

Central Union Elementary School District



Central Union School District
Lemoore, CA

Suicide Prevention, Intervention, and Postvention Policy Manual

TABLE OF CONTENTS

Purpose	2
Suicide Prevention Education	2
Staff Training and Responsibilities.....	2
Suicide Crisis Response Procedures	3
Suicide Threat.....	3
Suicidal Act or Attempt on School Grounds	4
During a School Sponsored Activity	4
Out-of-School Suicide Attempts.....	4
Re-entry Procedures.....	5
Suicide Postvention Procedures	6
Actions to Avoid.....	7
E 5141.52(b): Suicide Risk Assessment	8
E 5141.52(c): Checklist for Procedures	12
E 5141.52(d): Parent/Guardian Emergency Conference Notice.....	13
E 5141.52(e): Authorization for Use and/or Disclosure of Information.....	14
E 5141.52(f): Risk Assessment Summary	15
E 5141.52(g): Clearance to Return to School	16
E 5141.52(h): Student Safety Contract	17
E 5141.52(i): Resources.....	18

Purpose

Central Union School District hereby adopts this policy as we recognize the need to protect the health, safety and welfare of our students; to promote healthy development, to safeguard against the threat or attempt of suicide among school aged youth, and to address barriers to learning, hereby adopts this policy. This policy corresponds with and supports other federal, state and local efforts to provide youth with prevention education, early identification and intervention, and access to all local resources to promote health and prevent personal harm or injury.

Suicide Prevention Education

Students will receive age appropriate lessons and presentations delivered by school staff during instructional time. These presentations will focus on the importance of safe and healthy choices, as well as help-seeking strategies for self or others. Warning signs of suicidal behavior as well as information about specific resources available to all students at school will also be addressed. Students are taught not to make promises of confidence when they are concerned about a peer or significant other. Lessons will contain information on comprehensive health and wellness, including emotional, behavioral and social skills development. Students who are in need of intervention will be referred to the School Counselor or Psychologist for screening and recommendations.

Staff Training and Responsibilities

All staff are responsible for safeguarding the health and safety of students. All staff are expected to exercise sound professional judgment, err on the side of caution and demonstrate extreme sensitivity throughout any crisis situation. All school personnel should be informed of the signs of youth depression/suicide.

Staff who instruct seventh and eighth grade students will receive **annual** professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention. The professional development will 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, those experiencing homelessness, students with gender or sexuality concerns, students bereaved by suicide, and those with medical conditions or certain types of disabilities.

Additional professional development in risk assessment and crisis intervention will be provided to school counselors and psychologists.

Any staff member who is originally made aware of any threat or witnesses any attempt toward self-harm that is written, drawn, posted on social media, spoken or threatened, will immediately notify the Principal, their Designee or School Counselor/Psychologist. Any threat in any form **must** be treated as real and dealt with immediately. No student should be left alone, nor confidences promised. Thus, in cases of life-threatening situations a student's confidentiality will be waived. The District's suicide crisis response procedures will be implemented.

Suicide Crisis Response Procedures

Suicide Threat

Definition – *A suicide threat is a verbal or non-verbal communication that the individual intends to harm himself or herself with the intention to die but has not acted on the behavior.*

1. The staff member who learns of the threat will locate the individual and arrange for or provide constant adult supervision.
2. Immediately inform your site Administrator.
3. The site Administrator will notify the School Counselor/Psychologist.
4. The School Counselor/Psychologist will conduct a threat assessment to determine risk and intervention See *Exhibit 5141.52 (b)*.
5. If student is deemed “low” risk, the student’s Parent(s)/Guardian(s) will be informed as soon as practicable by the site Principal, their Designee, or School Counselor/Psychologist.
6. If student is deemed to be “medium-high” risk, parental contact will be made to let them know the SRO (School Resource Officer)/KCSD (Kings County Sheriff Department) will be contacting their student. If the decision is made to transport the student via ambulance to the ER, the SRO/KCSD will then contact the Parent(s)/Guardian(s) to let them know.
7. If the student exhibits any kind of suicidal behavior, the Parent(s)/Guardian(s) should be counseled on “means restriction”, limiting the child’s access to mechanisms for carrying out a suicide attempt. Staff will also seek parental permission to communicate with outside mental health care providers regarding their child See *Exhibit 5141.52.(e)*.
8. If the student is found to be at risk for suicidal behavior and/or emotional distress, a referral will be made to Kings County Behavioral Health. The School Counselor/Psychologist shall verify that follow-up treatment has been accessed. Parent(s)/Guardian(s) will be required to provide documentation of care for the student.
9. Put all recommendations in writing to the Parent(s)/Guardian(s) See *Exhibit 5141.52 (e)*.
10. Mail the recommendation through certified mail if there is any question or doubt of the Parent(s)/Guardian(s) receiving the recommendations.
11. If Parent(s)/Guardian(s) refuse or neglect to access treatment, the School Counselor/Psychologist (or other appropriate school staff member) will meet with the Parent(s)/Guardian(s) to identify barriers to treatment (e.g., cultural stigma, financial issues, etc.). If follow-up care for the student is still not provided, or there is any doubt regarding the child’s safety, the School Counselor/Psychologist (or other appropriate school staff member) will contact the Kings County Child Welfare Services at (559) 852-2000, and/or the Central Union School District School Resource Officer (SRO).
 - ✓ ***Provide a file copy of all documentation to the Coordinator of Curriculum (Student Services)***

Suicidal Act or Attempt on School Grounds or During a School - Sponsored Activity

Definition- *Suicidal act (also referred to as suicide attempt) – a potentially self-injurious behavior for which there is evidence that the person probably intended to kill himself or herself; a suicidal act may result in death, injuries, or no injuries.*

1. Call for help from another staff member, locate the individual and follow District emergency medical procedures, such as calling 911.
2. Notify the Principal/Designee.
3. Staff will move all other students out of the immediate area and arrange appropriate supervision. Students should not be allowed to observe the scene.
4. Principal/Designee will immediately:
 - Contact School Counselor/Psychologist
 - Contact Parent(s)/Guardian(s) and request they come to the site
5. The Principal/Designee will call for assistance from, as appropriate:
 - ***Kings Behavioral Health’s on-call Crisis Response Team at (559) 582-4484***
6. The School Counselor/Psychologist will:
 - Complete the Risk Assessment Summary *See Exhibit 5141.52 (f)*
 - Provide Risk Assessment Summary to Parent(s)/Guardian(s) and/or Emergency Services
 - Request written documentation from any treating facilities prior to a student’s return to school *See Exhibit 5141.52 (g)*
 - Student Services staff will promptly follow up with any students or staff who might have witnessed the attempt, and contact their Parent(s)/Guardian(s)
 - Student Services staff will provide supportive counseling and document all actions taken
7. The Administrator will schedule a Student Study Team (SST)/Individualized Education Plan (IEP)/504 meeting prior to the student returning to school (See *Re-entry Procedures* section).
8. Media representatives should be referred to the Superintendent (or Principal if designated by the Superintendent). School staff should make no statements to the media.
 - ✓ ***Provide a file copy of all documentation to the Coordinator of Curriculum (Student Services)***

Out-of-School Suicide Attempts

1. If a staff member becomes aware of a suicide attempt by a student that is suspected to be imminent in an out-of-school location, the staff member will:
 - Call the Police and/or Emergency Medical Services, such as 911
 - Inform the student’s Parent(s)/Guardian(s)
 - Inform the Principal and the Coordinator of Curriculum (Student Services)
 - Principal/Designee will contact the School Counselor/Psychologist
 - The School Counselor/Psychologist will notify the School Nurse
 - The site Administrator will schedule a Student Study Team (SST)/Individualized Education Plan (IEP)/504 meeting prior to the student returning to school (See *Re-entry Procedures* section)
 - If the student contacts the staff member and expresses suicidal ideation, the staff member should maintain contact with the student (either in person, online, or on the phone) until Police and/or Parent(s)/Guardian(s) have been contacted
- ✓ ***Provide a file copy of all documentation to the Coordinator of Curriculum (Student Services)***

Re-entry Procedure

An appropriate re-entry process is an important component of suicide prevention and having a well-planned re-entry process ensures the safety and well-being of at-risk students. An appropriate re-entry process is an important component of suicide prevention. Involving students in planning for their return to school provides them with a voice, sense of control, personal responsibility, and empowerment.

The following procedures are to be employed for students returning to school after a mental health crisis (e.g., suicidal ideation, suicide attempt or psychiatric hospitalization).

1. The site Administrator will schedule a Student Study Team (SST)/Individualized Education Plan (IEP)/504 prior to the students return to school.
 2. The School Counselor/Psychologist will request written documentation from a mental health care provider that the student has undergone examination and that they are no longer a danger to themselves or others (*Appendix F, Clearance to Return to School form*).
 3. The Student Study Team (SST)/Individualized Education Plan (IEP)/504 meeting will include:
 - Site Principal or Designee
 - School Counselor/Psychologist
 - School Nurse
 - Teacher(s)
 - Parent(s)/Guardian(s)
 - As appropriate, the student (involving the student in planning for their return provides a sense of control, personal responsibility, and empowerment)
 4. Elements to include in the Student Study Team (SST):
 - Designate a staff member to serve as primary point of contact for the school site to coordinate with the student, their Parent(s)/Guardian(s), and any outside mental health care providers
 - Obtain a written release of information *Exhibit 5141.52 (e)* signed by Parent(s)/Guardian(s)
 - Allow accommodations for student to make up work (be understanding that missed assignments may add stress to student)
 - The designated staff person will periodically check in with student and Parent(s)/Guardian(s) to help the student readjust to the school community and address any ongoing concerns
 - Determine the need to initiate any additional outside referrals to community agencies (i.e., Kings Behavioral Health, Kings View, etc.)
- ✓ ***Provide a file copy of all documentation to the Coordinator of Curriculum (Student Services)***

Suicide Postvention Procedures

The District Crisis Team will develop an action plan to guide school response following a death by suicide. A meeting of the District Crisis Team to implement the action plan will take place immediately following news of the suicide death. The action plan includes the following steps:

1. After it has been determined that there has been a **death** of a student or staff member:
2. Immediately notify, regardless of the day or time:
 - ✓ Tom Addington, Superintendent, at (559)924-3405 ext.2619
 - ✓ Elizabeth Lozano, Assistant Superintendent, at (559)924-3405 ext.2621
 - ✓ John Raven, Coordinator of Curriculum (Student Services) (559)924-3405 ext.2616
 - ✓ District Office at (559) 924-3405
3. Assemble the District Crisis Team consisting of: Site administration, School Counselors/Psychologist and School Nurse to determine and prepare the postvention response.
4. In the event of the sudden death of a teacher, plan for class coverage through the use of a substitute or coverage from other staff members.
5. The District Crisis Team will determine the best mode of communication to relay information to staff. Site Administration may hold a staff meeting at the conclusion of the day. If the death occurred in the evening, hold a staff meeting prior to the start of the next school day.
6. Inactivate the student from PowerSchool to prevent auto-dial absence calls from being received by Parent(s)/Guardian(s).
7. Collect and safeguard student or staff member's belongings from desk or locker. Consult with family members to return belongings privately.
8. Prioritize classrooms and students who will need immediate attention and connect them with School Counselor/Psychologist.
9. If the student has siblings, the School Counselor/Psychologist will contact the school and inform them of the incident.
10. District Crisis Team and Site Administration will determine the need and plan to support students and staff with sorrow and grief counseling.
11. The Team may call for assistance from:
 - ***Kings County Behavioral Health Crisis Response Team 559-582-4484***
12. Do not disclose any information or details to the media.
13. Refer media requests to District Superintendent.
14. School site and District Administrators will meet with all appropriate staff at the end of the day to insure the exchange of important information, as well as to ensure communication and further planning of activities.
15. The School Counselor/Psychologist will check in periodically with the family, staff and students to ensure that everyone is supported as much as feasible within the context of the school setting.

Actions to Avoid

1. Do not announce the death of anyone over the public address system.
2. Do not hold an assembly program or bring large groups of students together in one place to discuss suicide.
3. Avoid canceling school, classes or pre-planned activities unless absolutely necessary; students find comfort in following their normal routine when they are under stress, within reason. Discuss with the Superintendent prior to proceeding with any cancellations.

Memorials

The school should not create on-campus physical memorials (e.g. photos, flowers, etc.), funeral services, or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion. School should not be canceled for the funeral.

It is recognized that grieving individuals need a variety of opportunities to personally express their emotions and reactions to this type of death. Recommendations and ideas for a memorial should be taken into consideration and discussed with the Superintendent prior to being implemented.

**Central Union School District
SUICIDE RISK ASSESSMENT**

A suicide risk assessment should be initiated **immediately** whenever a ***student talks about harming himself/herself, or if there is concern that a student has thoughts about hurting himself/herself***. Do not leave the student unattended by an adult. Do not allow the student to leave the building until this protocol is completely filled out and a plan for ensuring the student's safety is being carried out. The Site Administrator/Principal **must** be informed. This Suicide Risk Assessment will guide your evaluation, document your concerns, and help you develop a student safety plan.

Student Name: _____

School: _____

DOB: _____ Grade: _____ Age: _____

Parent/Guardian Names: _____

Phone: _____ Date: _____

Staff Completing Form: _____

Signature _____ Date: _____

Narrative

- Appropriately supervise the student(s)
- If there is imminent danger, call 911

Step 2: Notify the Site Administrator/Principal

- Report the situation to the school Principal immediately

Step 3: Identify a Staff Member to Complete this Screening

It is **required** that this assessment process include a staff member with mental health training. If available, consult with a second staff member.

- School Nurse
- School Psychologist
- School Counselor
- School Employed Mental Health Professional
- Other

Step 4: Seek Information to Clarify Concerns

As needed, clarify current concerns by actively seeking information from:

- Interviews with school staff, teachers or students
- Other agencies: therapists, human services, etc.
- Education records, health, psychologist, and counselor records

Step 5: Conduct Adolescent Suicide Assessment Protocol-20 (ASAP-20)

- Utilize ASAP-20 manual to determine level of risk
- Consult with Administration on next steps of threat
(See low, medium and high-risk levels below)

- **Low Level of Risk (Contact Parent(s)/Guardian(s), Inform Teacher and Site Administration, Safety Contract) ASAP Score 0-15**

The student appears to be at a low risk for harming himself/herself. The student is in distress but has positive supports. The student's concerns and needs may be readily addressed. The student does not appear serious about harming himself/herself, nor have they thought seriously about a means to do so.

- **Medium Level of Risk (Contact Parent(s)/Guardian(s), Inform Teacher and Site Administration, Safety Contract) ASAP Score 16-19**

Information suggests medium risk potential. The student is in distress. There is suicidal thinking but the student does not seem intent on harming himself/herself. The problem situation can be resolved and the student appears able to use some coping skills. The student's suicidal thinking is concerning but they are not expressing a clear intent to harm himself/herself. The student is open and responsive to support, or already has sufficient support. The student may be referred to outpatient treatment and/or school counseling. Consult with Parent(s)/Guardian(s), make recommendations, and determine how the child will be going home and how they will be supervised.

- **High Level of Risk (Contact Parent(s)/Guardian(s), Inform Teacher, Site Administration, and the School Resource Officer) ASAP Score 20 and above**

Information suggests high risk potential. The student is in significant distress. There is clear suicidal thinking and warning signs present. The student's coping skills and social supports are limited or compromised. There may be a situation that is difficult to resolve. The student appears to be in imminent danger of inflicting self-harm or committing suicide. There is a need for immediate intervention and possibly hospitalization. Ensure student is always with an adult and make determination if the School Resource Officer (SRO) needs to be involved or if Parent(s)/Guardian(s) is able to take their child for outside assessment. Go over *Emergency Conference Notice* (See *Appendix C*). Develop a *Student Safety Contract* (See *Appendix G*) at student's re-entry meeting. Call 911 if needed.

Step 6: Notify the Student's Parent(s) or Guardian(s)

- Parent(s)/Guardian(s) have been notified of the situation and that you have been talking to and assessing their child
- Parent(s)/Guardian(s) have been asked to come to the school to discuss their child's needs
- Parent(s)/Guardian(s) have NOT been notified because: _____

Step 7: Provide Intervention and Support

- Take action to provide for the student's safety and address current concerns
- In all cases you **must** provide referrals for supportive services to parents. List supportive services suggested: _____
- _____
- *Emergency Conference Notice* (See *Appendix C*) **must** be completed with Parent(s)/Guardian(s) when Parent(s)/Guardian(s) comes to the school to take responsibility for their child. (Medium and High Risk Only)

Step 8: Develop a Suicide Prevention Plan for the Student at School (attach additional pages as needed)

- Develop this Suicide Prevention Plan in partnership with the student and parent(s) or guardian(s)
- *Student Safety Contract* (See *Appendix G*) explained to student and signed by student (please attach)
- *Emergency Conference Notice* (See *Appendix C*) needed and explained to Parent(s)/Guardian(s) and signed by Parent(s)/Guardian(s) (please attach)
- Referrals and resources **must** be provided to parents or guardians
- Discuss safety and home supervision with parents or guardians (access to weapons, drugs, medications)
- Release of information forms (See *Appendix D*) signed by parents or guardians
- Alert administrator, all support staff and teachers on a need-to-know basis
- Other action(s): _____

PARENTS or GUARDIANS (attach additional pages as needed)

- Parent(s)/Guardian(s) will provide the following supervision and/or intervention: _____

- Parent(s)/Guardian(s) sign permission to release/share information with _____

- A Student Study Team (SST)/Individualized Education Plan (IEP)/504 meeting has been scheduled:

Step 9: Develop a Safety Plan for the Student (Re-Entry)

- Meeting Date and Time: _____
✓ *Attach meeting notes once completed*

Step 10: Review this Plan with Staff as Indicated and File this Copy

- Date reviewed: _____ • Level of Concern: _____
- Feedback to staff: _____

- Additional Concerns: _____

- Reviewed with: _____

Checklist for Procedures

Discuss Current Concerns with Parent(s) and/or Guardian(s)

- Share findings from the assessment with parent(s) or guardian(s) and get their input via interview questions

Provide Intervention and Support

- Take action to provide for the student's safety and address current concerns
- In all cases you must provide referrals for supportive services to parents
- List supportive services suggested:
 - **(Local)** Kings Behavioral Health, Kings View Counseling Services, Adventist Health Emergency Room
 - **(National)** National Crisis Suicide Hotline: 1(800) 273-8255
- *Emergency Conference Notice* (See Appendix C) **must** be completed with Parent(s)/Guardian(s) when Parent(s)/Guardian(s) comes to the school to take responsibility for their child

Develop a Suicide Prevention Plan for the Student at School (attach additional pages as needed)

Develop this Suicide Prevention Plan in partnership with the student and parent(s) or guardian(s)

- *Student Safety Contract* (See Appendix G) explained to student and signed by student (please attach)
- *Emergency Conference Notice* (See Appendix C) explained to Parent(s)/Guardian(s) and signed by Parent(s)/Guardian(s) (please attach)
- Referrals and resources **must** be provided to parents or guardians
- Discuss safety and home supervision with parents or guardians (access to weapons, drugs, medications)
- Release of information forms (See Appendix D) signed by parents or guardians
- Alert administrator, all support staff, and teachers on a need-to-know basis
- Assign adults that the student can talk to for support *Student Safety Contract* (See Appendix G)
- Other action: _____

PARENTS or GUARDIANS (attach additional pages as needed)

- Parent(s)/Guardian(s) will provide the following supervision and/or intervention:
 - Alert administrator, all support staff, and teachers on a need-to-know basis
 - Adults that the student can talk to for support (from *Student Safety Contract* (See Appendix G)):
- Other action: _____

Central Union School District (Medium and High Risk Only)
PARENT/GUARDIAN EMERGENCY CONFERENCE NOTICE

I have been informed that my child has been expressing suicidal thoughts. School staff members are concerned and want to support my child. I understand that I have a part in keeping my child safe. I have been advised to take the following steps:

- **Provide supervision for my child at all times and safety proof my home**

_____ *I will not allow my child to be left alone at this time or allow them access to weapons, drugs or medications.*

_____ *I have been advised that I should immediately take my child to a hospital to be evaluated (High Level Risk and potentially Medium Level Risk).*

- **Help the school staff create a Suicide Prevention Plan for my child to be used at school**
- **Contact professionals that can assist me and my child on a private basis:**

Possible resources include:

1. Kings Behavioral Health (559) 852-2444
2. National Crisis Line 1800-784-2433 (1-800-SUICIDE)
3. Fleet and Family Support Center (NAS) (559) 998-4042

- **Share with the school the names of other professionals helping my child.**
 - ✓ *Sign a release of information form (See Appendix D) so that school staff and other professionals may share information to benefit my child.*

- **In case of emergency, I should:**
 - ✓ *Call 911*
 - ✓ *Call the Kings County Crisis Hotline at (559) 582- 4484 or 1-800-655-2553*
 - ✓ *Take my child to a hospital emergency room*

- **I will attend the re-entry meeting on:**
 - ✓ *Date: _____ at _____: _____ am/pm*
 - ✓ *Location: _____*
 - ✓

Parent Signature

School Staff Signature

Date

Date

Student Name: _____

Date of Birth: _____ School: _____ Grade: _____

Parent/Guardian Names: _____

CENTRAL UNION SCHOOL DISTRICT

Authorization to Release Information

Authorization for the exchange/release of information and records of attendance, welfare records, medical and health, psychological testing, special education placement and other.

Student Name:	Birth Date:
---------------	-------------

Information to be released/exchanged from:

Name/Agency:
Address:

Information to be released/exchanged to:

Name/Agency:
Address:
Requested by:

Information to be released/exchanged:

- Attendance and welfare records
 - Medical and health records
 - Psychological test results/Special Education Placement
 - Cumulative Educational records
 - Discipline records
 - Other (*specify*): _____
- _____
- _____

Public Law 93-380 (*The Family Education Rights and Privacy Act, 1974*) states, in part, that when student records are to be transferred to another school outside of the state, or if student records, other than cumulative records, are to be sent to another school and/or agency, parents or guardians of students or students over 18 years of age, be notified of such transfer, receive a copy of the records being transferred, if desired, and have an opportunity for a hearing to challenge the content of the records.

REDISCLASURE: *This information is being disclosed from records whose confidentiality is protected by Federal law. Federal regulations (42 CRF Part 2) prohibit you from making any further disclosure of this information except with specific written consent of the person to who it pertains. Exchanges are shared with the designated person(s) or appropriate representatives of agencies specified on the release. The confidentiality of medical and related information is protected by State and Federal Statutes, Rules, and Regulations. Photocopy or fax transmission also is a valid authorization and may be considered adequate substitute for the original on file. I understand that this authorization extends to all or any part of the records/information designated.*

Signature:		Relationship:	
Address:			
Telephone:		Date:	

Central Union School District

15783 18th Ave

Lemoore, CA 93245

Phone: (559) 924-3405 Fax: (559) 924-1153

Risk Assessment Summary

Student name: _____

Date: _____

The above-named student has demonstrated/reported the following warning signs/risks associated with suicidal ideations and/or acts. As a result of these, the student has been referred for emergency mental health assessment by the District Crisis Team at _____

Please note this form is for reference purposes only and is meant to provide a summary of information for mental health assessment evaluators. It is in no way meant to serve as a comprehensive assessment.

- | | | |
|--|--|--|
| <input type="checkbox"/> Suicide note | <input type="checkbox"/> Reading/writing about death | <input type="checkbox"/> Change in mood |
| <input type="checkbox"/> Social withdrawal | <input type="checkbox"/> History of abuse | <input type="checkbox"/> Drug/alcohol use |
| <input type="checkbox"/> Previous suicide attempts | <input type="checkbox"/> Self-harm behavior | <input type="checkbox"/> Family history of suicide |

Other: _____

Student has a plan: No Yes

Student has means to carry out plan: No Yes

Student reports current level of distress is:

1 (very low) 2 3 4 5 (medium) 6 7 8 9 10 (very high)

This form was completed by:

Name and Title (Please Print)

Phone Number

Central Union School District

15783 18th Ave

Lemoore, CA 93245

Phone: (559) 924-3405 Fax: (559) 924-1153

Clearance to Return to School

Provider/Evaluator name: _____ (please print)

License number: _____

Agency: _____

This document serves to provide documentation that _____ (name of student) received a mental health assessment on _____ (date) related to risk concerns documented on the Risk Assessment that was completed in connection with a school-based incident. Based on the results of the assessment, it has been determined that the student does not present a danger to himself/herself or others at this time and is cleared to return to school. As a result of today's interaction:

- The family plans to follow up with mental health counseling at Kings View, Kings County Behavioral Health or Fleet and Family Service Center.
- The family will follow up with a private provider.
- The family does not feel that they need to follow up with mental health services.

Signature

Title

Date

Central Union School District Student Safety Contract

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Names: _____

I have expressed thoughts about hurting myself. School staff members are concerned and want to support me. I understand that I have a part in keeping myself safe, and I am making this agreement to stay safe. I, _____ agree that I will not try to hurt myself. If I think about hurting myself, I will help myself in the following ways:

★ Get help from an adult immediately:

At school, I will talk to:

1. _____, or
2. _____, or
3. _____

At school, I will talk to:

1. _____, or
2. _____, or
3. _____

Call 911 or a Crisis Hotline that is open 24 hours per day:

- ✓ Call the Kings County Crisis Hotline at (559) 582- 4484 or 1-800-655-2553
- ✓ National Crisis Line, 1-800-784-2433 (1-800-SUICIDE)

★ Not take any alcohol or drugs

★ I could also do this: _____

Student Signature: _____

Date: _____

Staff Signature: _____

Date: _____

Local Resources

Kings County Behavioral Health (All Insurances)

450 Kings County Drive Suite 104
Hanford, CA 93230
(559) 582-3211

Kings View Counseling Services (Medi-Cal)

1393 Bailey Drive
Hanford, CA. 93230
(559) 582-4481

Fleet and Family Service Center (NAS)(Military Dependents)

966 Franklin Avenue Bldg. 966
Lemoore, CA 93245
(559) 998-40442

National Resources

National Suicide Prevention Lifeline

1 (800) 273-8255 (TALK)
1 (800) 799-4889 (TTY)

Crisis Text Line

Text "HOME" to 741-741

The Trevor Project

Lifeline 1 (866) 488-7386
Text Text "TREVOR" to 1(202) 304-1200