



2024-2025

Recommendations for School Suicide Prevention Training Toolkit

TEAM 
KENTUCKY®

CABINET FOR HEALTH
AND FAMILY SERVICES

Kentucky Department for Behavioral Health,
Developmental and Intellectual Disabilities

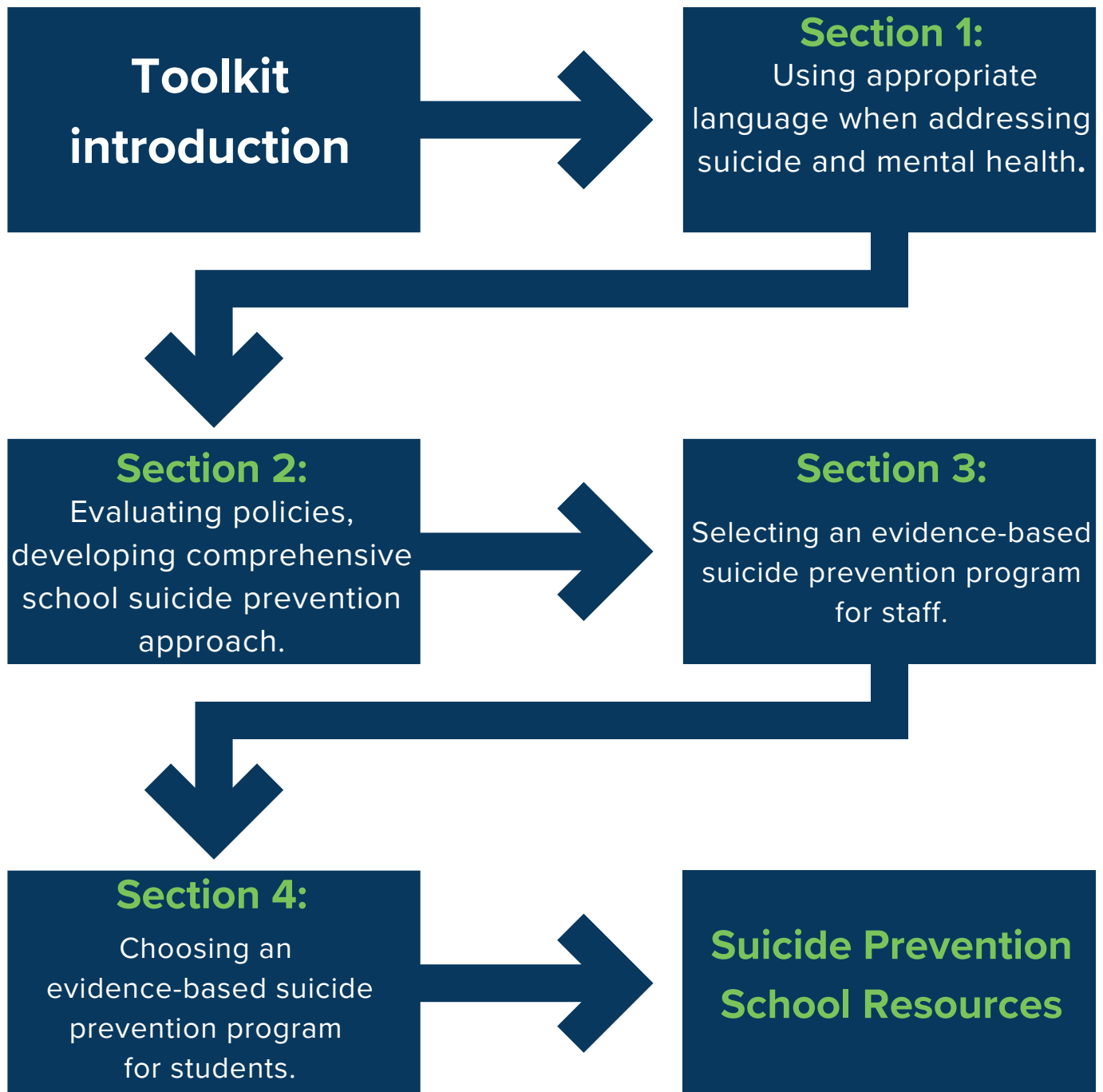
Table of Contents

1	Toolkit At A Glance
2	KY State Law for Schools
3	Suicide Prevention Training Recommendations At A Glance
4	Comprehensive Approach to Preventing and Addressing Suicide
5	Role of Staff and Educators in Suicide Prevention
6	Team Kentucky Student Mental Health Initiative and Recommendations
9	Guidance on AI-Based Risk Monitoring
12	Sections Breakdown
13	Section 1: Language Matters
24	Section 2: Assessing Suicide
36	Section 3: Evidence-Based Suicide Prevention for Staff
48	Section 4: Evidence-Based Suicide Prevention for Students
57	Suicide Prevention Resources

Toolkit At A Glance

Every school and district varies in their approach to preventing and addressing suicide comprehensively.

This guide will help you identify your starting point based on your current progress in the process.



Kentucky State Law for Schools Amended 2024

KRS 156.095 is amended to read as follows:

6. B. Every public school and public charter school shall provide **two (2) evidence-based suicide prevention awareness lessons each school year**, the first by **September 15** and the second by **January 15**, either [information] in person, by live streaming, or via a video recording to all students in **grades six (6) through twelve (12)**. Every public school shall provide an opportunity for any student absent on the day the evidence-based suicide prevention awareness lesson was initially presented to receive the lesson at a later time. The information may be obtained from the Cabinet for Health and Family Services or from a commercially developed suicide prevention training program.

C 1. Each school year, a **minimum of one (1) hour of high-quality evidence-based suicide prevention training, including risk factors, warning signs, protective factors, response procedures, referral, postvention, and the recognition of signs and symptoms of possible mental illness, shall be required for all school district employees with job duties requiring direct contact with students in grades four (4) through twelve (12)**. The training shall be provided either in person, by live streaming, or via a video recording and may be included in the four (4) days of professional development under **KRS 158.070**. As used in this subparagraph, "postvention" means a series of planned supports and interventions with persons affected by a suicide for the purpose of facilitating the grieving or adjustment process, stabilizing the environment, reducing the risk of negative behaviors and limiting the risk of further suicides through contagion.

** bolded text are the changes made during the 2024 legislative session*

** the full statute can be found here: (put in link); changes on p. 27, Section 9*

2024-2025 Kentucky Department for Behavioral Health, Developmental & Intellectual Disabilities Suicide Prevention Training Recommendations at a Glance:



1. Review suicide prevention protocols with all staff and support personnel (bus drivers, custodians, cafeteria staff) to ensure they know how to assist students who are in crisis.



2. Provide live, evidence-based training sessions for all staff, including follow-up discussions, to reinforce suicide prevention protocols.



3. Select two different evidence-based suicide prevention trainings: one for the September 15th deadline and another for the January 15th deadline.



Kentucky Schools: Comprehensive Approach to Preventing and Addressing Suicide

Schools play a crucial role in students' mental health and well-being, necessitating robust suicide prevention efforts. Key reasons include:

- 1.** Students spend a significant amount of their day at school interacting with staff. Because of these interactions, trained staff may detect signs of distress. Comprehensive strategies create supportive atmospheres that encourage students to seek help.
- 2.** Adolescence is a period of intense emotional growth, increasing vulnerability to stressors such as academic pressure and bullying and heightening suicide risks. Effective prevention includes mental health education, counseling, and crisis support.
- 3.** Addressing suicide requires collaboration among educators, mental health professionals, parents, and students to normalize discussions about mental health and reduce stigma. Essential staff training on recognizing warning signs is crucial.

By prioritizing students' well-being and implementing evidence-based strategies, schools can play a significant role in preventing suicide and promoting mental wellness.



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 **are more successful** 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.



Team Kentucky

Student Mental Health Initiative

In the fall of 2021, after more than a year of virtual learning due to the COVID-19 pandemic, students in Kentucky returned to the classroom. Lt. Governor Jacqueline Coleman, a former educator, understood that the transition back to in-person learning would be academically, socially, and emotionally challenging for students. Although there was a high level of awareness regarding students' mental health needs, there was a lack of discussion with students about how to address those issues.

Lt. Governor Coleman took a proactive step to change this by collaborating with nearly 20 Kentucky high school students. Together, they organized and led student-led discussions on mental health, giving the students a platform to voice their concerns and suggestions.

In a collaborative effort, student leaders from all over the state, with the support of DBHDID, Family Resources & Youth Services Centers Division, and the regional educational cooperatives, organized and conducted 10 action summits. These summits provided a space for over 300 students to discuss their personal mental health challenges, the impact of school on their mental health, and the mental health resources they believe should be available at their schools.

On the next couple of pages, you will find the data and recommendations gathered from the action summits. Centering the voices of youth in this work is vital to ensuring this very important message can be heard.

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 relevant 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 full-time licensed mental health professional at every K-12 school.
- Offer peer mentoring and/or peer support for students uncomfortable talking with an adult.

Team Kentucky Student Mental Health Initiative Student Recommendations

- **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**



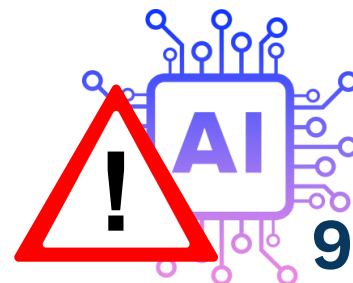
- Require annual evidence-informed mental health professional development for all school staff.
- Ensure mental health professional development curriculum be evidence-based/informed and reviewed and/or updated regularly.

GUIDANCE ON ARTIFICIAL INTELLIGENCE - BASED MONITORING OF SUICIDE RISK IN SCHOOLS

Artificial Intelligence (AI) technology is rapidly growing and has become an area of significant interest. AI can be utilized to help school systems with various tasks, leading to more efficient and effective methods of enhancing student outcomes.

AI now offers a range of programs that can aid schools in suicide prevention. AI-based monitoring of suicide risk may result in increased identification of at-risk students. However, without careful navigation of this technology, **schools could face unintended consequences such as privacy violations and liability issues.**

This guidance document aims to assist school districts in comprehending and mitigating potential risks associated with the use of AI-based technology in suicide prevention.



CAUTIONS AND CONSIDERATIONS AROUND AI-BASED MONITORING OF SUICIDE RISK:

- Don't replace any **existing evidence-based** suicide prevention programming within the district with AI-based suicide prevention tools, including written policies and procedures, but rather use them as a supplement to these best practices.
- Provide written notification to **caregivers and students** about AI-based suicide risk monitoring programs to ensure understanding of what kind of activity creates alerts and what happens when alerts are issued.
- Clarify opt-out procedures for caregivers. Be sure that programs comply with current state educational laws and regulations as well as district policy. Consider consulting with your district's board attorney for further guidance.
- Ensure AI tools and practices align with the district's suicide prevention and trauma-informed plans.
- Engage community stakeholders (e.g., pediatric providers, mental health partners, law enforcement, etc.) in discussions about the adoption of AI tools (e.g., how using such tools supports the district's suicide prevention plan and how stakeholders may play a role in the implementation). Consider their feedback before adopting this technology.
- Establish effective processes for consistently responding to AI alerts. Schools must decide beforehand which alerts will be acted on, who will be informed, and who will respond. Schools must ensure staffing capacity to respond to alerts in a timely manner and provide appropriate follow-up.

REFERENCES

Ayer, L., Blagg, T.L., Boudreaux, B., Holmes, P., S.J. Mendon-Plasek, Paige, J.W. (2023). Artificial Intelligence-Based Student Activity Monitoring for Suicide Risk. (40-45).

Code.org, CoSN, Digital Promise, European EdTech Alliance, and PACE (2023). AI Guidance for Schools Toolkit. <https://www.teachai.org/toolkit>

CAUTIONS AND CONSIDERATIONS AROUND AI-BASED MONITORING OF SUICIDE RISK:

- Engage school mental health teams in tracking student outcomes from alerts including following up with students at risk and ensuring referrals are made to behavioral health services when needed.
- Educate and engage with students to help them understand mental health issues. This includes regular activities to increase mental health awareness and literacy, effective school-based mental health programs, and making students aware of referral pathways to behavioral health care (i.e., how to seek help for self or peers). Students should know what to expect if they are referred for services or self-refer.
- Review and update student confidentiality and anti-discrimination policies to consider how implementation of AI-based technology may impact student privacy and protected classes. (For example, students who rely solely on school-issued devices are more likely to be identified concerning online activity.) School policies should include measures taken to ensure student privacy and equity. Consider consulting with your school board’s attorney for further guidance.
- Consider selecting programs that integrate student feedback and share data with districts to allow for evaluation of the impact of their tools on student outcomes and development of best practices for implementation.

REFERENCES

Ayer, L., Blagg, T.L., Boudreaux, B., Holmes, P., S.J. Mendon-Plasek, Paige, J.W. (2023). Artificial Intelligence-Based Student Activity Monitoring for Suicide Risk. (40-45).
Code.org, CoSN, Digital Promise, European EdTech Alliance, and PACE (2023). AI Guidance for Schools Toolkit.
<https://www.teachai.org/toolkit>

1

Language Matters

How to talk about mental health and suicide.

2

Assessing Suicide Prevention Efforts

Best practices for school suicide prevention
policies and procedures.

3

Evidence-Based Suicide Prevention for Staff

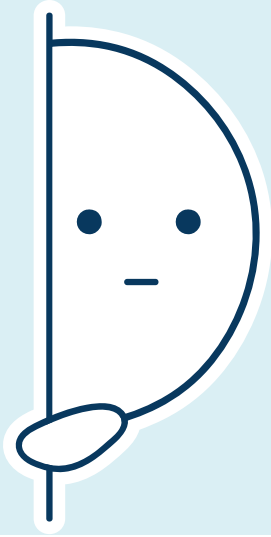
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Evidence-Based Suicide Prevention for Students

1

Language Matters





Section 1

At a Glance

- **Don't say:**
 - Committed suicide
 - Successful suicide
 - Failed suicide attempt
- **Instead say:**
 - Died by suicide
 - Suicide death
 - Attempted suicide
- **Focus on trauma-informed, person-centered language**
- **Learn how to talk about mental health and suicide to reduce stigma**
- **Become comfortable discussing suicide so you can be a trusted person for someone in crisis.**

Talking About Mental Health and Suicide

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

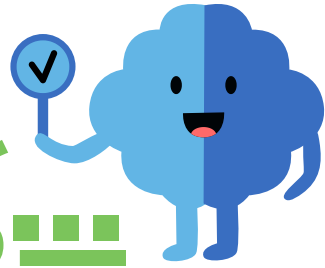
It is essential to use accurate, non-stigmatizing language. Precise terminology encourages open communication and facilitates offering support and ensuring safety.

Section 1 provides guidance on using appropriate language when discussing suicide and mental health.



Tips for Talking About Mental Health

Consider Saying...



Mental health condition

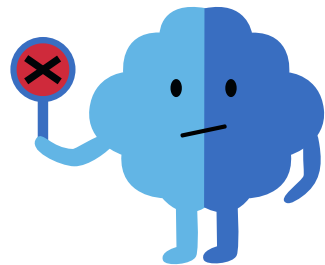
Mental health

“My daughter has bipolar disorder”

Person with a mental health condition

Lives with, has or experiences

Instead of...



Brain disorder or brain disease

Mental Illness

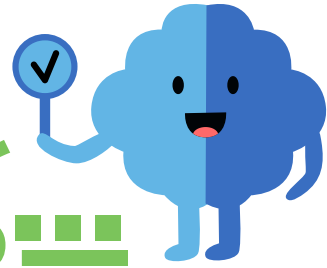
“My daughter is bipolar”

Consumer, client, or patient

Suffers from, afflicted with, or mentally ill

Tips for Talking About Suicide

Consider Saying...



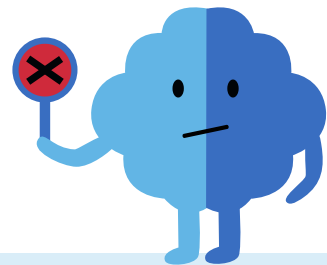
Suicide attempt/attempted suicide

Died by suicide/suicide death

Took their own life

Died as the result of self-inflicted injury

Instead of...



Failed suicide or unsuccessful attempt

Successful or completed suicide

Committed suicide

Chose to kill him/herself

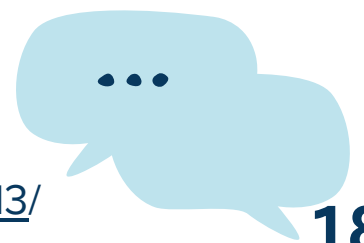
Language Matters

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:** One who experiences lasting psychological, physical, and social distress after the suicide of another person. Grieving processes vary individually and should be respected. Support from others is crucial in integrating this loss into one's life.
- **Died by Suicide:** Preferred terminology for describing death resulting from suicidal behavior. Avoid using "Committed Suicide" due to its implication of a criminal or immoral act. The act of suicide is understood as being connected to mental health conditions.
- **Fatal or Non-Fatal Attempt:** Use illness-based language such as fatal or non-fatal, akin to describing other medical conditions like heart attacks. Avoid value-laden terms like "failed attempt" or "successful" as they can stigmatize. "Completed suicide" should be avoided as it suggests the act was successful.

**<https://www.mirecc.va.gov/visn19/cpg/recs/13/>

<http://www.heardalliance.org/>



Language Matters

- **Person with Lived Experience:** Someone who has struggled with suicidal thoughts, behaviors, or survived a suicide attempt. Resilience can be cultivated through building protective factors, emphasizing that such individuals are not permanently fragile.
- **Suicide Exposure:** Refers to anyone affected by a suicide, including first responders, family members, therapists, and community members, among others. Suicide exposure also occurs after a death in schools, workplaces, and close-knit communities.
- **Suicide Survivors:** Individuals who have lost a loved one to suicide, including family members, significant others, or acquaintances. In some contexts, this term may also refer to those who have survived a suicide attempt themselves.



Glossary



- **Best Practice:** Programs or activities proven effective through research in achieving specific outcomes, often tailored to particular populations. It's essential to ensure the planned delivery aligns with the intended target groups before implementation.
- **Comprehensive Suicide Prevention Plan:** Plans that utilize diverse strategies such as educational programs, policy adjustments, and changes in community norms to address suicide prevention across multiple groups (e.g., staff, students, parents, and the community).
- **Intervention:** Strategies or approaches aimed at preventing or altering the course of a condition, such as administering lithium for bipolar disorder or enhancing social supports in a community setting.

Glossary



- **Military Connected Youth**- Youth with a close family member serving or who has served 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 Screening**- Evaluation of a student who could be having thoughts of suicide. This non-clinical screening performed by a trained school staff member. These screenings include questions that provide next steps that are needed for care.

Glossary



- **Risk factors** - life stressors or forms of oppression that a person may experience based on their identity, which could increase the likelihood of them having suicidal thoughts.
- **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 suicide deaths.
- **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.

2

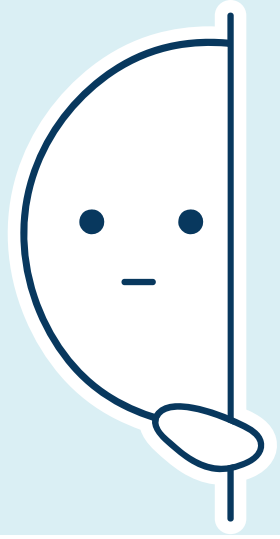
Assessing Suicide Prevention Efforts

Assessment



Section 2

At a Glance



- **Comprehensive Policies:** Schools in Kentucky need policies covering suicide prevention, assessment (including threat assessment), intervention, and response.
- **Postvention Preparedness:** Schools should develop postvention policies and procedures in advance of any suicide to ensure the safety and well-being of staff and students.
- **Avoid Assumptions:** It's crucial not to assume that a student with multiple risk factors is experiencing suicidal ideation.
- **Focus Upstream** to enhance protective factors and promote positive mental wellness to reduce stigma, normalize seeking help, and raise mental health awareness.

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. The policies should encompass suicide prevention, assessment (including threat assessment), intervention, and response to suicidal behavior.

These policies should complement broader programs supporting students' emotional and behavioral health.

Section 2 outlines tools and steps for evaluating current suicide prevention policies and developing a comprehensive approach to address suicide in schools.



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 2024-2025.



Staff Suicide Prevention Training Tool

<https://forms.office.com/g/Urpp5w7uU3>



Student Training and Education Readiness Tool

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



2024-2025 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 2024-2025. Then plan your next steps to ensure the training you select matches your staff and students' needs.

2024-2025 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.

2024-2025 Student Suicide Training Priorities:

- Example: Engage youth in planning suicide prevention training.

2024-2025 Next Steps:

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.

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 Coordinator:** Assign a district-level suicide prevention coordinator to plan and oversee policy implementation.
- **Publication and Distribution:** Distribute the policy annually, including in student and teacher handbooks and on the school website.
- **Parental Involvement:** Ensure active involvement of parents and guardians in decisions regarding their child's welfare, especially in matters of mental health and suicide prevention.
- **Staff Training:** Provide comprehensive professional development to all staff covering risk factors, warning signs, response procedures, referrals, postvention, and available resources for youth suicide prevention.
- **Youth Prevention Programming:** Integrate developmentally appropriate, student-centered education materials into K-12 health classes. Curriculum should cover healthy choices, coping strategies, recognizing mental health issues, help-seeking skills, and utilizing school resources for support.

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

- **Assessment and Referral:** Students flagged as potentially suicidal must see a mental health professional on the same school day for risk assessment and referral. Continuous staff supervision ensures student safety. Parents are promptly notified, and if unavailable, emergency services are contacted. Prior relationships with community mental health providers ensure seamless referrals.
- **Re-entry Procedure:** After a suicidal crisis, an administrator meets with the student and parents to assess readiness to return to school. A follow-up process is established over a 6-month period, involving both student and parent.
- **Postvention Plan:** Designate a crisis team beforehand to create an action plan in the event of a suicide death in the school community. The team convenes immediately upon news of such an incident to implement the 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 encompass:

1. **Screening for Suicide Risk:** Typically conducted by designated school personnel, followed by referral to a behavioral health clinician for further assessment if needed.
2. **Assessment and Evaluation:** Undertaken by a behavioral health clinician in response to screening or threat assessment results.
3. **Parental Involvement:** Varied based on the school's care pathway, involving counselors, mental health coordinators, principals, or crisis intervention team members. Student input regarding family involvement is crucial.
4. **Referral Process:** Initiated by counselors or mental health coordinators after screening, with pre-established care pathways and agreements in place.
5. **Follow-Up:** Ensuring consistent connections with the student post-identification of mental health crisis/suicide attempt, including follow-ups at specified intervals (e.g., day after, week after, month after, 3 months after, and 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?

- Foster safe and supportive school environments
- Encourage healthy help-seeking behaviors and trusted adult connections
- Facilitate access to mental health services for students
- Integrate social and emotional learning skills into curriculum
- Provide comprehensive mental health and suicide prevention training for all school members
- Foster open discussions on comfort levels and needs regarding mental health
- Support staff in addressing their mental health needs
- Review and ensure equity in mental health policies and procedures



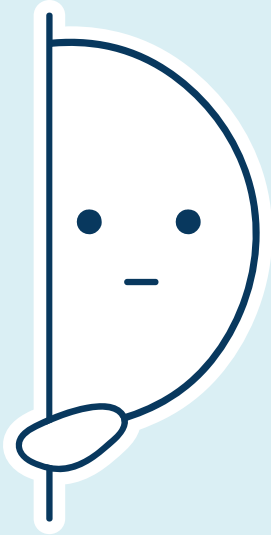
What can families do?

- Engage in open conversations with youth about their concerns
- Provide appropriate supervision and encourage healthy decision-making
- Share meals and activities together
- Participate in school activities, projects, and homework support
- Volunteer at school events
- Maintain open communication with teachers and administrators
- Monitor social media activity
- Encourage balanced 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.

3

Evidence-Based Suicide Prevention for Staff





Section 3

At a Glance

- Staff should receive training in suicide prevention before the students are trained.
- Evidence-based or evidence-informed programs should be used to ensure accurate information and a safe suicide prevention training is provided.
- **Level of effectiveness and how the training is implemented matters.** Trainings are best when they are provided face-to-face with a certified trainer AND include a review of school referral policies and procedures.

What IS Evidence-Based or Evidence-Informed Programs/Trainings?

- Programs and strategies proven to be effective at changing behavior(s)
 - Proven through research and studies
- May not be what is new or popular
- Ensures that programs/strategies “do no harm”
- Based on the best evidence available
- Evidence-informed interventions are developed based on research and currently under evaluation, but do not meet the requirements to be identified as evidence-based.

What is NOT Evidence-Based:

 **SCARE TACTICS** 

- Increases stigma
- Minimizes the complexity of suicide
- Fosters fear and anxiety
- Lacks long-term impact
- Undermines trust

Staff Training Implementation



Minimal (low efficiency)

Minimal Staff Training

Trainings are considered minimal when training is not evidence-based, or evidence informed and provided without discussion or review of school policies.

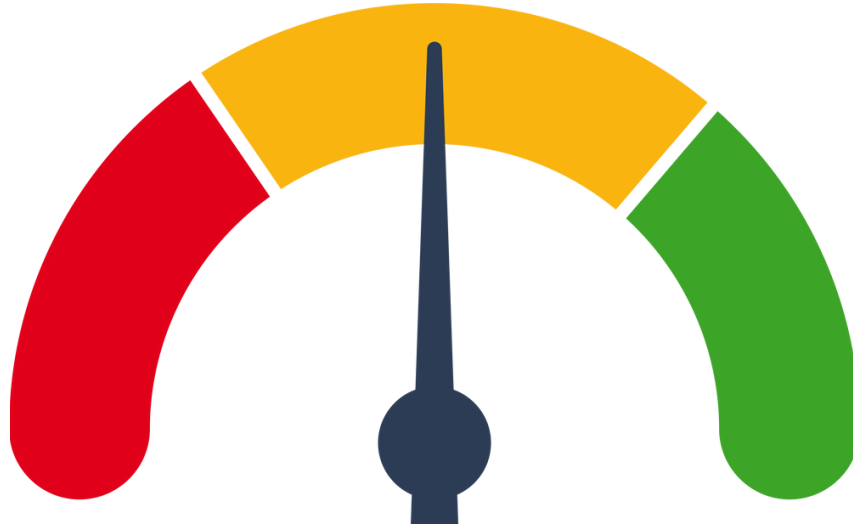
This is not recommended and DOES NOT meet the state law requirements.

Consider following better or best recommendations.

NOTE:

Staff should receive training
in suicide prevention **BEFORE**
the students are trained.

Staff Training Implementation



Better (Impactful) (medium efficiency)

Better Staff Training Meets State Law

Trainings are Better (impactful) when they are evidence-based or evidence-informed trainings face-to-face but don't review local policies and procedures or include online simulation models.

Example: QPR+ In-Person+ Discussion

What is missing?
Discussing the protocols with all staff for what to do for a student in crisis and pathway to care.

NOTE:

Staff should receive training
in suicide prevention BEFORE
the students are trained.



Staff Training Implementation



Best (Life Changing) (highly effective)

Better Staff Training Meets State Law

Trainings are Best (can be life changing) when they are evidence-based, provided face-to-face with a certified trainer AND include a review of school referral policies and procedures.

Example: QPR+ In-Person + Discussion **PLUS** review with all staff protocol for student in crisis and pathway to care.

NOTE:

Staff should receive training in suicide prevention **BEFORE** the students are trained.

Available Staff Trainings

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

Applied Suicide Intervention Skills Training (ASIST)

- **Evidence-based**
- Two-day in-person training
- LivingWorks ASIST improves participant skills and readiness to reach in and start a conversation with a person that may have thoughts of suicide. The course is safe for participants, with no adverse effects from training. The training is shown to increase general counseling and listening skills.
- **Additional Information:**
 - For training information contact **Beck Whipple** at beck.whipple@ky.gov

Code RED-Universal Safety Planning

- **Evidence-informed**
 - CODE RED is an evidence-informed safety planning tool that involves youth identifying trusted adults, delaying risky decision-making, and identifying activities to relax and distract from thoughts of suicide.
 - Staff can be trained in CODE RED universal safety planning and warning signs.
- **Additional Information:**
 - Contact your local regional prevention center for training information or contact **Brittany Young** at brittany.young@ky.gov to be connected with a CODE RED trainer.



Available Staff Trainings

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

Hope Squad

- **Evidence-based**
 - This evidence-based programming is recognized by the Suicide Prevention Resource Center's Best Practices Registry and supports social-emotional learning.
 - Hope squad offers age-appropriate curriculum aligns with social-emotional learning standards and allows for flexible implementation to best meet the needs of a variety of populations and contexts.
 - Offered for elementary, middle and high school
 - For information on Hope squad pricing click [here](#)

Lifelines Suicide Prevention Training:

- **Evidence-based**
- Lifelines Prevention®: Building Knowledge and Skills to Prevent Suicide is a comprehensive, whole-school suicide prevention curriculum that educates school faculty, parents, and students on the facts about suicide and their respective roles as suicide “preventers.” This newly revised edition uses updated language to reflect today's best practices and youth culture, and now also covers grades 5-6 and 11-12, in addition to grades 7-10. Also new in this updated edition are two videos and handouts explaining suicide warning signs and how to do a warm handoff when you suspect a student may need more care.
- **Additional Information:**
 - Subscriptions may be available through the Department for Behavioral Health, Developmental and Intellectual Disabilities.
 - Please contact **Sheila Barnard** for more information at sheila.barnard@ky.gov.



Available Staff Trainings

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

QPR Training

(Approximately \$30/person for online course, volume pricing available, live training may be offered in your region at no cost)

- **Evidence-based**
- This course is taught in a clear, concise format using the latest in educational technology and practices. The course takes approximately one hour to complete.
- **KEY COMPONENTS COVERED IN TRAINING:**
 - How to Question, Persuade and Refer someone who may be suicidal
 - How to get help for yourself or learn more about preventing suicide
 - The common causes of suicidal behavior
 - The warning signs of suicide
 - How to get help for someone in crisis
- **Additional Information:**
 - Volume pricing is available
 - Self-guided online course generally takes 60 minutes to complete, though you are encouraged to proceed at your own pace.
 - Certificate remains active for 1 year.
 - Recap and review emails are sent out periodically to help learner keep the QPR training fresh in mind.

safeTalk (Suicide Alertness for Everyone)

- Evidence-based
- LivingWorks safeTALK participants learn to recognize when someone is thinking about suicide and connect them to an intervention provider, such as a LivingWorks ASIST trained helper. In this way, LivingWorks safeTALK participants build a safety network around these intervention providers and greatly increase their reach and impact.
- **KEY COMPONENTS COVERED IN TRAINING:**
 - Better skill retention compared to other connector programs
 - Safe for participants aged 15+, with no adverse effects from training
 - Helps breakdown suicide stigma in the community



Available Staff Trainings

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

Sources of Strength (All Staff Training)

- **Evidence-based**
- Sources of Strength provides high quality evidence-based prevention for suicide, violence, bullying and substance use by training, supporting, and empowering both peer leaders and caring adults to impact their world through the power of connection, hope, help, and strength.
- The adult portion will train all adults in upstream prevention, warning signs, shared risk and protective factors and more.
- **Additional Information:**
 - Schools must complete paperwork and have a plan to implement Sources of Strength in their school for school year 2024-2025 in order to have an all-staff training.
 - Adults who have been chosen to be an adult advisor will receive additional training including attending the peer leader training.
 - Grant funding may be available through the Department for Behavioral Health, Developmental and Intellectual Disabilities. Please contact **Sheila Barnard** for more information at sheila.barnard@ky.gov.

Youth Mental Health First Aid

- **Evidence-Based**
 - Informs adults about common mental health concerns among youth.
 - Reduces stigma.
 - Teaches adults how to recognize signs and symptoms of mental health and substance use problems in youth.
 - Provides adults with skills to use a 5-step action plan to help youth who may be facing a mental health problem or crisis such as suicide.



Available Staff Trainings

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

KDE/KET – Suicide Prevention Train the Trainer

- Evidence-informed
- No cost
- Video
 - 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.
 - The course also reviews the comprehensive suicide prevention training used with students in Jefferson County Public Schools, how to involve parents, and how to use the tools available for risk assessment and other resources. Topics include how to give students a voice in the training, how to recognize signs of suicidal ideation, how to deal with social media pressures, and how students can find help for themselves or their peers in distress.
- **Additional Information:**
 - Create login, add course to cart. Email will be sent with confirmation and access to the course.
 - Certificate is offered upon completion for one hour of EILA credit.
 - Additional resources are available on this website.

LivingWorks:Start

- Evidence-based
- Online course
- ~\$40 per person
 - LivingWorks Start teaches life-saving suicide prevention skills in as little as one hour online. Dynamic, interactive content provides a high-impact learning experience.
- Additional Information:
 - After payment, it may take up to 1-2 business days to finalize your enrollment in LivingWorks Start, at which time you'll receive an email with access for you (and your team if ordering multiple licenses). Please contact start@livingworks.net if you have any questions
 - Please note: user licenses purchased in bulk must be distributed within one year. Once a user has enrolled, their license is valid for 60 days.
 - NOTE: Taxes will be added during checkout.



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

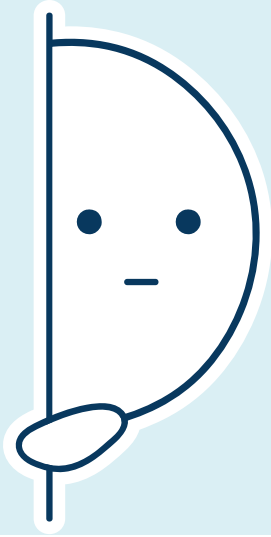
- Evidence-based
- No cost
- Video
 - Every day in our schools, students are facing tremendous amounts of pressure that may lead some students to thoughts of suicide. Unfortunately, chances are that you or your school have been affected by youth suicide.
 - This course is here to help you play an important part in the prevention of youth suicide. We know how stressful your job can be. We're not asking you to fix a problem; we're asking you to open the door to the prevention process.
- **Additional Information:**
 - Link will take you to a welcome page, you will register and login.
 - Certificate is offered upon completion of all components (including pre and post assessment).
 - Additional resources are available on this website.



4

Evidence-Based Suicide Prevention for Students





Section 4

At a Glance

- Students should receive their training in suicide prevention after the staff are trained.
- Evidence-based or evidence-informed programs should be used to ensure accurate information and a safe suicide prevention training is provided.
- **Level of effectiveness and how the training is implemented matters.** Trainings are best when they are provided face-to-face in a classroom-type setting with fewer than 30 students with a trained staff member delivering the content.

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.



Student Training Implementation



Minimal (low efficiency)

Minimal Student Training

Trainings that are minimal are those that are not evidence-based/evidence-informed and provided without discussion of video.

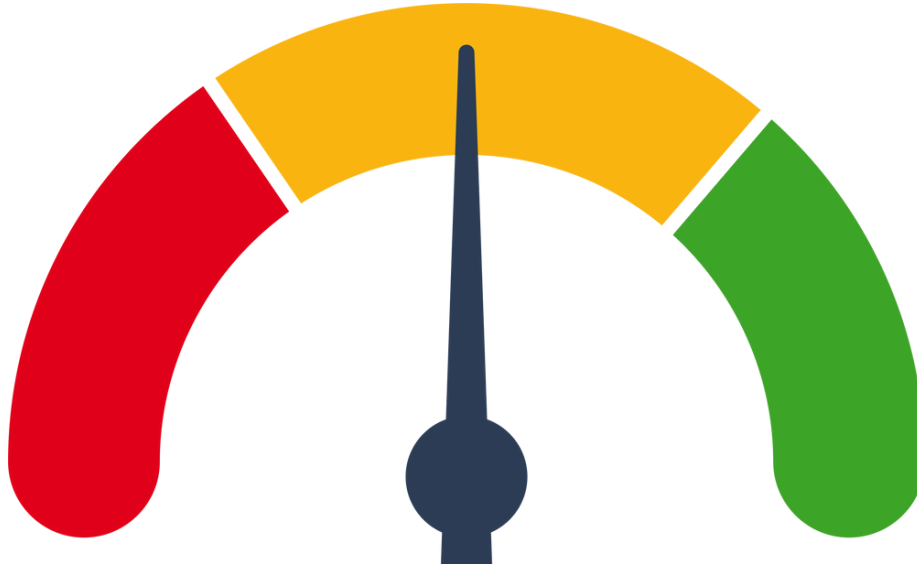
This is not recommended and does not meet the state law requirements.

Consider following better or best recommendations.

NOTE:

Students should receive training in suicide prevention **AFTER** staff are trained.

Student Training Implementation



Better (Impactful) (medium efficiency)

Better Student Training Meets State Law

Trainings are Better (impactful) when they are led annually in-person or synchronous, using evidence-based or evidence-informed curriculum in a single session.

Example: CODE RED + In-Person+ Discussion

What is missing?

Discussing the pathway to care with students and discuss how to connect with a trusted adult during a crisis.

NOTE:

Students should receive training in suicide prevention

AFTER staff are trained.



Student Training Implementation



Best (highly effective)

Best Student Training Meets State Law

Trainings are Best (can be life changing) when they are face-to-face or synchronously, based on evidence and complemented by a peer-led culture change such as Sources of Strength.

Example: **CODE RED + In-Person + Discussion PLUS** review pathway to care with students and discuss how to connect to a trusted adult during a crisis.

NOTE:

Students should receive training in suicide prevention AFTER staff are trained.

Available Student Trainings

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

Code RED-Universal Safety Planning

- **Evidence-informed**
 - CODE RED is an evidence-informed safety planning tool that involves youth identifying trusted adults, delaying risky decision-making, and identifying activities to relax and distract from thoughts of suicide.
 - Students can participate in the CODE RED Universal Safety Planning activity and tool after school staff have been trained.
- **Additional Information:**
 - Contact your local regional prevention center for training information or contact Brittany Young at brittany.young@ky.gov to be connected with a CODE RED trainer.

Erika's Lighthouse Program – Depression Awareness for Middle School Students; Depression and Suicide Awareness for High School Students

- No cost
- 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.
- **Additional Information:**
 - Discussion guides included in resource portal after sign-in



Available Student Trainings

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

Lifelines Prevention Student Curriculum (Grades 5-12)

- **Evidence-based**
- 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.
- **Additional Information:**
 - Subscriptions may be available through the Department for Behavioral Health, Developmental and Intellectual Disabilities. Please contact Sheila Barnard for more information at sheila.barnard@ky.gov.

Linking Education and Awareness of Depression and Suicide (LEADS)

- **Evidence-based**
- \$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: (High school students only)

- **Evidence-based**
- \$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.



Available Student Trainings

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

KDE/KET – Suicide Prevention Student Training

- Evidence-informed
- No cost, available after completing staff training
- Video
 - After staff complete the one-hour train-the-trainer course, they will lead Kentucky's suicide prevention course for students in grades 6-12.

Society for the Prevention of Teen Suicide - Suicide Prevention Curriculum

- Evidence-Informed
- 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.

Teaching Resources for Talking with Teens About Suicide (PBS NewsHour Extra)

- Evidence-Informed
 - No cost
 - Discussion guide included.



Suicide Prevention Resources



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

Kaitlyn Slaughter, Director
mslaughter@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

Caroline Mullins, Director
caroline.mullins@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

Deborah Hampton, Director
deborah.hampton@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

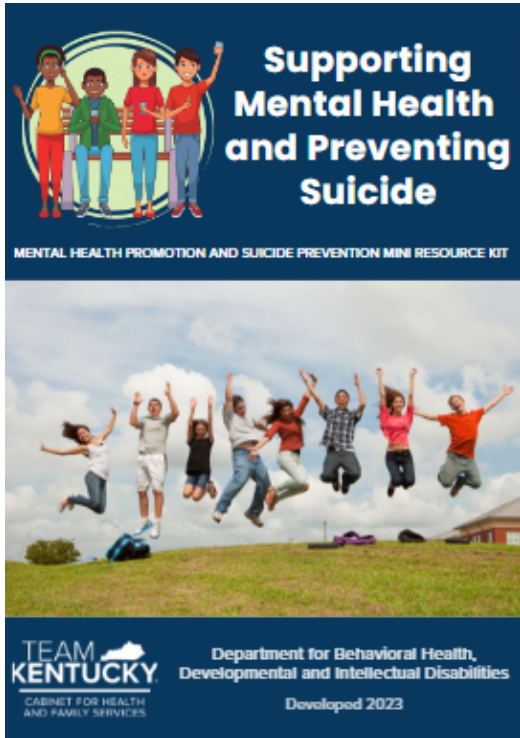


For more information or assistance
please contact:

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



Resources



This toolkit offers guidance in promoting mental wellness among all individuals, supporting connectedness, healthy coping mechanisms, and help-seeking behaviors.

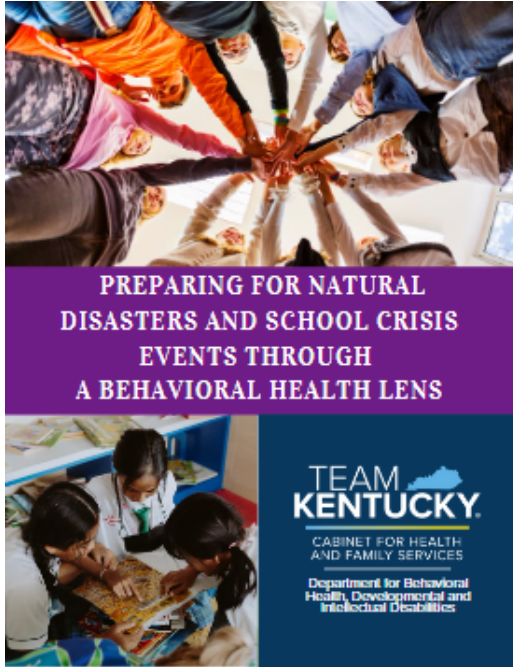


One-page guide on mental wellness for school staff and parents. Ideal for conversations or distribution at family school nights!





Resources



This toolkit is a comprehensive resource designed to assist Kentucky schools in preparing for, mitigating, and recovering from the behavioral health impacts of traumatic events. Such events encompass natural disasters, school mass violence incidents, and unexpected deaths of staff members or students.



Check out more Mental Health Promotion and Suicide Prevention Resources from the Department for Behavioral Health, Developmental and Intellectual Disabilities by visiting:

<https://kyprevention.getbynder.com/web/25cc95f591c02756/mental-health-promotion---suicide-prevention-resources/>

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:
Brittany Young, BSW, CPS
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**