



Policy to Practice: Suicide Intervention Toolkit

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

CREATED BY THE SDCOE STUDENT WELLNESS AND SCHOOL CULTURE DEPARTMENT



san diego county office of
EDUCATION
FUTURE WITHOUT BOUNDARIES™

6401 Linda Vista Road, San Diego, CA 92111-7399
www.sdcoe.net • 858-292-3500

REVISED 8/2023

Policy to Practice: Suicide Intervention Toolkit

Columbia-Suicide Severity Rating Scale (C-SSRS)	3
Protocol Flowchart for Suicide Intervention	4
Action Plan Documentation	5
Parent Information and Resources	6
Student Safety Plans	7
Student Re-Entry Plan	8
Treat With Care Memo	9
Student Self-Care Plan	10
Web of Support	11
Student Information and Resources.....	12-13

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



Columbia-Suicide Severity Rating Scale

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

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



THE COLUMBIA
LIGHTHOUSE
PROJECT
IDENTIFY RISK. PREVENT SUICIDE.

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen with Triage Points for Schools

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

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

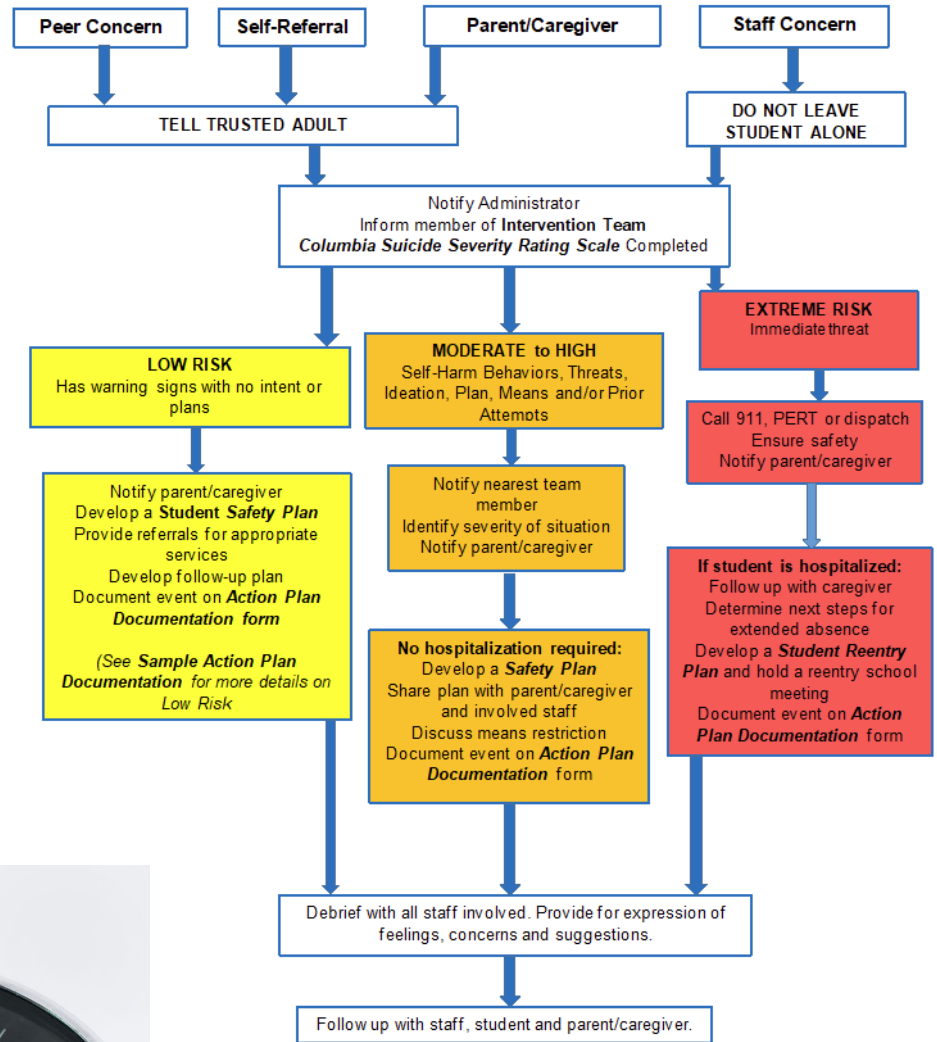
Adapted from Columbia Lighthouse Project

Protocol Flowchart for Suicide Intervention

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

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

Protocol Flow Chart for Suicide Intervention



Protocol Flowchart for Suicide Intervention

Action Plan Documentation

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

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



Action Plan Documentation

Determined Low Risk based on CSSRS Screening

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

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

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

Who identified student as being at risk: _____

Reason for concern: _____

Staff notified: _____

Adopted from Duarte & Kim, Revisited 2017

Action Plan Documentation

Determined Moderate-High Risk based on CSSRS Screening

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

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

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

Who identified student as being at risk: _____

Reason for concern: _____

Action Plan Documentation

Determined Extreme Risk

- Frequent, intense and enduring suicidal ideation
- Clear intent, specific concrete plans and/or access to lethal means
- Reveals symptoms of psychotic distress, depression, sense of hopelessness
- Many risk factors including history of suicidal attempts, hospitalization and/or self-injurious behaviors
- Limited self-control, low level of rescue and reversibility of plan
- IF ACUTE LIFE THREATENING SITUATION, CALL 9-1-1

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

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

If Student is Hospitalized:

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



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

Who identified student as being at risk: _____

Adopted from Duarte & Kim, Revisited 2017

Parent Information and Resources

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


[Parent Contact Acknowledgement Form](#)

[Spanish version](#)



Links to Parent Information and Resources

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

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



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

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



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

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



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

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



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

Student Safety Plans

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

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

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

STANLEY - BROWN SAFETY PLAN

STEP 1: WARNING SIGNS:

- _____
- _____
- _____

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

- _____
- _____
- _____

STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:

- Name: _____ Contact: _____
- Name: _____ Contact: _____
- Place: _____ 4. Place: _____

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

- Name: _____ Contact: _____
- Name: _____ Contact: _____
- Name: _____ Contact: _____

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

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

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

- _____
- _____

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

Stanley-Brown
Safety Planning Intervention

Your Name _____ 's Safety Plan on _____ Today's Date _____

Step 1: My Warning Signs of a Crisis

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

Step 3: Taking My Mind off of Things

PEOPLE WHO CAN DISTRACT ME: _____ PLACES I CAN GO TO: _____

Step 4: People I Can Call for Help

NAME OF PERSON: _____

RELATIONSHIP: _____

CONTACT INFO: _____

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

Step 6: I Can Call These Very Important Phone Numbers To Stay Safe!

WHO: _____

CONTACT INFO: _____

WHEN: _____

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

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

Social Work Tech Safety Plan 2021 (English & Spanish)

Student Safety Plan (English & Spanish)

Student Re-Entry Plan

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

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

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



Student District Info/Logo

Student Re-Entry Checklist

Student: _____ School Staff: _____

Absence Start Date: _____ Return to Site Date: _____

No Hospitalization Hospitalization (Name of Facility): _____

Re-Entry School Meeting		
Date	Initials	Action Items
		<input type="checkbox"/> Parent/Guardian Authorization for Release/Exchange of Information signed <ul style="list-style-type: none"> • Obtain releases of information from the parent so the mental health provider can talk to school counselor or designated staff <input type="checkbox"/> Physician/Mental Health Professional: <ul style="list-style-type: none"> • Name: • Contact Number:
		<input type="checkbox"/> Have a parent/guardian accompany the student on the first day back to school for re-entry meeting: <ul style="list-style-type: none"> • Parent/Guardian re-entry meeting with Administrator, Counselor, Student (if appropriate), and additional staff as needed • Plan together what information the student wants shared and with whom • Reassure the student and family that sharing information with school personnel will be done on a need to know basis • Treat the student's return to school as you would have had the student been out sick for a few days. Let the student know you are glad he or she is back. <input type="checkbox"/> Develop a Care Plan with Student and Parent/Guardian: <ul style="list-style-type: none"> • It is important that staff and teachers who have direct contact with the student be part of his/her safety plan • Ask student how school staff can best support the student • Refer to and update the student's Care Plan as needed • Relationship map for student to ensure they have a safety net of 3 caring relationships (e.g. Web of Support tool) • Provide relevant skill building and coping strategy resources (e.g. Teen Guide to Mental Health & Wellness)
		<input type="checkbox"/> Notify student's teachers as appropriate using Treat with Care Memo
		<input type="checkbox"/> Health Technician notified of return and transition instructions if medications are needed: HT Initials: _____
		<input type="checkbox"/> Identify school staff member/s to check in with student on a _____ basis (frequency to be determined by team and updated as needed): <ul style="list-style-type: none"> • Staff Name/s: • Start date: • End date:
		<input type="checkbox"/> Identified school staff will check in with parent on the following date: <ul style="list-style-type: none"> • Staff Name: • Date:

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

Parent/Guardian Signature: _____

School Staff Signature: _____

Administrator Signature: _____

Student Re-Entry Checklist

Treat With Care Memo

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

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

TREAT WITH CARE
Confidential Memo

Date: _____

To: _____

Re: (Student Name) _____

From: _____

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

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

Treat With Care Memo

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

“What do I do?”
Trauma-Informed Support for Children

- 1 Create safety**
If the child is overwhelmed, perhaps guide them to a quiet corner or allow them to decompress by visiting the restroom. If you are in a classroom, maybe you have a peace corner that you've outfitted with blankets or a screen so that it feels like a safe place.
- 2 Regulate the nervous system**
Trauma brings a persistent pattern of physiological responses and anyone who has suffered toxic stress or trauma is going to be quickly stressed into hyperarousal (excitable, jittery, irritable) or hypoarousal (depressed, withdrawn, zombie-like). No matter how ingenious our regulation strategies, how artfully we get with tools, the child has to find what works for them.
- 3 Build a connected relationship**
This is the number one way to regulate the nervous system. When we are around people we care about, our bodies produce oxytocin, which is the hormone responsible for calming our nervous system after stress. If we stay connected, then eventually the calm discussion of each person's feelings and needs can take place.
- 4 Support development of coherent narrative**
Creating predictability through structure, routines and the presence of reliable adults helps reduce the chaos a child may feel and allows them to start creating the kind of logical sequential connections that not only help them understand their own narrative, but are also the fundamental requirement of many types of learning.
- 5 Practice 'power-with' strategies**
One of the hallmarks of trauma is a loss of power and control. When someone is wielding power over you with no regard to your thoughts or feelings, the toxic shame of the original trauma may come flooding back. As adults, we should use our power well. If we model a 'power-with' relationship with children it's our best chance of creating adults who will treat others with dignity and respect.
- 6 Build social emotional and resiliency skills**
Trauma robs us of time spent developing social and emotional skills. The brain is too occupied with survival to devote much of its energy to learning how to build relationships and it's a good chance we don't see these skills modeled for us. Learning to care for one another is the most important job we have growing up.
- 7 Foster post-traumatic growth**
We know that there are qualities and skills that allow people to overcome the most devastating traumas and not just survive but find new purpose and meaning in their lives. Problem solving, planning, maintaining focus despite distractions, self-control and seeking support are all known to lead to post-traumatic growth and are skills we can foster in children.

©2017 echo

What do I do? Trauma-Informed Support for Children

DOs AND DON'Ts OF A TRAUMA-INFORMED COMPASSIONATE CLASSROOM

- 1 CREATE A SAFE SPACE**
Consider not only physical safety but the children's emotional safety as well.
- 2 ESTABLISH PREDICTABILITY**
Write out a schedule and prepare children for transitions. It helps create a sense of security and safety.
- 3 BUILD A SENSE OF TRUST**
Follow through with your promises and in situations where changes are unavoidable be transparent with your explanations.
- 4 OFFER CHOICES**
Empower students and offer "power with" rather than "power over" strategies.
- 5 STAY REGULATED**
Help your students (and yourself!) stay in the "Resiliency Zone" to promote optimum learning. Have regulation tools ready to help students bumped out of the zone into either hyperarousal (angry, nervous, panicky) or hypoarousal (numb, depressed, fatigued).

There's really only one **DON'T**. Let's not pursue ideas for behaviors that are trauma symptoms.

©2017 echo

Trauma-Informed Compassionate Classroom

Student Self-Care Plan

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

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



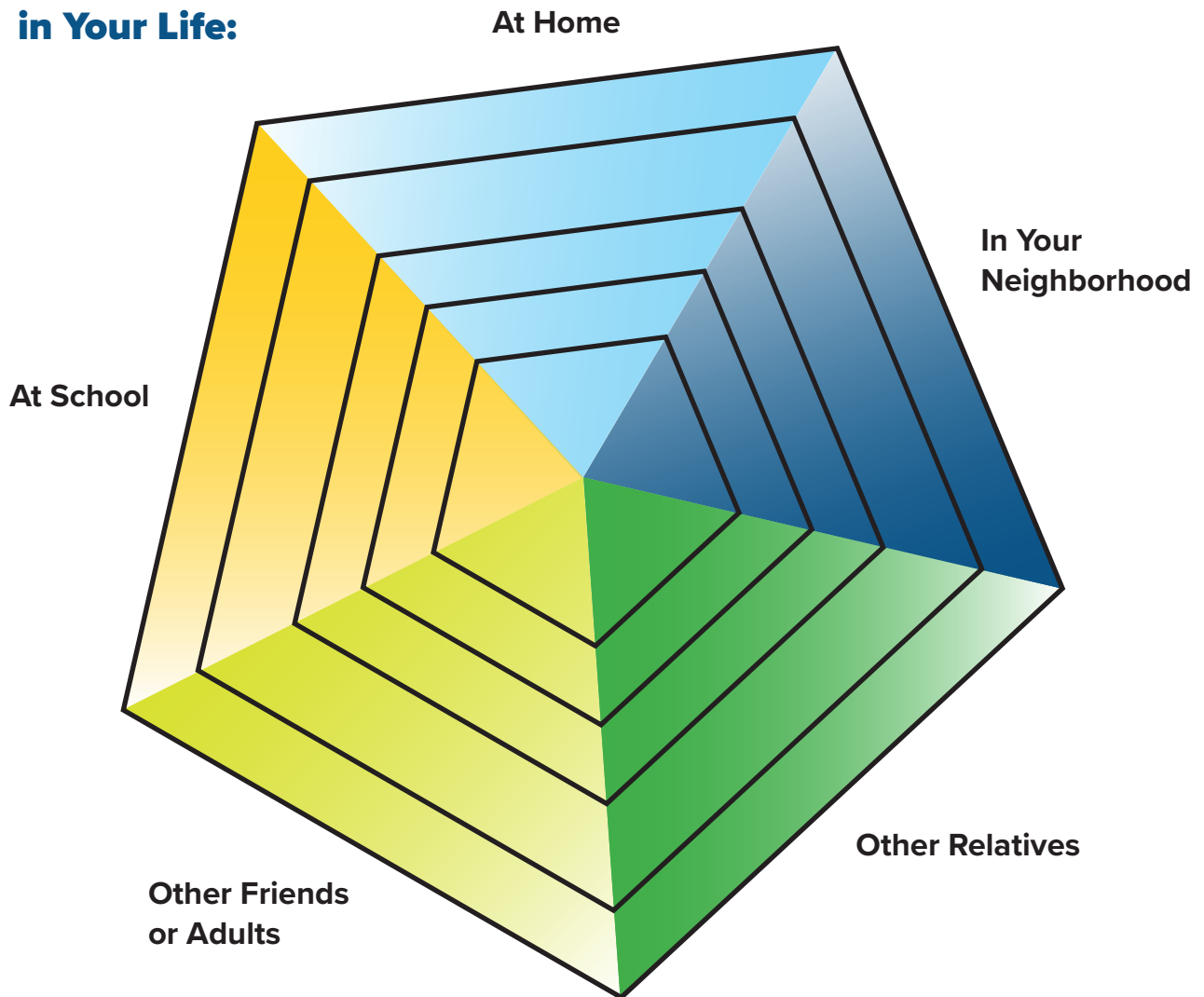
[Student Self-Care Plan](#)
[Spanish version](#)

Web of Support

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

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

Important People in Your Life:

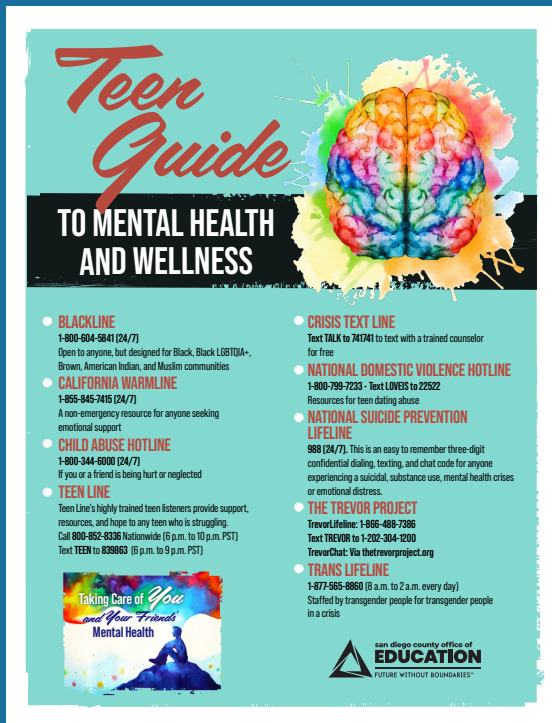


 [Web of Support \(English & Spanish\)](#)

Student Information and Resources

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

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



[Young Person’s Guide To Wellness](#)

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

Student Information and Resources

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


About SDCOE County Board of Education Working at SDCOE Calendars Find LCAPs


[HEALTH AND WELLNESS](#)
[SCHOOLS](#)
[EDUCATORS](#)
[SPECIAL POPULATIONS](#)
[SUPPORTING STUDENTS](#)
[ADMINISTRATIVE SERVICES](#)


VIRTUAL WELLNESS CENTER

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

- Mental Health Supports
- Suicide Prevention
- Social Emotional Learning
- Training



Calming Apps



Coloring and Creativity




Games and Puzzles



Gratitude



Journaling



Mindfulness




Physical Health and Nutrition



Positive Thinking



Resiliency




Sounds and Music



Stress and Anxiety



Virtual Tours and Webcams

 [SDCOE Virtual Wellness Center](#)



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



[SDCOE Suicide Prevention Links](#)



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