviors and increases mental health awareness.

Intervention

Suicide Intervention is the planned steps to provide compassionate, competent, person-centered care for individuals experiencing suicidal thoughts and behaviors. It should be readily accessible and reviewed often.

Postvention

Suicide Postvention is the planned steps to provide evidence-based support following a suicide loss or attempt within the school community. Best practices include immediate and ongoing support, to mitigate future risk from suicide exposure.

The Purpose of a Comprehensive School Approach to Protocols and Procedures for Suicide



Every school in Kentucky should have policies and procedures that **protect the health and well-being of their students.**

These policies and procedures should address the prevention, assessment (including assessment of threat to the school), intervention, and response to suicidal behavior.

These policies should be paired with other programs and procedures supporting the emotional and behavioral health of students more broadly.



Recommended School Policy Components to a Comprehensive Approach in Addressing and Preventing Suicide

Schools should have written policies and procedures that include the following components:

- **District implementation** – a district-level suicide prevention coordinator should be designated. This person should be responsible for planning and coordinating the implementation of the policy for the district.
- **Publication and distribution** – the policy should be distributed annually and included in student and teacher handbooks and on the school website.
- **Parental involvement** – parents and guardians are key players in youth suicide prevention. Parents should be informed and actively involved in all decisions regarding their child’s welfare.
- **Staff professional development** – all staff should receive professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention.
- **Youth suicide prevention programming** – developmentally-appropriate, student-centered education materials should be integrated into the curriculum of all K-12 health classes. This curriculum should include healthy choices and coping strategies; risk factors and warning signs of mental disorders and suicide in oneself and others; help-seeking strategies for oneself and others, including how to engage school resources and refer friends for help.

Recommended Policy Components to a Comprehensive Approach in Addressing and Preventing Suicide Continued

- **Assessment and referral** – any student who is identified by a staff person as potentially suicidal should be seen by a mental health professional within the same school day to assess risk and facilitate a referral. Staff should continuously supervise the student to ensure safety. Parents should be notified. If the parent is not available, emergency services should be sought. Relationships should be established with community behavioral health providers before they are needed to ensure a warm hand-off from the school to mental health care.
- **Re-entry procedure** – after a suicidal crisis, an administrator should meet with the student and their parents to discuss the student's readiness to return to school. A designated follow-up process should be identified at intervals over a 6-month period after the crisis. Follow-up should occur with both the student and parent.
- **Postvention plan** – a crisis team should be designated prior to an incident to develop an action plan in the unfortunate incidence of a suicide death in the school community. The crisis team should meet immediately following the news of a suicide death to implement the action plan.

Potential Signs to Identify Students at Higher Risk for Suicide

Risk Factors Defined by SAMHSA:

"Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes."

Students at higher risk include, but are not limited to, those who:

- Experience violent altercations (theft, physical attacks, sexual assault/harassment and/or dating violence)
- Do not get enough sleep
- Do not perform well academically
- Overperform academically or in extracurricular activities
- Use substances
- Spend an excessive amount of time on social media
- Experience bullying and do not feel safe at school OR who bully others
- Have access to lethal means (eg: prescription medications, firearms, etc.)
- Have attempted suicide previously
- Have experienced/are exhibiting any significant change in behavior that is beyond average for the student

Student Interventions

Students may share warning signs of suicide with teachers, friends, school staff, and parents.

Interventions should include:

- **Screening to identify suicide risk-** Typically, this is done by a school counselor or other school personnel as designated by the school's policy. If the student is identified as at risk, then the school would refer to a behavioral health clinician, either internally in the school or externally in the community, who will do a more extensive assessment.
- **Assessment and evaluation-** This is done by a behavioral health clinician when a screening or threat assessment indicates it is needed.
- **Parental involvement-** Parental involvement may vary based on the schools' pathway to care. This could involve the counselor, mental health coordinator, principal, whoever is on the crisis intervention team or other school personnel may be involved. It is important to discuss with the student at risk about family involvement, what that looks like, and if they have a trusted adult that they would like to be included.
- **Referral-** Typically after a screening is completed and there is indication of the need for additional services and family has been notified, the counselor and or mental health coordinator will make a referral if deemed necessary. It is key that the school has identified care pathways with appropriate agreements in place before they are needed.
- **Follow up-** Follow up process includes ensuring that after the student has been identified for mental health crisis/suicide attempt that there are consistent and continued connections with the student on a regular basis (recommendations are the day after, a week after, a month after, 3 months after and then 6 months after)

Protective Factors for Mental Health and Suicide

Protective Factors Defined by SAMHSA:

"Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events. "

Some protective factors include but are not limited to:

- Involved in effective physical and/or mental healthcare
- Connected to a trusted adult/mentor
- Are able to talk with family about their feelings
- Feel understood and accepted by family during difficult times
- Are accepted and supported in their identity (family, peers, school)
- Live in a supportive, safe and stable environment
- Have healthy coping skills
- Have adequate life skills (including problem solving skills, ability to adapt to change)
- Have a willingness to access support/help
- Have positive self-esteem and a sense of purpose or meaning in life

Even youth with many protective factors in place can still struggle with thoughts of suicide. On the other hand, youth with multiple risk factors may NOT experience suicidal ideation. It is important to not make assumptions about whether a student is experiencing suicidal ideation. Instead approach young people with confidence and competence when asked for support and help.

How Can Schools & Families Support Protective Factors?

Moving upstream to create and strengthen protective factors and promote positive mental wellness messages in schools can **reduce stigma, normalize help seeking, and increase mental health awareness**. These types of efforts also support the understanding that **mental health is just as important as physical health and should be addressed and discussed in the same manner.**



What can schools do?

- Provide safe and supportive school environments that incorporate healthy help-seeking behaviors and connectedness to trusted adults.
- Connect students to mental health services when needed.
- Incorporate healthy social and emotional learning skills in the classroom
- Provide high-quality mental health and suicide prevention training to all members of the school community and encourage discussions regarding comfort levels, needs, etc.
- Support staff in addressing their mental health and accessing the support and care they need.
- Review policies and procedures surrounding mental health and suicide prevention and ensure equity in all pieces.



What can families do?

- Have open conversations with their youth about their concerns and struggles.
- Provide appropriate supervision, and model and encourage healthy decision making.
- Have dinner at the table together and share activities their youth enjoys.
- Be involved with school activities, projects and homework.
- Volunteer at school events.
- Have an open line of communication with teachers and administrators at their child's school.
- Monitor social media activity
- Encourage participation in extracurricular activities
 - *Note: Data shows extracurricular activities are shown to be a protective factor. Increasing participation in youth/community extracurriculars may reduce risk for kids not already involved. However intense, over-scheduled involvement in extracurriculars appear to increase risk.*

Recommendations for Staff Training

 **Recommended: Staff should receive their training before students.**

As school personnel, you care about the well-being of your students. Maintaining a safe and secure school environment is essential to enhancing a child's ability to learn and to be academically successful. It is also critical to their mental health and is essential in suicide prevention efforts.

In order to ensure that school staff members feel equipped and ready to address suicidal risk among the students, state law requires that school staff receive a minimum of one hour of training, either face-to-face, streaming, or by video.



Tiered Staff Implementation Guide

Minimal Staff Training

Trainings that are Minimal are those that are provided without discussion and review of school policies.

Impactful Staff Training

Trainings are Impactful when they are annually face-to-face but don't review local policies and procedures or include online simulation models.

Life Changing Staff Training (Recommended)

Trainings are Life Changing when they are provided face-to-face with a certified trainer AND include a review of school referral policies and procedures. Life changing trainings also recommend a mid-year booster training for all staff with follow up discussion.

Available Staff Trainings

The following are recommended trainings by the Department for Behavioral Health, Developmental & Intellectual Disabilities to meet requirements for KRS 156.095.

- **2020 Society for the Prevention of Teen Suicide - Making Educators Partners in Youth Suicide Prevention** (Video, no cost)
 - The Society for the Prevention of Teen Suicide, Inc. (SPTS) is a non-profit community organization founded in 2005 by two fathers who each experienced a devastating loss of a teenage child by suicide. The organization is dedicated to increasing awareness and reducing the stigma of suicide through specialized training programs and outreach resources that empower teens, parents, and educational leaders with the guidance and skills needed to help those at-risk of suicide build a life of resiliency.
- **KDE/KET – Suicide Prevention Train the Trainer** (Video, no cost)
 - This one-hour self-paced course is a guide **for school-based or community-based mental health professionals** to train school staff to lead Kentucky's suicide prevention course for students in grades 6-12.
- **LivingWorks Start** (Approximately \$40/person, volume pricing available)
 - LivingWorks Start teaches life-saving suicide prevention skills in as little as one hour online. Dynamic, interactive content provides a high-impact learning experience.
- **QPR Training** (Approximately \$30/person, volume pricing available)
 - QPR stands for Question, Persuade, and Refer — the 3 simple steps anyone can learn to help save a life from suicide. QPR can be learned in the Gatekeeper course in as little as one hour.
- **Kognito At Risk Simulation** (Approximately \$35/person, volume pricing available)
 - Online simulations to help all school staff recognize when a student is exhibiting signs of suicidal distress and manage a conversation with the student and connecting them with the appropriate support at school.

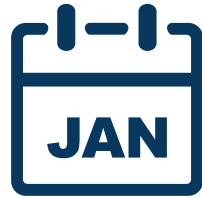
Available Staff Trainings

The following are recommendations by the Department for Behavioral Health, Developmental & Intellectual Disabilities to meet requirements for KRS 156.095.

- **Making Educators Partners in Youth Suicide Prevention:** ACT on FACTS (No cost)
 - This training addresses the role of educators in identifying and referring youth at potential risk for suicide. It offers various training formats including: lecture, Q&A with content experts, and role plays. This training highlights 4 categories of youth who may have higher risk factors for suicide including: Bullying, identifying as LGBTQ, gifted and youth reintegrating back to school after a suicide attempt.
- **Sources of Strength (adult portion)**
 - Note: School does not have to be implementing Sources to utilize the adult training portion. The adult portion will train adults in upstream prevention, warning signs, shared risk and protective factors and more. (Sources of Strength provides high quality evidence-based prevention for suicide, violence, bullying and substance abuse by training, supporting, and empowering both peer leaders and caring adults to impact their world through the power of connection, hope, help and strength.)
- **Youth Mental Health First Aid**
 - Youth Mental Health First Aid is designed to teach parents, family members, caregivers, teachers, school staff, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing mental health or substance use challenges or is in crisis. Youth Mental Health First Aid is primarily designed for adults who regularly interact with young people.
- **Applied Suicide Intervention Skills Training (ASIST)** (For staff identified for crisis team)
 - This training provides an overview of language surrounding suicide and prevention, provide suicide first aid, identify and create a safety plan, strategies for implementation, and more.
- **Lifelines Staff Training**
 - Staff training included with youth prevention curriculum, \$240/school, limited number of online subscriptions available at no cost.
- **SafeTalk (Suicide Alertness for Everyone)**
 - LivingWorks safeTALK is a four-hour face-to-face workshop featuring powerful presentations, audiovisuals, and skills practice. A skilled, supportive trainer will guide you through the course, and a community resource will be on hand to support your safety and comfort.

For more information on each training please follow the link associated with the training.

Consider a Mid-Year Booster for Staff



A “booster” suicide prevention training should be considered for delivery in January to improve student safety and provide additional resources on accessing mental health services.

The Best Booster Training Includes:

Reminder of warning signs, risk factors and an update on the suicide care pathway that exists for students identified as at risk and outlined in current policies and procedures.



Need More Assistance? We Are Here to Help!

After looking through the list of staff curriculums and trainings, if you have more questions, need to be connected to a local trainer, or ask about funding opportunities, please fill out the form below and someone will be in touch to help.



<https://bit.ly/more-ta>

*Together
We Can!*

Team Kentucky

Student Mental Health Initiative

In the fall of 2021, after more than a year of virtual learning as a result of the COVID-19 pandemic, students across Kentucky headed back to the classroom. Former educator Lt. Governor Jacqueline Coleman recognized the transition back to in-person learning would be challenging not only academically, but also socially and emotionally for students. While awareness of student mental health needs was high, few were talking with students about their needs in addressing those issues.

Lt. Governor Coleman set out to change that and partnered with nearly 20 Kentucky high school students to plan and host student-led conversations about mental health.

In collaboration with student leaders from across the state, DBHDID, Family Resources & Youth Services Centers Division, and the regional educational cooperatives, they designed and hosted 10 action summits, during which more than 300 students shared about their own mental health challenges, how school impacts their mental health, and what mental health resources they wish they had access to in their schools.

On the next couple pages you will find the data and recommendations that were gathered from the action summits.

Team Kentucky Student Mental Health Initiative Student Recommendations

- **Include & Elevate Student Voice**
 - Incorporate student voice into all levels of decision-making.
- **Provide Comprehensive Suicide Prevention**
 - Make suicide prevention materials and resources available in every classroom and administrative office.
 - Offer evidence-informed suicide prevention curriculum at least twice annually.
- **Allow Excused Mental Health Absences**
 - Allow students six excused mental health days per school year.
- **Expand Access to Mental Health Services & Treatment**
 - Fund a licensed mental health professional, every day, at every K-12 school.
 - Offer peer mentoring and/or peer support for students who are not comfortable talking with an adult.

Team Kentucky Student Mental Health Initiative Student Recommendations Continued

- **Increase Mental health Awareness & Education**
 - Foster stigma-free school environments.
 - Require updated evidence-informed mental health curriculum for K-12 students.
 - Offer opportunities to learn and practice executive coping skills.
- **Increase & Improve Professional Development**
 - Require annual evidence-informed mental health professional development for all school staff.
 - Ensure mental health professional development curriculum be evidence-based/informed and reviewed and/or updated regularly.



Important Recommendation for Student Training

The Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities

does not recommend assemblies with a single speaker for an entire student body.

The topic may be triggering for students already at risk for suicide.



Smaller group settings permit a trauma-informed approach for delivery of materials.



Tiered Student Implementation Guide

Minimal Student Training

Trainings that are Minimal are those that are provided without discussion following video.

Impactful Student Training

Trainings are Impactful when they are led annually face-to-face or synchronous, live delivery of a single-session evidence-based or evidence-informed curriculum; peer-led programming without an accompanying evidence-based curriculum delivery.

Life Changing Student Training (Recommended)

Trainings are Life Changing when they are face-to-face or synchronous, live delivery of evidence-based or evidence-informed curriculum delivered with fidelity; complimented by a peer-led culture change such as Sources of Strength. Life Changing also includes policy review with the students about how to connect to a trusted adult during a crisis and what the path to care looks like. It is also recommended that a mid year booster training and discussion is offered.

Available Student Trainings

The following are recommended trainings offered by the Department for Behavioral Health, Developmental & Intellectual Disabilities to meet requirements for KRS 156.095.

- **Erika's Lighthouse Program - Depression Awareness for Middle School Students; Depression and Suicide Awareness for High School Students**
 - No cost, discussion guides included in resource portal after sign-in
 - Depression Awareness (Grades 5-9) An introduction to depression by recognizing signs and symptoms with a strong focus on help-seeking and good mental health. Depression Education & Suicide Awareness (Grades 8-12) A deeper discussion about depression and suicide along with a strong focus on help-seeking and good mental health.
- **KDE/KET Student Training**
 - No cost, available after completing staff training.
 - After staff complete the one-hour train-the-trainer course, they will lead Kentucky's suicide prevention course for students in grades 6-12.
- **Kognito Friend2Friend Simulation**
 - Cost determined by number of licenses purchased.
 - Kognito's Friend2Friend Curriculum for secondary students is an interactive skill-based approach to core prevention and wellness topics. The program includes three modules: Emotional & Mental Wellness, Substance Use, and Safe & Caring Schools. Each module is made up of an online experiential portion that features simulated practice scenarios as well as lesson plans and discussion guides to extend the learning.
- **Lifelines Prevention Student Curriculum** (Grades 5-12)
 - The Lifelines Prevention student curriculum (formerly known as the Lifelines Curriculum) is one component of Lifelines: A Comprehensive Suicide Awareness and Responsiveness Program for Teens, a comprehensive, school-wide suicide prevention program for middle and high schools.

For more information on each training please follow the link associated with the training.

Available Student Trainings

The following are recommended trainings offered by the Department for Behavioral Health, Developmental & Intellectual Disabilities to meet requirements for KRS 156.095.

- **Linking Education and Awareness of Depression and Suicide (LEADS)** (High School Only)
 - \$125 per school
 - Linking Education and Awareness for Depression and Suicide (LEADS) for Youth is an evidence-based suicide prevention curriculum designed for high schools. LEADS for Youth is an informative and interactive opportunity for students and teachers to increase knowledge and awareness of depression and suicide.
- **Signs of Suicide** (Middle and high school versions)
 - \$495/school
 - SOS, Signs of Suicide, is an evidence-based program designed for middle and high school students that teaches youth to identify signs of depression and suicide in themselves and their friends.
- **Society for the Prevention of Teen Suicide - Suicide Prevention Curriculum**
 - No cost
 - Each lesson matches the developmental needs and abilities of the student population for which it was written (Grades 5-12, different curriculums for each). Each lesson is 45 minutes and includes classroom activities and discussion guides.
- **Sources of Strength**
 - Evidence-Based, youth-designed, peer-led campaigns that reach the entire school and focuses on connection to trusted adults and accessing resources.
 - Elementary curriculum also available.
- **Teaching Resources for Talking with Teens About Suicide (PBS NewsHour Extra)**
 - No cost
 - Discussion guide included.

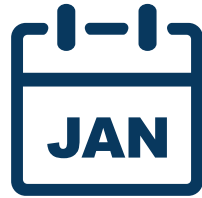
Supplemental Training

- **The PACT (grades 10-12)** - A 12-episode video series that addresses risk and protective factors for substance use/misuse, suicide, dating violence, trauma, and other related issues. This video series was created by the Kentucky River Regional Prevention Center and filmed in the Commonwealth with professional actors in the summer of 2019. Recommended use is supplemental to evidence-based programs and as enrichment.
 - To access links to the videos and the curriculum, or to request technical assistance related to implementation within a school or group setting, please email Brittany Young, Kentucky Mental Health Promotion and Suicide Prevention Enhancement Specialist, at Brittany.young@ky.gov.

The PACT was awarded a 2021 Bronze Telly Award.



Consider a Mid-Year Booster for Students



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and an update on the suicide care pathway
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<https://bit.ly/more-ta>

*Together
We Can!*

Regional Prevention Centers

The Regional Prevention Centers serve every county in Kentucky with a variety of resources related to suicide prevention in schools and communities. Reach out to them with questions regarding the recommended trainings.

Four Rivers RPC 01

Cynthia Turner, Director

cturner@4rbh.org

Office: (270) 442-8039 ext. 1716; fax (270) 442-5729

Serves: Ballard, Calloway, Carlisle, Graves, Hickman, Fulton, Livingston, Marshall, McCracken

Pennyroyal RPC 02

Chris Sparks, Director

csparks@pennyroyalcenter.org

Office: (270) 886-0486; fax (270) 890-1790

Serves: Caldwell, Christian, Crittenden, Hopkins, Lyon, Muhlenberg, Todd, Trigg

River Valley RPC 03

Brooke Arnold, Director

arnold-brooke@rvbh.com

Office: (270) 689-6564; fax (270) 689-6677

Serves: Daviess, Hancock, Henderson, McLean, Ohio, Union, Webster

LifeSkills RPC 04

Amy Hutchinson, Director

ahutchinso@lifeskills.com

Office: (270) 901-5000 x1277; fax (270) 842-6553

Serves: Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson, Warren

Communicare RPC 05

Tara Smith, Director

tcsmith@communicare.org

Office: (859) 336-4360 fax (270) 737-2293

Serves: Breckinridge, Grayson, Hardin, Larue, Marion, Meade, Nelson, Washington

Seven Counties Services RPC 06

Patty Gregory, Director

pgregory@sevencounties.org

Office: (502) 589-8600 (work) 502-593-4215 (cell)

Serves: Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, Trimble

Northkey RPC 07

Angelena Boone, Director

angelena.boone@northkey.org

Office: (859) 578-3200 x2790; (fax) (859) 491-0183

Serves: Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen, Pendleton

Comprehend RPC 08

Tara Anderson, Director

tanderson@comprehendinc.org

Office: (606) 759-7799; fax (606) 759-7609

Serves: Bracken, Fleming, Lewis, Mason, Robertson

Pathways RPC 09-10

Amy Jeffers, Director

amy.jeffers@pathways-ky.org

Office: (606) 329-8588 x4099

Serves: Bath, Boyd, Carter, Elliott, Greenup, Lawrence, Menifee, Montgomery, Morgan, Rowan

Mountain RPC 11

MaShawna Jacobs, Director

mashawna.jacobs@mtcomp.org

Office: (606) 889-0328; fax 606-889-6427

Serves: Floyd, Johnson, Magoffin, Martin, Pike

Kentucky River RPC 12

Jamie Mullins-Smith, Director

jamie.smith@krccnet.com

Office: (502) 233-8991; Fax: (606) 666-4151

Serves: Breathitt, Knott, Lee, Leslie, Letcher, Owsley, Perry, Wolfe

Cumberland River RPC 13

Jill Owens, Director

jill.owens@crccc.org

Office: (606) 337-2070; fax 606-337-2210

Serves: Bell, Clay, Harlan, Jackson, Knox, Laurel, Rockcastle, Whitley

Adanta RPC 14

Sherri Estes, Director

sestes1@adanta.org

Office: (606) 679-9425 ext. 2232; fax (606) 679-3095

Serves: Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor, Wayne

New Vista RPC 15

Shawn Freeman, Director

shawn.freeman@newvista.org

Office: (859) 225-3296

Serves: Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott, Woodford

Regional Prevention Centers



For more information or assistance
please contact:

Brittany Young at
brittany.young@ky.gov or 502-564-2740

On the following page you will find crisis hotline information.

This page can be printed and hung up in classrooms, buses, bathroom stalls, etc.



Crisis Resources

**Crisis Text Line:
Text KY to 741741**

**Suicide & Crisis Lifeline:
988 (call & Text)**

**Suicide & Crisis Lifeline chat:
988lifeline.org**

**Trevor Lifeline:
Call 866-488-7386**

(Provides 24/7 free and confidential crisis support services to LGBTQ young people)

**Trevor Text Line:
Text START to 678-678**

**Kentucky School STOP tip line:
866-393-6659**

(For anonymous online reporting of unsafe situations in a school; tip is passed to school personnel)

Developed by:
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Mental Health Promotion/Suicide Prevention Enhancement Specialist
brittany.young@ky.gov
Department for Behavioral Health,
Developmental and Intellectual Disabilities
Division of Mental Health



**CABINET FOR HEALTH
AND FAMILY SERVICES**