Knox County R-1 School District

SUICIDE PREVENTION PLAN

Revised 5/26/2026

PURPOSE

The purpose of this policy is to protect the health and well-being of all students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. The Knox County R-1 School District:

- Recognizes that physical and mental health are integral components of student outcomes, both educationally and beyond graduation
- Further recognizes that suicide is a leading cause of death among young people
- Has an ethical responsibility to take a proactive approach in preventing deaths by suicide
- Acknowledges the school's role in providing an environment that is sensitive to individual and societal factors that place youth at greater risk for suicide and helps to foster positive youth development and resilience
- Acknowledges that comprehensive suicide prevention policies include prevention, intervention, and postvention components

This policy, in conjunction with other board policies, supports the overall emotional and behavioral health of students.

SCOPE

This policy covers actions that take place in the school, on school property, at school-sponsored functions and activities, on school buses or vehicles, and at school-sponsored out-of-school events where school staff are present. This policy applies to the entire school community, including educators, school district staff, students, parents/guardians, and volunteers. This policy also covers appropriate school responses to suicidal or high-risk behaviors that take place outside of the school environment.

DEFINITIONS

AT-RISK

Suicide risk is not a dichotomous concern, but rather, exists on a continuum with various levels of risk. Each level of risk requires a different level of response and intervention by the school district. A student who is defined as high-risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset of potential mental health conditions or a deterioration of mental health. The student may have thoughts about suicide, including potential means of death, and may have a plan. In addition, the student may exhibit behaviors or feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented by the following procedures. The type of referral, and its level of urgency, shall be determined by the student's level of risk according to local district policy.

CRISIS TEAM

A multidisciplinary team of administrative staff, mental health professionals, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention, response and recovery. Crisis Team members often include someone from the administrative leadership, school psychologists, school counselors, school social workers, school nurses, resource officers, and others including support staff and/or teachers. These professionals have been specifically trained in

areas of crisis preparedness and take a leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery supports. Crisis team members who are mental health professionals may provide crisis intervention and services.

MENTAL HEALTH

A state of mental, emotional, and cognitive health that can impact perceptions, choices and actions affecting wellness and functions. Mental health conditions include depression, anxiety disorders, post-traumatic stress disorder, and substance use disorders. Mental health can be impacted by the home and social environment, early childhood adversity or trauma, physical health, and genes.

RISK ASSESSMENT

An evaluation of a student who may be at-risk for suicide, conducted by the appropriate designated school staff (e.g., school psychologist, school social worker, school counselor, or in some cases, trained school administrator). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.

RISK FACTORS OF SUICIDE

Characteristics or conditions that increase the chance that a person may attempt to take their own life. Suicide risk is most often the result of multiple risk factors converging at a moment in time. Risk factors may encompass biological, psychological, and/or social factors in the individual, family, or environment. The likelihood of an attempt is highest when factors are present or escalating, when protective factors and healthy coping techniques have diminished, and when the individual has access to lethal means.

SELF-HARM

Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm behaviors can be either non-suicidal or suicidal. Although non-suicidal self-injury (NSSI) lacks suicidal intent, youth who engage in any type of self-harm should receive mental health care. Treatment can improve coping strategies to lower the urge to self-harm, and reduce the long-term risk of a future suicide attempt.

SUICIDE

Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. NOTE: The coroner or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death. Additionally, parent or guardian preference shall be considered in determining how the death is communicated to the larger community.

SUICIDE ATTEMPT

A self-injurious behavior for which there is evidence that the person had at least some intent to die. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings, such as a wish to die and a desire to live, is a common experience with most suicide attempts, Therefore, ambivalence is not a reliable indicator of the seriousness or level of danger of a suicide attempt or the person's overall risk.

SUICIDAL BEHAVIOR
Suicide attempts, injury to oneself associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.

SUICIDAL IDEATION
Thinking about, considering, or planning for self-injurious behavior that may result in death. A desire to be dead without a plan or the intent to end one's life is still considered suicidal ideation and should be taken seriously.

SUICIDE CONTAGION
The process by which suicidal behavior or a suicide completion influences an increase in the suicide risk of others. Identification, modeling, and guilt are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides within a community.

POSTVENTION
Suicide postvention is a crisis intervention strategy designed to assist with the grief process following suicide loss. This strategy, when used appropriately, reduces the risk of suicide contagion, provides the support needed to help survivors cope with a suicide death, addresses the social stigma associated with suicide, and disseminates factual information after the death of a member of the school community. Often a community or school's healthy postvention effort can lead to readiness to engage further with suicide prevention efforts and save lives.

PREVENTION
DISTRICT POLICY IMPLEMENTATION
A district-level suicide prevention coordinator shall be appointed by the superintendent. The district suicide prevention coordinator and building principal shall be responsible for planning and coordinating implementation of this policy for the school district. Each school principal shall designate a school suicide prevention coordinator to act as a point of contact in each school for issues relating to suicide prevention and policy implementation. This may be an existing staff member. All staff members shall report students that they believe to be at-risk for suicide to the school suicide prevention coordinator or appropriate school mental health professional if the coordinator is unavailable.

STAFF PROFESSIONAL DEVELOPMENT
All staff shall receive, at minimum, annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention. The professional development shall include additional information regarding groups of students at elevated risk for suicide, including those living with mental and/or substance use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings (e.g., youth in foster care, group homes, incarcerated youth), those experiencing homelessness, American Indian/Alaska Natalie students, LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer and Questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities. Additional professional development in risk

assessment and crisis intervention shall be provided to school-employees mental health professionals and school nurses.

YOUTH SUICIDE PREVENTION PROGRAMMING

Developmentally appropriate, student-centered education materials shall be integrated into the curriculum of all K-12 health classes and other classes as appropriate. The content of the age-appropriate materials shall include the importance of safe and healthy choices and coping strategies focused on resiliency building, and how to recognize risk factors and warning signs of mental health conditions and suicide in oneself and others. The content shall also include help-seeking strategies for oneself or others and how to engage school resources and refer friends for help. In addition, schools shall provide supplemental small-group suicide prevention programming for students. It is not recommended to deliver any programming related to suicide prevention to a large group in an auditorium setting.

PUBLICATIONS AND DISTRIBUTION

This policy shall be updated annually on the school website. All school personnel are expected to know and be accountable for the following all policies and procedures regarding suicide prevention.

INTERVENTION

ASSESSMENT AND REFERRAL

When a student is identified by a peer, educator, or other source as potentially suicidal — i.e., verbalizes thoughts about suicide, presents overt risk factors such as agitation or intoxication, an act of self-harm occurs, or expresses or otherwise shows signs of suicidal ideation - the student shall be seen by a school-employee mental health professional, such as a school psychologist, school counselor, school social worker, within the same school day to asses risk and facilitate referral if necessary. Educators shall also be aware of written threats and expressions about suicide and death in school assignments. Such incidences require immediate referral to the appropriate school-employed mental health professional. If there is no mental health professional available, a designated staff member (e.g., school nurse or administrator) shall address the situation accordingly to district protocol until a mental health professional is brought in.

FOR AT-RISK YOUTH

- School staff shall continuously supervise the student to ensure their safety until the assessment process is complete
- The principal and school suicide prevention coordinator shall be made aware of the situation as soon as reasonably possible
- The school-employed mental health professional or principal shall contact the student's parent or guardian, as described in the **Parental Notification Involvement** section and in compliance with existing state law/district policy (if applicable), and shall assist the family with urgent referral
- Urgent referral may include, but is not limited to, working with the parent or guardian to set up an outpatient mental health or primary care appointment and conveying the reason for referral to the healthcare provider; in some instances, particularly life-threatening situations, the school may be required to contact emergency services, or arrange for the student to be transported to the local Emergency Department, preferably by a parent or guardian
- If parental abuse or neglect is suspected or reported, the appropriate state protection officials (e.g., local Child Protection Services) shall be contacted in lieu of parents as per law

- Staff will ask the student's parent or guardian, and/or eligible student, for written permission to discuss the student's health with outside care providers, if appropriate

WHEN SCHOOL PERSONNEL NEED TO ENGAGE LAW ENFORCEMENT

A school's crisis response plan shall address situations when school personnel need to engage law enforcement. When student is actively suicidal and the immediate safety of the student or others is at-risk (such as when a weapon is in the possession of the student), school staff shall call 911 immediately. The staff calling shall provide as much information about the situation as possible, including the name of the student, any weapons the student may have, and where the student is located. School staff may tell the dispatcher that the student is a suicidal emotionally disturbed person, or "suicidal EDP," to allow for the dispatcher to send officers with specific training in crisis-de-escalation and mental illness.

PARENTAL NOTIFICATION AND INVOLVEMENT

The principal, designee, or school mental health professional shall inform the student's parent or guardian on the same school day, or as soon as possible, any time a student is identified as having any level of risk for suicide or if the student has made a suicide attempt (pursuant to school/state codes, unless notifying the parent will put the student at increased risk of harm). Following parental notification and based on initial risk assessment, the principal, designee, or school mental health professional may offer recommendations for next steps based on perceived student need. These can include but are not limited to, an additional, external mental health evaluation conducted by a qualified health professional or emergency service provider. Staff will also seek parental permission, in the form of a Release of Information form, to communicate with outside mental health care providers regarding the student's safety plan and access to lethal means.

LETHAL MEANS COUNSELING SHALL INCLUDE DISCUSSING THE FOLLOWING:

Firearms:

- Inquire of the parent or guardian if firearms are kept in the home or are otherwise accessible to the student
- Recommend that parents store all guns away from home while the student is struggling - e.g., following state laws, store their guns with a relative, gun shop, or police
- Discuss parents' concerns and help problem-solve around offsite storage, and avoid a negative attitude about guns - accept parents where they are, but let them know offsite storage is an effective, immediate way to protect the student
- Explain that in-home locking is not as safe as offsite storage, as children and adolescents sometimes find keys or get past locks

    - If there are no guns at home:
        - Ask about guns in other residences (e.g., joint custody situation, access to guns in the homes of friends or other family members
    - If parent won't or can't store offsite:
        - The next safest option is to unload guns, lock them in a gun safe, and lock ammunition separately (or don't keep ammunition at home for now)
        - If guns are already locked, ask parents to consider changing the combination or key location - parents can be unaware that the student may know their hiding places

Medications:

- Recommend the parent or guardian lock up all medications (except rescue medications like inhalers), either with a traditional lock box or a daily pill dispenser
- Recommend disposing of expired and unneeded medications, especially prescription pain pills
- Recommend parent maintain possession of the student's medication, only dispensing one dose at a time under supervision
- If a parent won't or can't lock medication, advise they prioritize and seek specific guidance from a doctor or pharmacist regarding the following:
    - Prescriptions, especially for pain, anxiety, or insomnia
    - Over-the-counter pain pills
    - Over-the-counter sleeping pills

RE-ENTRY PROCEDURE

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), whenever possible, a school-employed mental health professional, the principal, or designee shall meet with the student's parent or guardian, and if appropriate, include the student to discuss re-entry. This meeting shall address next steps needed to ensure the student's readiness for return to school and plan for the first day back. Following a student's hospitalization, parents may be encouraged to inform the school counselor of the student's hospitalization to ensure continuity of service provisions and increase the likelihood of a successful re-entry.

- A school-employed mental health professional or other designee shall be identified to coordinate with the student, their parent or guardian, and any outside health care providers. The school-employed mental health professional shall meet with the student and their parents or guardians to discuss and document a re-entry procedure and what would help ease the transition back to the school environment (e.g., whether or not the student will be required to make up missed work, the nature of check-in/check-out visits, etc.).
- While not a requirement for re-entry, the school may coordinate with the hospital and any external mental health providers to assess the student for readiness to return to school.
- The designated staff person shall periodically check-in with the student to help with readjustment to the school community and address any ongoing concerns, including social or academic concerns.
- The school-employed mental health professional shall check-in with the student and the student's parents or guardians at an agreed upon interval depending on the student's needs either on the phone or in person for a mutually agreed upon time period (e.g. for a period of three months). These efforts are encouraged to ensure the student and their parents or guardians are supported in the transition, with more frequent check-ins initially, and then fading support.
- The administration shall disclose to the student's teachers and other relevant staff (without sharing specific details of mental health diagnoses) that the student is returned after a medically-related absence and may need adjusted deadlines for assignments. The school-employed mental health professional shall be available to teachers to discuss any concerns they may have regarding the student after re-entry.

IN-SCHOOL SUICIDE ATTEMPTS

Since self-harm behaviors are on a continuum of level and urgency, not all instances of suicidal ideation or behavior warrant hospitalization. A mental health assessment, including suicide risk assessment, can help determine the best treatment plan and disposition. In the case of an in-school suicide attempt, the physical and mental health and safety of the student are paramount. In these situations:

- First aid shall be rendered until professional medical services and/or transportation can be received, following district emergency medical procedures
- School staff shall supervise the student to ensure their safety
- Staff shall move all other students out of the immediate area as soon as possible
- The school-employed mental health professional or principal shall contact the student's parent or guardian (Note: See the Parental Notification and Involvement section of this document)
- Staff shall immediately notify the principal or school suicide prevention coordinator regarding the incident of in-school suicide attempt
- The school shall engage the crisis team as necessary to assess whether additional steps should be taken to ensure student safety and well-being including those students who may have had emotional or physical proximity to the victim
- Staff shall request a mental health assessment for the student as soon as possible

OUT-OF-SCHOOL SUICIDE ATTEMPTS

If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member shall:

- Call 911 (police and/or emergency medical services)
- Inform the student's parent or guardian
- Inform the school suicide prevention coordinator and principal

If the student contacts the staff member and expresses suicidal ideation, the staff member shall maintain contact with the student (either in person, online, or on the phone) and then enlist the assistance of another person to contact the police while maintaining engagement with the student.

SUICIDE PREVENTION TASK FORCE

The purpose of the suicide prevention task force is to provide advice to the district administration and school board regarding suicide prevention activities and policy implementation, and to keep aware of current research, data, trends, and evolving best practices.

Alex Van Delft	Superintendent
Mandi Delaney	6-12 Counselor
Amy Miller	Pre-K-5 Counselor
Carla Hustead	School Based Therapist, Mark Twain Behavioral Health
Jessica Wolf	Parent, School Based Prevention Manager, Preferred Family Healthcare

CRISIS RESPONSE PROCEDURES

CRISIS RESPONSE PROCEDURES FOR ANY EMPLOYEE CONCERNED THAT A STUDENT MAY BE AT RISK FOR SUICIDE:

If suicide prevention coordinator/designee is available:

1. Ensure student is in the presence of an adult.
2. Notify suicide prevention coordinator (or designee).
3. End of responsibility for employee made aware of student concern.

If suicide prevention coordinator/designee is not available:

1. Ensure student is in the presence of an adult.
2. If the suicide prevention coordinator or designer is unavailable, notify the appropriate school-based mental health professional, administrator, or other crisis team member.
3. End of responsibility for employee made aware of student concern.

If the designated crisis team member is not available:

1. Ensure student is in the presence of an adult.
2. If unable to notify any designated crisis team member, contact student's parent/guardian.
3. End of responsibility for employee made aware of student concern.

If suicide prevention coordinator/designee/crisis team member/parent/guardian are not available:

1. Ensure student is in the presence of an adult.
2. If parent/guardian is unavailable, contact emergency services
3. End of responsibility for employee made aware of student concern.

Employee may also contact the 988 Suicide and Crisis Lifeline for assistance by calling or texting 988 or chatting at 988lifeline.org/chat.

CRISIS RESPONSE PROCEDURES FOR DESIGNATED CRISIS TEAM MEMBER(S) UPON RECEIVING NOTIFICATION THAT A STUDENT MAY BE AT RISK FOR SUICIDE:

Student is not located:

1. If student has not yet been located or has left the presence of an adult, contact the parent/guardian immediately.
2. Continue to look for student on campus.
3. Contact emergency services if needed.
4. When student is located, follow steps in applicable scenario below.

Parent/Guardian is available for consultation:

1. Ensure student remains in the presence of an adult.
2. Meet with student to assess risk for suicide.
3. Contact parent/guardian regarding student's safety and well-being and consult with them regarding appropriate action.
4. Implement the agreed-upon response.
5. End of responsibility for designated crisis team member(s).

Revised 5/26/2026

Parent/Guardian is unavailable or unable to support student's needs:

1. Ensure student remains in the presence of an adult.
2. Meet with student to a assess risk for suicide.
3. If parent/guardian is unavailable or is unable to meet the student's needs, contact emergency services.
4. Involve other entities as necessary, following district protocol (e.g., law enforcement, mental health providers, Children's Division).
5. End of responsibility for designated crisis team member(s).

Crisis team may contact the 988 Suicide and Crisis Lifeline to speak with a trained crisis specialist for additional guidance by calling or texting 988 or chatting at 988lifeline.org/chat.

LANGUAGE GUIDELINES

INSTEAD OF THIS…	SAY THIS…	WHY
Commit/committed suicide	Died by suicide/death by suicide/lost their life to suicide	"Commit" implies suicide is a sin or crime, reinforcing the stigma that it is a selfish act and personal choice
Successful/unsuccessful suicide	Died by suicide/survived a suicide attempt/lived through a suicide attempt	The notion of successful suicide is inappropriate because it frames a tragic outcome as an achievement something positive. To be matter of fact, a suicide attempt is either fatal or not.
Completed/failed suicide	Fatal suicide attempt/non-fatal suicide attempt	
Epidemic/skyrocketing	Rising, increasing	Words like epidemic can spark panic, making suicide seem inevitable or more common than it actually is. By using purely quantitative, less emotionally charged terms, we can avoid instilling a sense or doom or hopelessness.
<name> is suicidal	<name> is facing suicide/is thinking or suicide/has suffered through suicidal thoughts/has experienced suicidal thoughts	We don't want to define someone by their experience with suicide; they are more than their suicidal thoughts.
He's suicidal	He is facing suicide/thinking of suicide/experiencing suicidal thoughts	Putting the condition before the person reduces someone's identify to their diagnosis. People aren't their illness; they have an illness. People-first language shows respect for the individual, reinforcing the fact that their condition does not define them.
They're schizophrenic	They have schitzophrenia/are living with schizophrenia	
She's bipolar	She struggles with mental illness	
<substance> addicts	People addicted to <substance>, people with addiction	

Revised 5/26/2026

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