

Creating Crisis Protocols – Developing a Model Suicide Policy for Schools

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A blue-tinted background image showing a group of students in a school hallway. A student in the foreground on the left wears a red jacket over a white hoodie. Next to them, a student in a grey sweatshirt holds a red book. On the right, a student in a dark blazer holds a stack of papers and a yellow folder. The overall scene is a typical school environment.

Developing a Model Suicide Policy in Schools

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DEPARTMENT *of* BEHAVIORAL HEALTH
AND DEVELOPMENTAL DISABILITIES

OFFICE *of* MENTAL HEALTH

YOUR SPEAKERS

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OVERVIEW

01 Background

02 Youth Suicide Data and the SC Suicide
Prevention and Risk Assessment Policy

03 Key Considerations: Policy Development
Workflow



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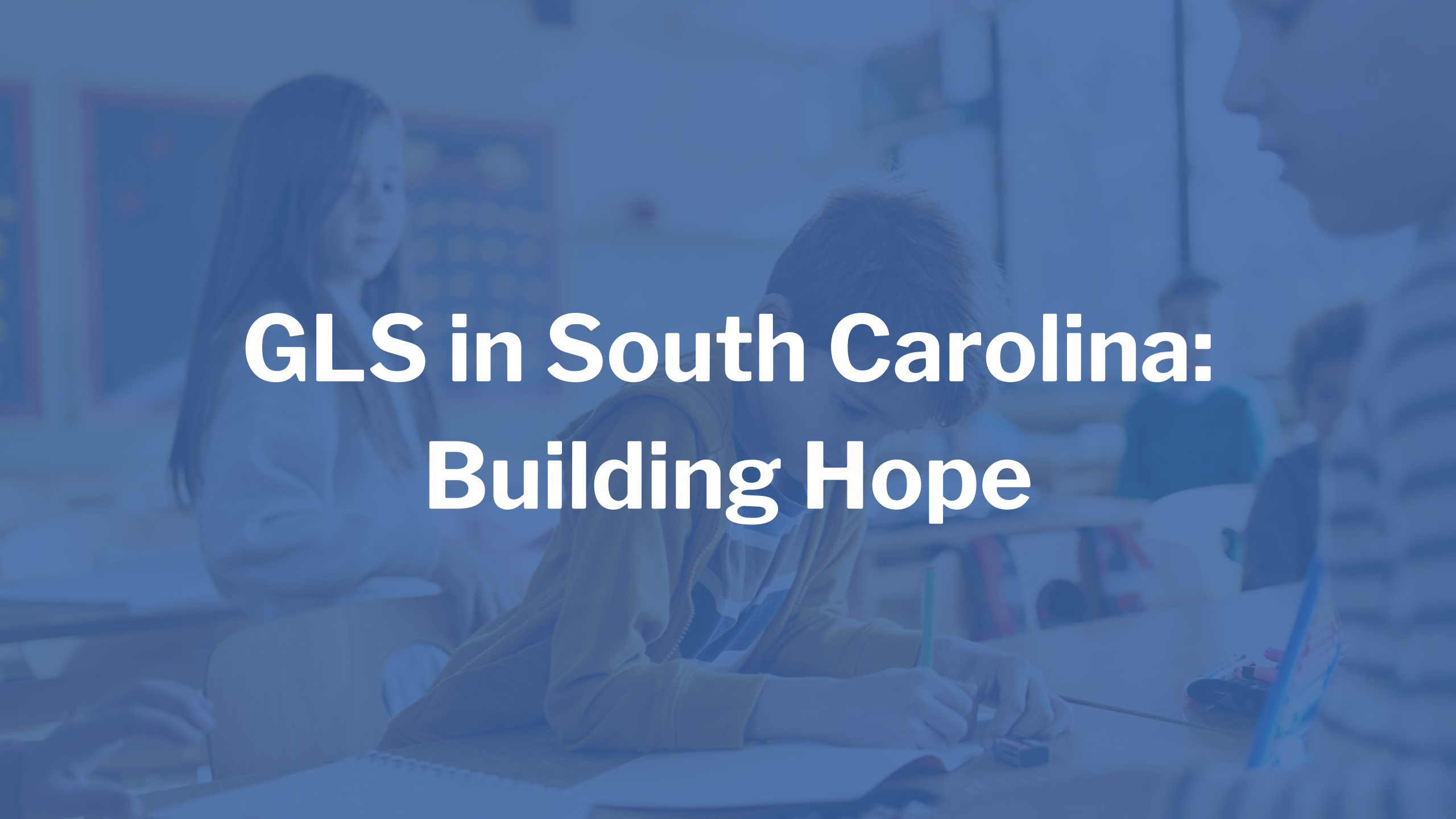
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**COMMUNITY MENTAL
HEALTH SERVICES (CMHS)**

**SCHOOL MENTAL
HEALTH (SMH)**

**SUICIDE PREVENTION
PROGRAM (SPP)**



A blue-tinted photograph of a classroom. In the foreground, a young boy is focused on writing in a notebook with a green pencil. To his left, a girl is also working. In the background, other students are visible, some looking towards the camera and others engaged in their work. The overall atmosphere is one of quiet concentration and learning.

GLS in South Carolina: Building Hope

Population of Focus

Youth Aged 24 and Under

TRIBAL NATIONS

Tribal Nations are crucial to challenging stigma prevalent in tribal communities and encouraging a culture of reaching out for help.

YOUTH SERVING GROUPS

Organizations that work towards establishing a safe environment for children promote family support and a nurturing environment for children's needs.

SCHOOLS

Schools and universities are ideal environments to implement interventions for suicide thoughts and behaviors in young people.

Areas of Focus

Cherokee School District (CSD)

- 19 schools (12 elementary, 4 middle, 3 high schools)
- 9,360 students

Georgetown County School District (GCSD)

- 18 schools (9 elementary, 5 middle, 4 high schools)
- 10,074 students

Berkeley County School District (BCSD)

- 38 schools (21 elementary, 10 middle, 6 high schools)
- 28,957 students



Building Hope: Statewide Youth Suicide Prevention Initiative

This initiative supports statewide collaboration to strengthen youth suicide prevention through:

- District-level process improvements
- Grade-level mental health education
- Prevention training for youth serving organizations and tribal communities

Key Components:

- Strategies for prevention, intervention, and postvention
- Statewide model suicide prevention policy
- Tools and guidance for schools, youth serving organizations, and native populations



EDC.ORG

District Level Training in MTSP

- 4 Community of Practices (CoPs) in Year 2 and Year 3 discussing topics such as:
 - Suicide Prevention in K-5
 - Postvention
 - Suicide Prevention and Social Media
 - Youth Involvement
 - Data Tracking

Technical Assistance

- Expert TAs from EDC support schools in:
 - identifying evidence-informed and culturally responsive resources
 - trainings
 - suicide prevention expertise
- Meet with school districts once a month to provide TA and collect SPARS information.

Environmental Assessments and Action Planning

- EDC asks school districts to review their existing suicide prevention protocols.
 - Environmental assessment reveals any areas of weakness
 - Leads into action planning, to strengthen procedures and workflow.

Process Improvements

- Guidance in continuous quality improvements (CQI) in:
 - monitoring in-school mental health support
 - external referrals to mental health services
- This strengthens best practice interventions for at-risk students.



SOURCES OF STRENGTH

Elementary Curriculum

- K-5 curriculum that is modeled on upstream early intervention for suicide prevention.
- Successive grade-specific lessons that provide youth with skills to identify, communicate, and regulate their emotions.
- Units include:
 - Emotional Regulation
 - Brain and Body Science
 - Transitions

Secondary Model

- Secondary model focuses on youth involvement and peer acceptance with Peer Leaders
 - Encourages student buy-in and fosters positive outcomes between peers
 - Increases likelihood of peer referrals
 - Increased acceptability of seeking help
- Adult Advisors trained in Sources model to support Peer Leaders in messaging campaigns and engaging families and staff/faculty.



Clinician Based Trainings

- Three virtual youth suicide prevention workshops annually, at no-cost to registrants.
- Workshop is focused on applying suicide risk identification and assessment strategies in the clinical setting, with a pediatric lens.
- One in-person workshop hosted every year to strengthen team relationships.

Online Learning Platform

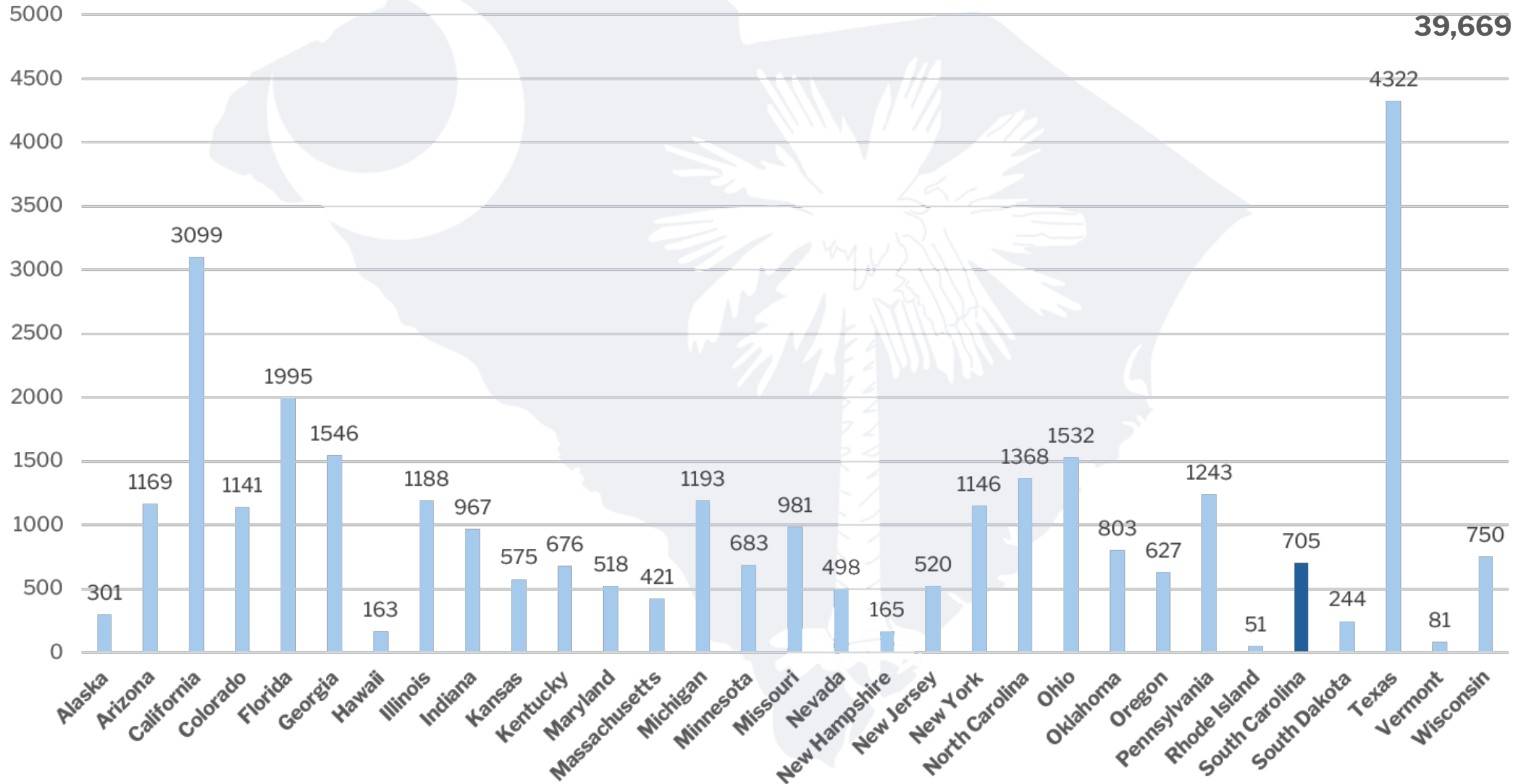
- Workshop registration provides access to SafeSide InPlace Learning, SafeSide's online learning platform. Available resources include:
 - Self-paced workshops and handouts
 - Live learning sessions
 - Community of Practice forums
 - Tools and refreshers

A group of five children are lying in a circle on a grassy field, each holding and reading a book. The scene is captured from a high angle, looking down at the children. The image has a blue color overlay. The text "Why Is This Important?" is centered over the middle of the image.

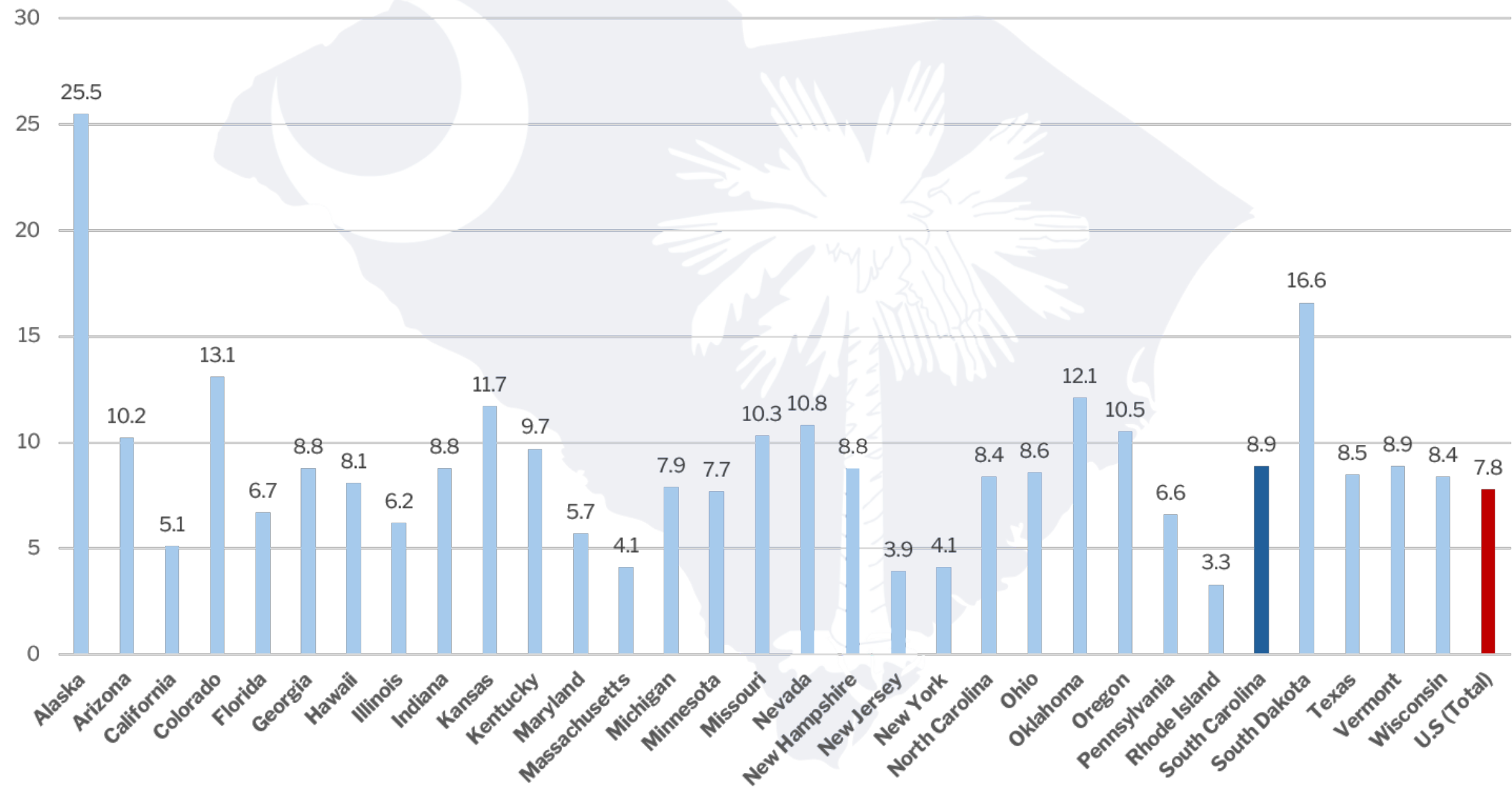
Why Is This Important?

Suicide Deaths (Ages 5-24) 2019 - 2024

U.S Total Suicide
Deaths:
39,669

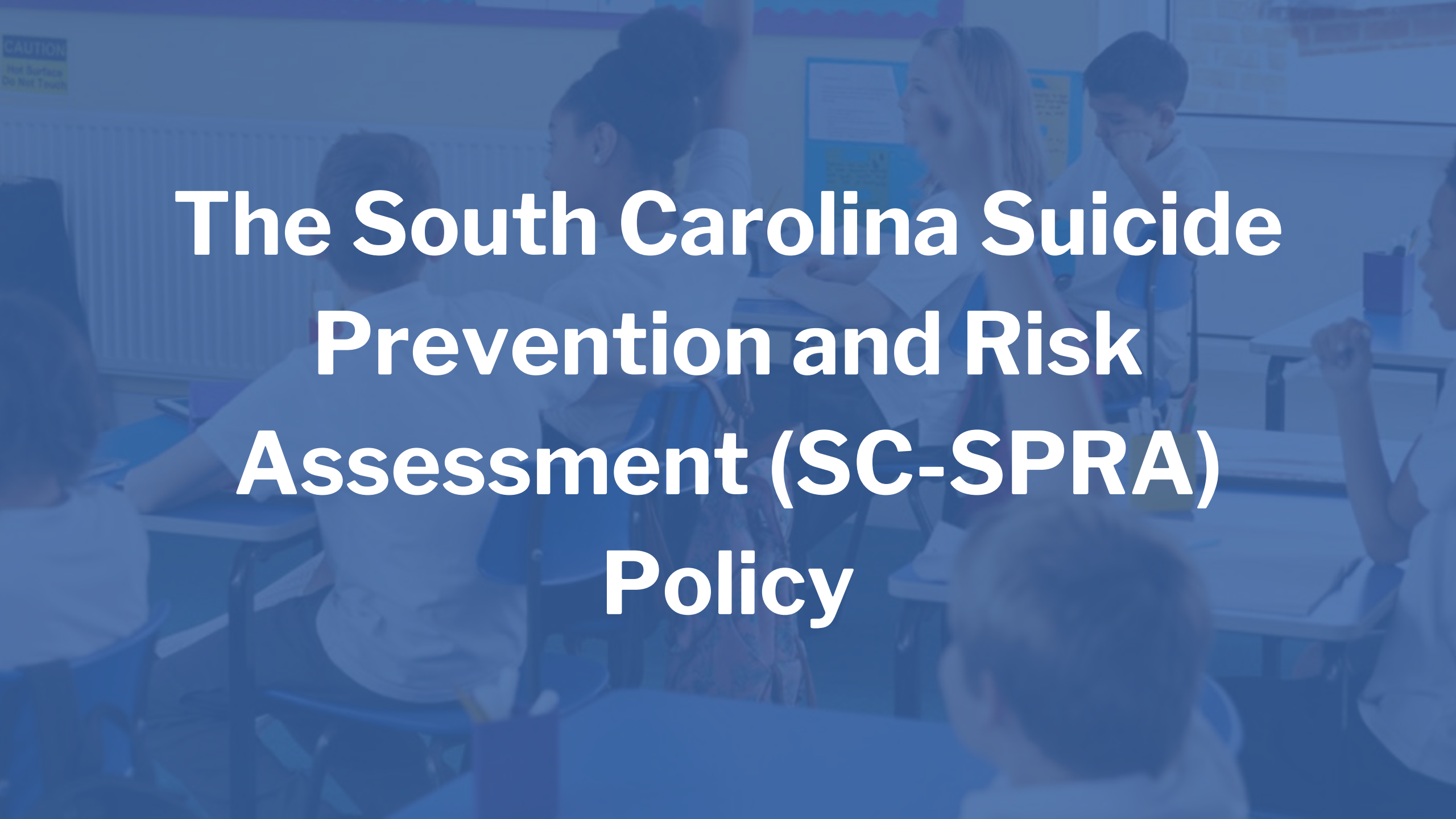


Suicide Deaths Crude Rate per 100,000 (Ages 5-24) 2019 - 2024



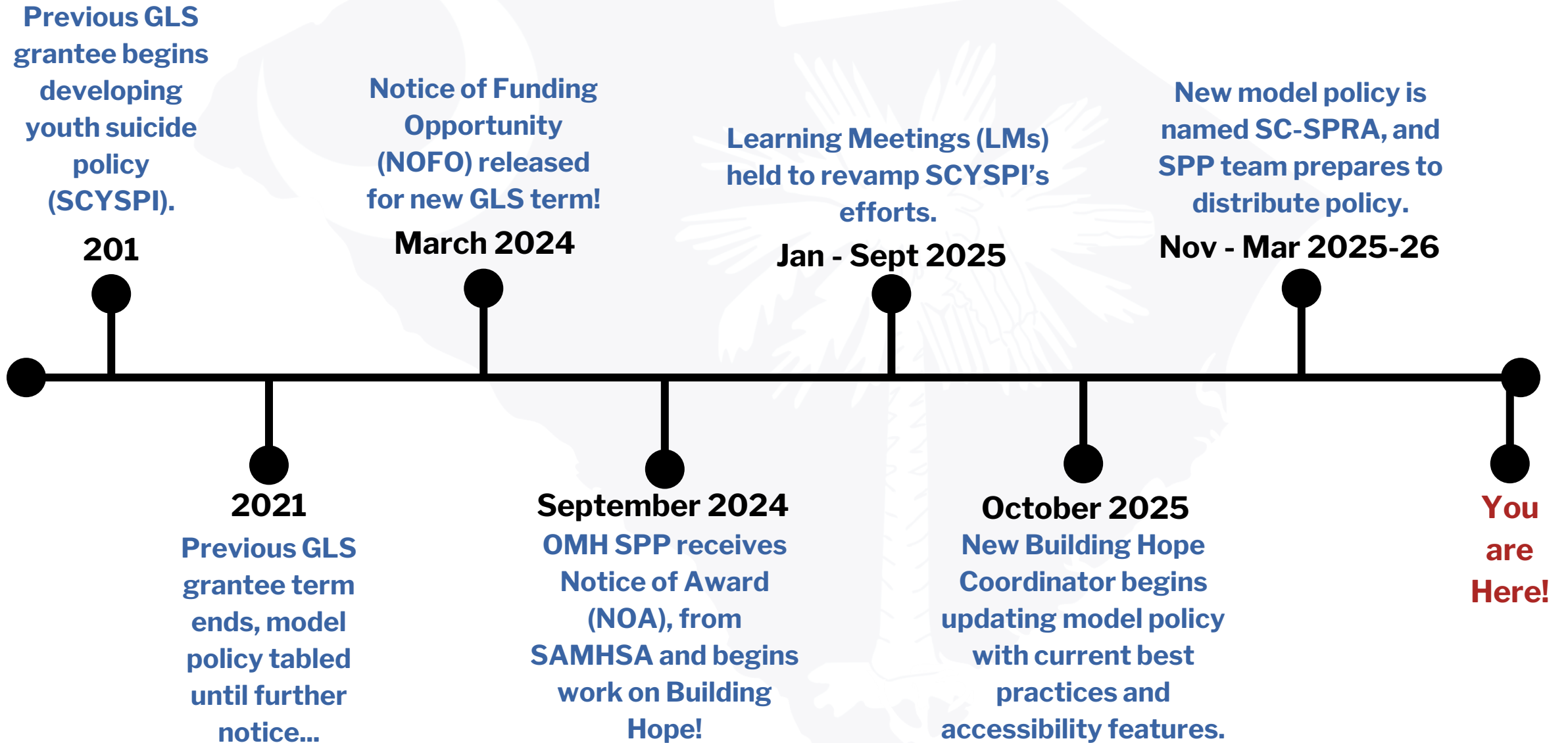
A person is shown from the side, sitting down with their head buried in their arms, suggesting a state of distress, sadness, or exhaustion. The image is overlaid with a semi-transparent blue filter. The text "What Can We Do?" is centered over the image in a white, bold, sans-serif font.

What Can We Do?

A blue-tinted background image of a classroom. Several students are visible, some sitting at desks and others standing. A teacher or adult is interacting with the students. The text is overlaid in the center.

The South Carolina Suicide Prevention and Risk Assessment (SC-SPRA) Policy

From SCYSPI to SC-SPRA



Chapter 1. Definitions and Roles

1. General Definitions

2. Staff Responsibilities and Crisis Response Team

- a. Crisis Response Team
- b. CRT Leader
- c. CRT Coordinator
- d. Safety Manager
- e. Operations Manager
- f. Community Liaison Manager
- g. Funeral Proceedings Liaison
- h. Media Relations Manager
- i. Social Media Relations Manager

February 26

South Carolina Suicide Prevention and Risk Assessment Protocol and Policy



Purpose

The purpose of this policy is to protect the health and well-being of all students by having procedures in place to help prevent, assess the risk of, intervene in, and respond to suicide.

Chapter 2. Prevention

1. Prevention Education

- a. School Staff Prevention Education
- b. Student Prevention Education
- c. Parent/Caregiver/Guardian Education

2. Screening and Assessment

- a. Suicide Risk Screening
 - i. When to Use a Suicide Screener
 - ii. Implementing Suicide Screenign Guidelines
- b. Suicide Risk Assessment
 - i. When to Use Suicide Risk Assessment
 - ii. Implementing Suicide Risk Assessments

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South Carolina Suicide Prevention and Risk Assessment Protocol and Policy



Purpose

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Chapter 3. Intervention

1. Suicide Crisis Response Guidelines

- a. Student Identified as At Risk of Suicide
 - i. During School Hours
 - ii. During a School-Sponsored Event
 - iii. After School Hours
- b. Student Attempted Suicide
 - i. Medical Attention Needed
 - ii. Medical Attention Not Needed
 - iii. Suicide Attempt Off of School Property

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South Carolina Suicide Prevention and Risk Assessment Protocol and Policy



Purpose

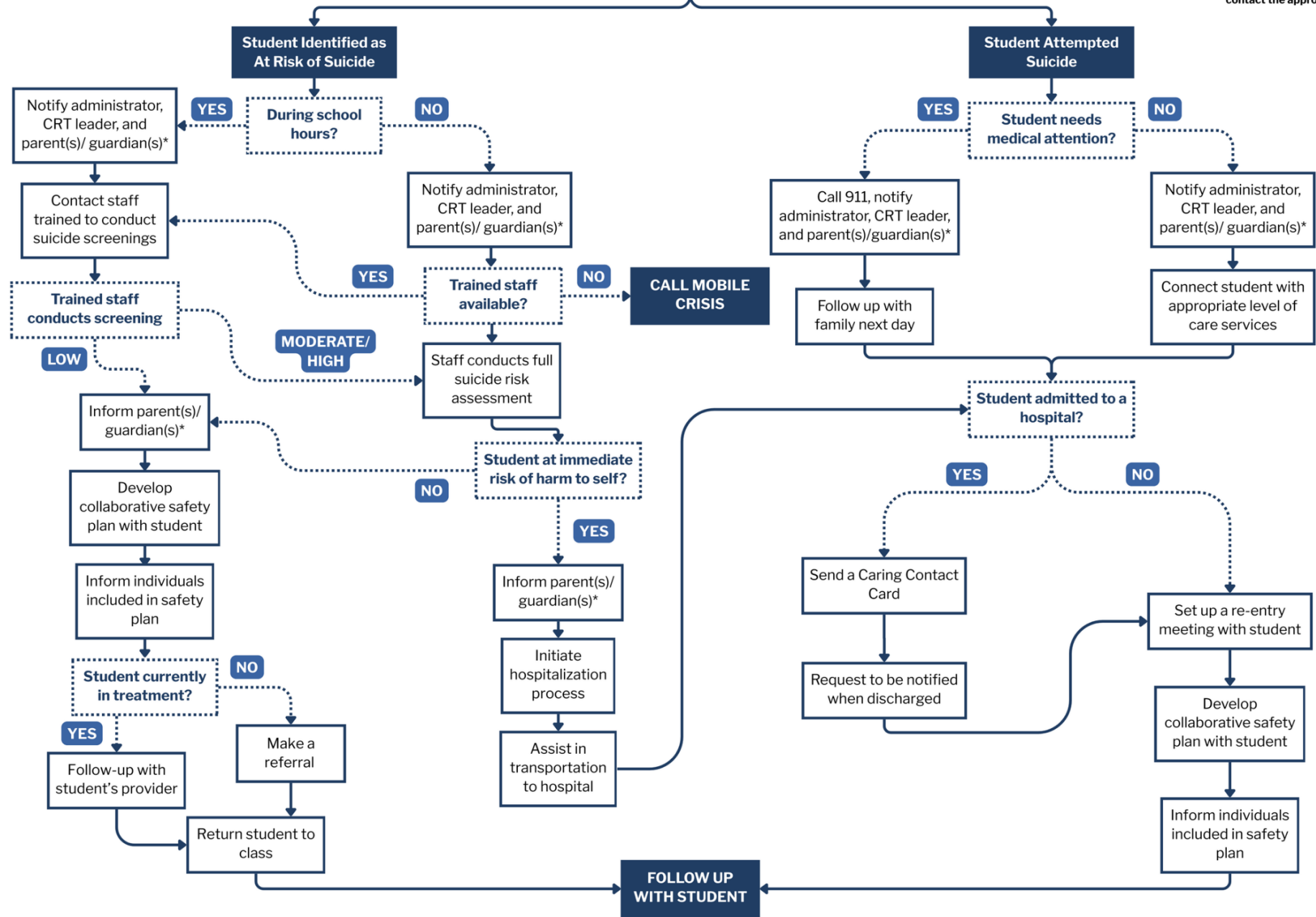
The purpose of this policy is to protect the health and well-being of all students by having procedures in place to help prevent, assess the risk of, intervene in, and respond to suicide.

Suicide Crisis Response Flowchart

STAFF TRAINED IN SUICIDE PREVENTION

KEY

..... Decision Point
*If abuse is suspected at any point, contact the appropriate staff



Chapter 4. Postvention

1. Postvention Guidelines

- a. Responding to the Death of a Student
 - i. Crisis Response Team Interventions
 - ii. Notification
 - iii. Crisis and Grief Counseling and Other Support Services at School
 - iv. Funeral Proceedings
 - v. Communication and Outreach
- b. Actions to Avoid
- c. Memorial Services
 - i. Considerations

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South Carolina Suicide Prevention and Risk Assessment Protocol and Policy



Purpose

The purpose of this policy is to protect the health and well-being of all students by having procedures in place to help prevent, assess the risk of, intervene in, and respond to suicide.

A blue-tinted photograph of a classroom. Several young students are seated at their desks, and several of them have their hands raised, indicating an active learning environment. The text 'Model Policy Development Workflow' is overlaid in white on the center of the image.

Model Policy Development Workflow

Viewing Policy Development in Stages

Why Do We Use Stages?

Howlett, Ramesh, and Perl (2009, 12-13):

- The policy stages model relates well to models of applied decision-making, such as Eugene Bardach's "eight-fold path" to problem solving and decision-making (Bardach and Patashnik, 2016).

The stages model is a way of **organizing thinking** and **of isolating and understanding essential elements of the policy process** (deLeon, 1999).

Thomas A. Birkland's (2019) "Stages Model of Policy Process" provides a simplified and summarized version of Gary Brewer's (1974) six stage policy process as a cycle with no beginning or end.

- Highlights the fluid and cyclical nature of policymaking (Cairney, 2013).



ELEMENTS OF THE POLICY-MAKING SYSTEM

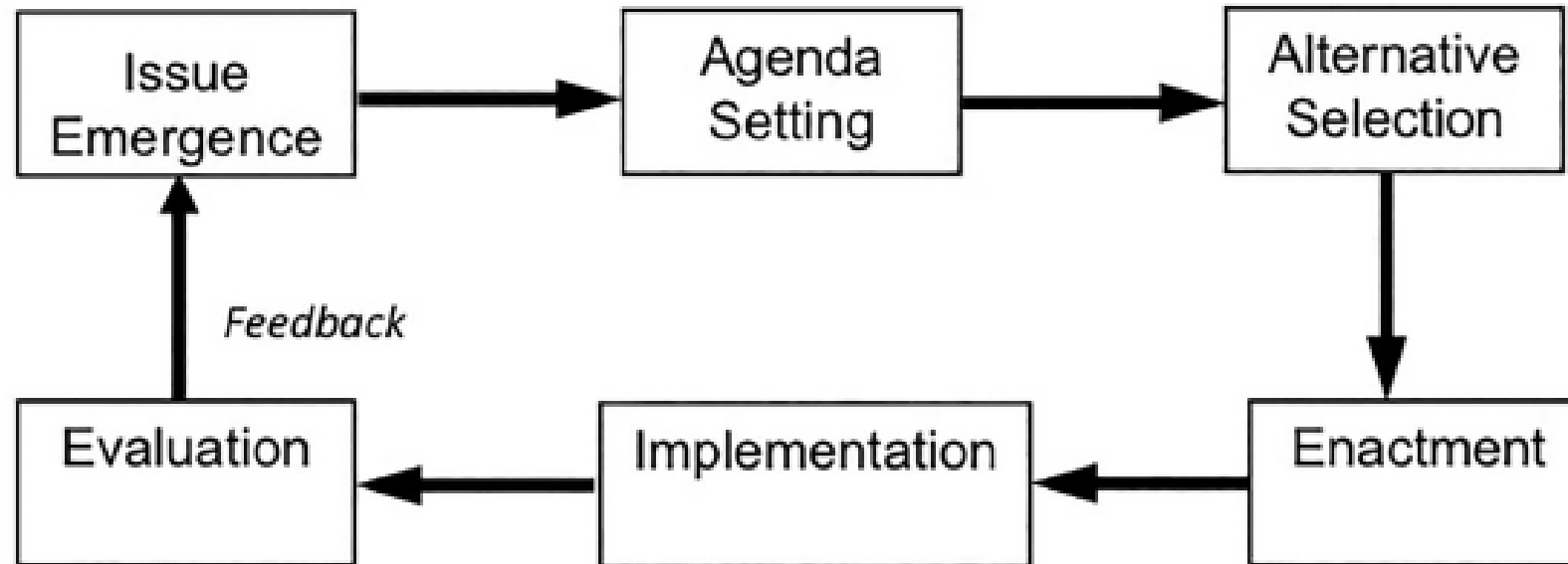
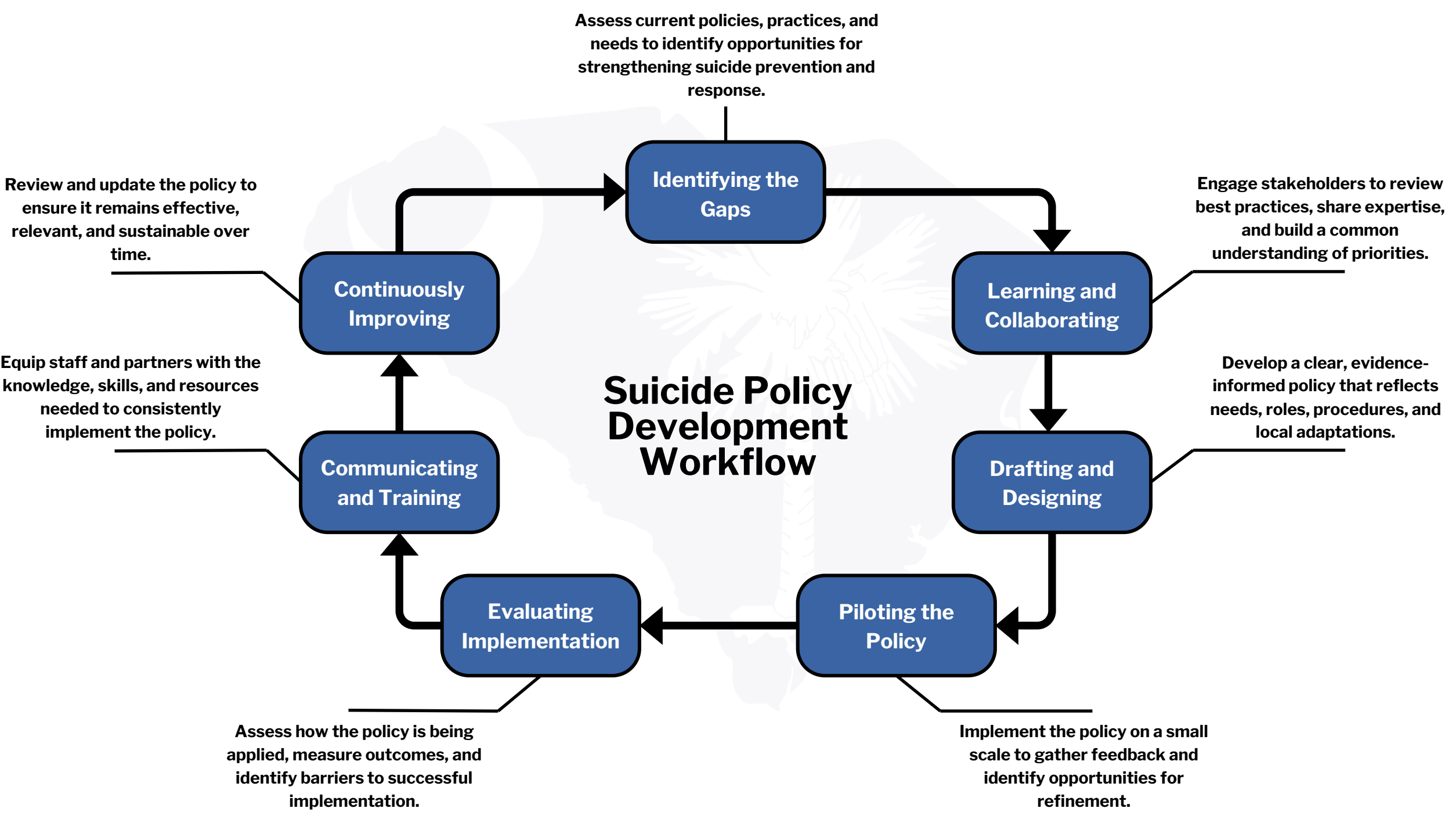


FIGURE 2.1
The Stages Model of the Policy Process



Identifying the Gaps - Where is the Need?

The goal of creating a model policy is to identify where the policy can add value rather than duplicating existing resources.

The Need in South Carolina:

33% of school districts have re-entry plan procedures

27% of school districts have postvention procedures

13% of school districts have suicide risk follow-up procedures

13% of school districts had student safety planning procedures

Questions to Explore:

- What challenges are schools currently experiencing?
- Where do existing district policies differ?
- What guidance is missing, outdated, or inconsistent?
- Are implementation barriers related to policy, training, staffing, or resources?

Information sources:

- Existing district policies, state statutes and guidance, administrators and educators, SMH professionals

Learning Meetings: Who Is at the Table?

Stakeholder engagement matters; people expected to implement the policy should help shape it.

Learning meetings included representation from:

- School mental health professionals
- School district representatives
- School nurse consultants
- Social workers
- Community members
- University professors
- Subject matter experts

When considering who should be involved, ask:

- Whose perspective is missing?
- Who will be responsible for implementation?
- Who can identify unintended consequences before adoption?



Designing for Equity and Adaptability

Context and population differences to consider:

- Rural districts with limited behavioral health services
- Schools serving multilingual families
- Students with disabilities
- Schools with varying staffing capacities

Not every aspect of a policy needs to be fixed. Build into your policy core requirements with adaptable elements that help districts implement the policy while accounting for local circumstances through:

- Required actions
- Recommended practices
- Local implementation guidance



Piloting the Policy

Piloting is an important step in understanding how the policy works across diverse school contexts. Implementation challenges often emerge only *after* policies are used in practice.

Who could pilot?

- Geographic location
- District size
- Student demographics
- Mental health staffing
- Available community resources

Collect feedback on:

- Clarity
- Feasibility
- Alignment with existing workflows



Evaluating Implementation Feedback

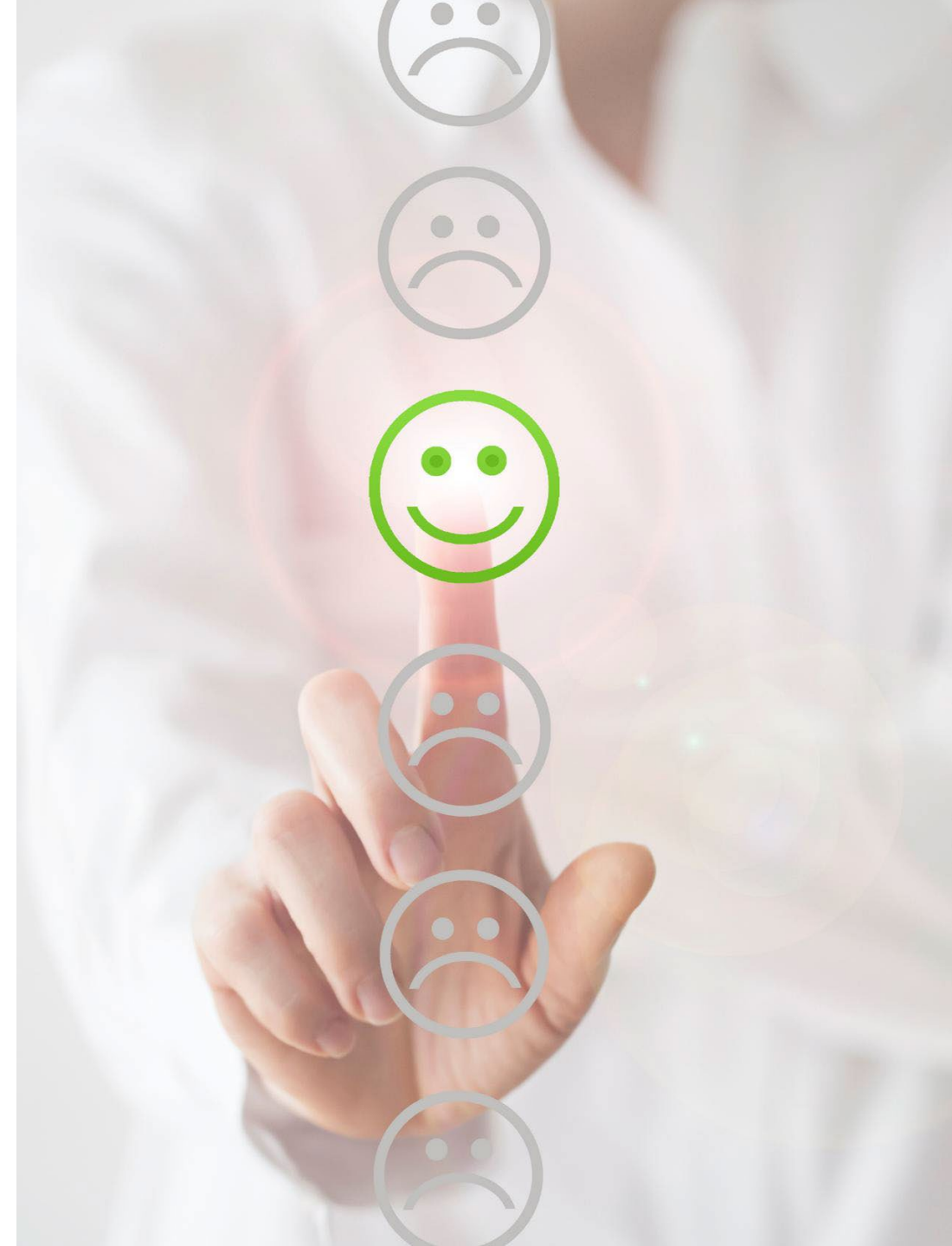
Evaluations that focus on more than satisfaction with the policy is best. Consider implementation outcomes by directly turning feedback into actionable outcomes.

Review:

- Acceptability - do staff believe the policy is useful?
- Feasibility - Can schools realistically implement it?
- Sustainability - Can districts maintain implementation over time?
- Equity - Are some schools or student populations experiencing greater implementation barriers?

Possible data sources:

- Surveys
- Focus groups



Training and Communication Around the Policy

A policy only improves practice if stakeholders understand it, know their role, and have systems in place to support implementation over time. Develop a communication strategy that ensures all stakeholders receive consistent information before, during, and after implementation.

Extend training beyond introducing the policy to prepare staff to implement it consistently and confidently.

Differentiate training for:

- District and school leaders
- School mental health professionals
- Teachers and school staff
- New employees

Clear communication reduces uncertainty and promotes buy-in across schools and districts.



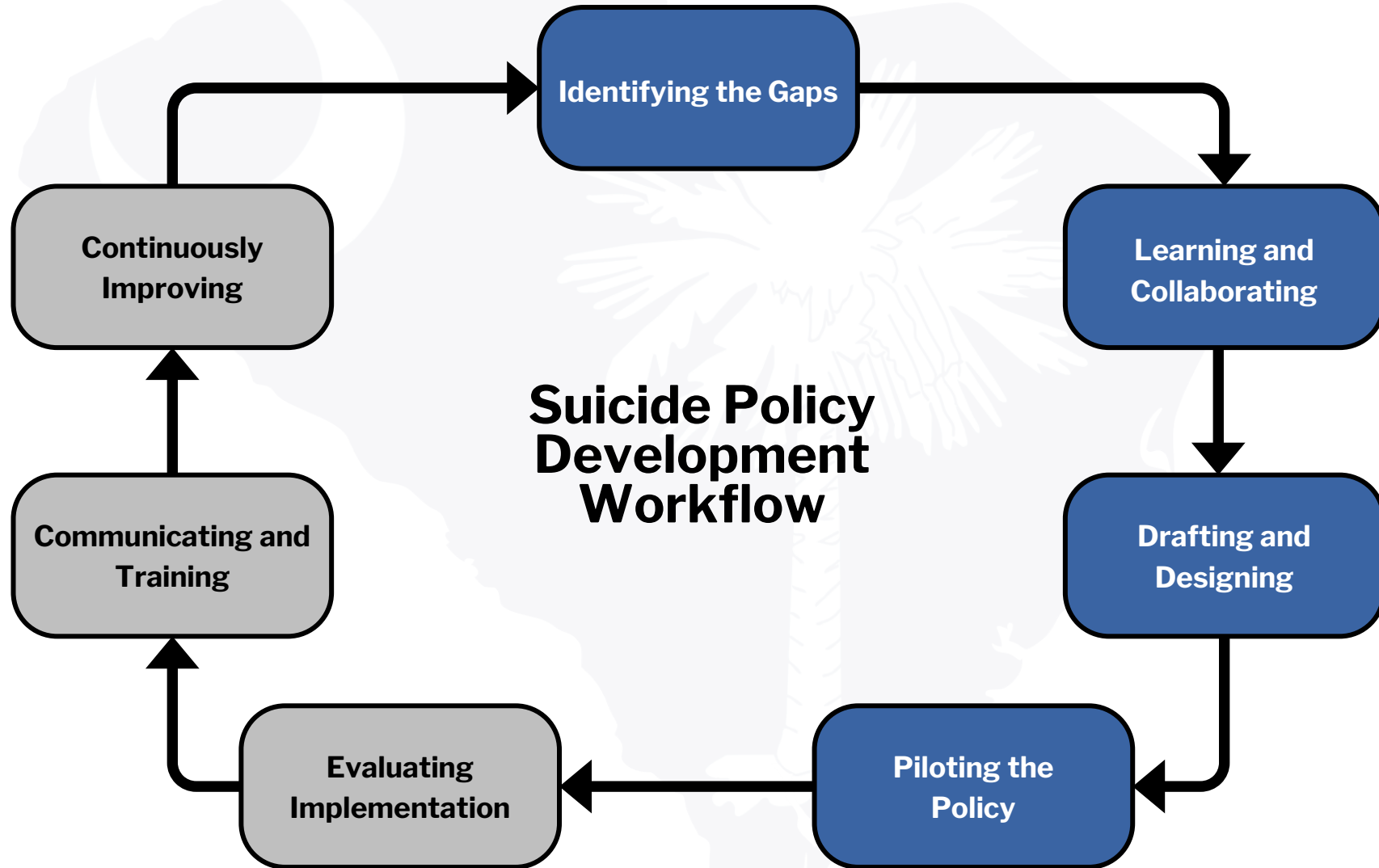
Planning for Long-Term Sustainability

Implementation does not end after the initial rollout. Ongoing monitoring and continuous improvement will ensure that the policy remains relevant and effective.

Strategies beyond implementation can look like:

- Incorporating policy training into annual professional development and new staff orientation
- Establishing a regular schedule for reviewing and updating the policy based on emerging evidence or district needs
- Monitoring staff feedback, or routine data collection
- Reviewing implementation challenges to identify opportunities for improvement







Questions?

Contact Us!

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Endnotes

1. Bardach, Eugene, and Eric M. Patashnik. 2016. *A Practical Guide for Policy Analysis: The Eightfold Path to More Effective Problem Solving*. 5th edn. Los Angeles, CA: CQ Press, Sage.
2. Birkland, T.A. (2019). *An Introduction to the Policy Process: Theories, Concepts, and Models of Public Policy Making* (5th ed.). Routledge.
<https://doi.org/10.4324/9781351023948>
3. Brewer, Garry D. 1974. "Editorial: The Policy Sciences Emerge: To Nurture and Structure a Discipline." *Policy Sciences* 5 (3): 239–44.
4. Cairney, Paul. 2013. "Policy Concepts in 1000 Words: The Policy Cycle and Its Stages." *Paul Cairney: Politics and Policy* (blog), November 11. Accessed January 27, 2019. <https://paulcairney.wordpress.com/tag/stages-heuristic/>.
5. deLeon, Peter. 1999. "The Stages Approach to the Policy Process: What Has It Done? Where Is It Going?" In *Theories of the Policy Process*, edited by Paul A. Sabatier, 19–32. Boulder, CO: Westview Press.



Thank you!

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