

# Hanford Joint Union High School District

## Suicide Prevention, Intervention, and Postvention Policy Manual

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## **Purpose**

The Hanford Joint Union High School District (“District”) in recognition of the need to protect the health, safety and welfare of its 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 in their PE classrooms delivered by School Employed Mental Health Professionals. These presentations will focus 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 their School Counselor 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.

All staff 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, American Indian/Alaska Native students, LGBTQ (lesbian, gay, bisexual, transgender, 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 will be provided to School Employed Mental Health Professionals and school nurses.

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 or their Designee. 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.*

- a. The staff member who learns of the threat will locate the individual and arrange for or provide constant adult supervision.
- b. The above-mentioned staff member will immediately inform their assigned School Counselor. If the School Counselor is unavailable, the staff member will notify any available School Counselor.
- c. The School Counselor will notify the Principal and School Psychologist.
- d. The School Counselor will conduct a threat assessment to determine risk and intervention needed by interviewing the student, and gathering appropriate supportive documentation from teachers or others who witnessed the threat (See *Appendix A*).
  - If the threat is determined to be “medium-high” risk, the School Counselor will contact the Crisis Team (School Psychologist, School Nurse, School Resource Officer, School Counselor, Social Worker).
- e. In situations where a student is assessed at risk for suicide and has been deemed “low” risk, the student’s Parent/Guardian will be informed as soon as practicable by the Principal, Designee, or School Employed Mental Health Professional \*.
  - If the threat is determined to be “medium-high” risk, a member of the Crisis Team will contact the parent to let them know the SRO/HPD will be making contact with their student due to concerns about mental health/safety/danger to self, etc. This will happen before a formal decision is made to transport the student. If the decision is to transport the student via ambulance to the ER, a member of the Crisis Team will then contact the parent to let them know.
- f. If the student has exhibited any kind of suicidal behavior, the Parent/Guardian 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 *Appendix D*).
- g. 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/ Kings View. After a referral is made for a student, the School Counselor shall verify with the Parent/Guardian that follow-up treatment has been accessed. Parents/guardians will be required to provide documentation of care for the student.

\*Through discussion with the student, the Principal or School Employed Mental Health Professional will assess whether there is further risk of harm due to Parent/Guardian notification. If the Principal, Designee, or School Employed Mental Health Professional believes, in their professional capacity, that contacting the Parent/Guardian would endanger the health or well-being of the student, they may delay such contact as appropriate. If contact is delayed, the reasons for the delay should be documented (See *Appendix A, Step 4*).

\*Put all recommendations in writing to the Parent/Guardian. This may be through certified mail, email delivery confirmation, a parent/signature “sign off” of recommendations sent home to be returned the next day (See *Appendix B, PARENT/GUARDIAN EMERGENCY CONFERENCE NOTICE*).

- Mail the recommendation through certified mail if there is any question or doubt of the Parent/Guardian receiving the recommendations.

\*If parents/guardians refuse or neglect to access treatment for a student who has been identified to be at-risk for suicide or in emotional distress, the School Counselor (or other appropriate school staff member) will meet with the parents/guardians to identify barriers to treatment (e.g., cultural stigma, financial issues) and work to rectify the situation and build understanding of the importance of care. If follow-up care for the student is still not provided, or there is any doubt regarding the child’s safety, the School Counselor (or other appropriate school staff member) will

contact the Kings County Child Welfare Services at, (559) 852-2000 and/or the Hanford Joint Union High School District School Resource Officer (SRO).

- Provide a file copy of all documentation to the School Psychologist.

### **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.*

The first district employee on the scene must call for help from another staff member, locate the individual and follow District emergency medical procedures, such as calling 911.

- a. A staff member must notify the Principal/Designee.
- b. Staff members should move all other students out of the immediate area and arrange appropriate supervision. Students should not be allowed to observe the scene.
- c. Principal/Designee will involve the Crisis Team personnel to assist as needed.
- d. Principal/Designee will contact Parent/Guardian and ask them to come to the school or hospital.
- e. The Crisis Team will call for assistance from, as appropriate:
  - Kings County’s on-call crisis response team at (559) 582-4484
- f. The Crisis Team will document in writing all actions taken and recommendations (See Appendix A, *Steps 8-9*).
- g. School Counselor will provide the Parent/Guardian and/or ambulance with the *Risk Assessment Summary* page to be given to the treating facility (*Appendix E*).
- h. School Counselor will request written documentation from any treating facilities prior to a student’s return to school (*Clearance to Return to School form, Appendix F*).
- i. Student Services staff will promptly follow up with any students or staff who might have witnessed the attempt, and contact their parents/guardians. Student Services staff will provide supportive counseling and document all actions taken.
- j. The School Counselor will schedule a Student Study Team (SST)/Individualized Education Plan (IEP)/504 meeting prior to the student returning to school for follow-up and support (see Re-entry Procedures section).
- k. Media representatives should be referred to the appropriate school spokesperson (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 School Psychologist.

### **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 will:

1. Call the police and/or emergency medical services, such as 911.
2. Inform the student’s Parent/Guardian.
3. Inform the Principal
4. Principal/Designee will contact the School Psychologist

5. The School Psychologist will notify the Crisis Team.

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 parents have been contacted.

➤ Provide a file copy of all documentation to the School Psychologist.

### **Re-entry Procedure**

A student who threatened or attempted suicide is at a higher risk for suicide in the months following the crisis. Having a streamlined and well planned re-entry process ensures the safety and wellbeing of students who have previously attempted suicide and reduces the risk of another attempt. 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 sense of control, personal responsibility, and empowerment.

For students returning to school after a mental health crisis (e.g., suicidal ideation, suicide attempt or psychiatric hospitalization), the counselor will have set up an SST/IEP/504 meeting will be held with: student's counselor, School Employed Mental Health Professional, the Principal or Designee, School Nurse, and teacher(s) will meet with the student's Parent/Guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school.

1. A School Employed Mental Health Professional or other Designee will be identified to coordinate with the student, their Parent/Guardian, and any outside mental health care providers.
2. Allow accommodations for student to make up work (be understanding that missed assignments may add stress to student).
3. Obtain a written release of information signed by Parent/Guardian.
4. The Parent/Guardian will provide 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*).
5. The designated staff person will periodically check in with student and Parent/Guardian to help the student readjust to the school community and address any ongoing concerns.
6. As determined by the SST/IEP/504 team, referrals to community agencies (i.e., Kings County Behavioral Health, Kings View, etc.) will be made by the School Counselor.
7. If not the student's assigned counselor, the lead counselor will attend the meeting to help determine the best plan of support.

➤ Provide a file copy of all documentation to the School Psychologist.

## **Suicide Postvention Procedures**

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

- a. Immediately notify, regardless of the day or time,
  - Site Administration
  
- b. Verify and obtain as much factual information as possible via school resource officer, the Parent/Guardian, or others who may have the facts depending on circumstances. Do not describe the death as a suicide with the general public, parents, staff or students. Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such, the school will not share the cause of death but will use the opportunity to discuss suicide prevention with students.

\*All final decisions about whether to share the coroner's findings will be made by the Hanford Joint Union High School District Superintendent/Designee.
  
- c. A response team using school-based and community resources and the school's service providers that are part of the Crisis Team will be notified and assembled.
  - The Crisis Team will call for assistance from:
    - Kings County's on-call crisis response team at (559) 582-4484
  - The Crisis Team will meet to prepare the postvention response, to consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected. The Crisis Team will also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. For example, if the death occurred during a school vacation, the need for or scale of postvention activities may be reduced.
  
- d. Promptly collect and safeguard the student's belongings from desk or locker, any student work or photo or staff belongings from his/her desk (in the event of a staff death). Consult with family members and determine a mutually agreeable date and time to return these belongings in private.
  
- e. Inform the faculty that a sudden death has occurred using written communication if school has already begun, followed by a staff meeting at the conclusion of the day. If the death occurred in the evening, convene a staff meeting prior to the start of school the next day.
  - Before the death is officially classified as a suicide by the coroner's office, the death can and should be reported to staff, students, and parents/guardians with an acknowledgement that its cause is unknown. Inform the faculty that a sudden death has occurred, preferably in a staff meeting. The Crisis Team will assist in writing a statement for staff members to share with students. The statement should include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief. The Crisis Team may also prepare a letter (with the input and permission from the student's Parent/Guardian) to send

home with students that includes facts about the death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available.

➤ Public address system announcements and school-wide assemblies should be avoided.

- f. Refer staff to District's EAP (Employee Assistance Program) through the District Human Resources Department for additional support.
- g. Prioritize classrooms and students who will need immediate attention and connect them with the Crisis Team or other appropriate resources as determined by Student Support Services staff.
- h. The Principal/Designee will ensure the Student Auto-Caller (School Messenger) is turned off
- i. If the student has siblings, the Crisis Team will contact the school and inform them of the incident
- j. Once obtained, provide funeral arrangements and related details to students and staff via social media and general school announcements.
- k. Refer media requests to District spokesperson.
- l. Do not disclose any information or details to the media.
- m. School site and District administrators will meet with the Crisis Team at the end of the day or days during crisis management activities to insure the exchange of important information, as well as to insure communication and further planning of activities.
- n. The School Counselor or designee will check in periodically with the family, staff and students to ensure that everyone is supported as much as feasible with the context of the school setting.

### **Actions to Avoid**

- a. Do not announce the death of anyone over the public address system.
- b. Do not hold an assembly program or bring large groups of students together in one place to discuss suicide.
- c. 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 Principal prior to proceeding with any cancellations.

### **Memorials**

The school should not create on-campus physical memorials (e.g. photos, flowers), 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 Crisis Team prior to being implemented. Memorials must be carefully and tastefully planned, considering a broad range of responses. A variety of activities may in fact occur to celebrate positive remembrances, and these expressions often vary. Any school-based memorials (e.g., small gatherings) will include a focus on how to prevent future suicides and prevention resources available.

## Hanford Joint Union High 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.

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Student: \_\_\_\_\_ School: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Student Number: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
 Parent/Guardian Names: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

### Step 1: Keep the Student Safe

- 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 Two Staff Members to Complete this Screening

It is required that this assessment process include two staff members with mental health training. If only one staff member is present to conduct this assessment, they must consult with a second staff member. If these individuals are not available, contact a site administrator for support.

School Nurse \_\_\_\_\_ School Psychologist \_\_\_\_\_  
 School Counselor \_\_\_\_\_ Other \_\_\_\_\_  
 School Employed Mental Health Professional \_\_\_\_\_

### Step 4: Notify the Student's Parent(s) or Guardian(s)

- Parents/guardians have been notified of the situation and that you will be talking to and assessing their child.  Parents/guardians have been asked to come to the school to discuss the child's needs.
- Parents/guardians have NOT been notified because: \_\_\_\_\_

### Step 5: 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  Parents

## **Step 6: Interview and Assess the Student**

The following questions will guide your assessment. Use your professional judgment and clinical skills to conduct a comprehensive and sensitive interview with the student. Describe the incident of concern. What happened? What did the student say or do? What warning signs led to this referral?      Description of Incident:

## Questions for Student Interview

### Questions for Beginning the Interview—*What warning signs initiated the referral?*

Someone has noticed \_\_\_\_\_ about you (e.g., an essay, a drawing, a statement). It concerned me and so I wanted to ask you about it. What were you meaning to say? What did you want to happen?

Is the child taking any medications? \_\_\_\_\_ Diagnosis?  
\_\_\_\_\_

Is the child currently receiving counseling services (with whom)?

Is the child receiving Special Education Services? \_\_\_\_\_ Disability?  
\_\_\_\_\_

### Questions for Assessing Current Feeling and Thinking—*What problems is the student experiencing?*

How are things going for you right now? Have you been feeling down or discouraged? What problems are getting you down right now? Has someone hurt you, or has someone hurt your feelings in some way? Do you feel like things can get better?

### Questions for Assessing Suicidal Thinking and Behavior—*Is the student suicidal; do they have a plan?*

Have you been thinking about hurting yourself or taking your own life? What happened to make you think about hurting or killing yourself? Do you know someone who's committed suicide? Has someone you care about died? Have you tried to hurt or kill yourself before? Have you thought about how to make yourself die? How are you planning to hurt yourself? (Ask about access to a means to inflict self-harm that matches how the student responds—medications, firearms, etc.)

### Questions for Assessing Coping—*How does the student solve problems?*

What would it take to make things better? What would have to happen for things to work out? What have you tried to do to make things better?

### Questions for Assessing Supports—*What strengths and supports does the student have?*

Can you talk to family and friends about how you're feeling? Who have you told about how you are feeling? Are they helping you? Would you be willing to talk to someone about how you're feeling (e.g., a therapist)?

## Warning Signs for Suicide

- 
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Suicide notes                          | <input type="checkbox"/> Family problems          | <input type="checkbox"/> Loss of an important person or relationship |
| <input type="checkbox"/> Making final arrangements              | <input type="checkbox"/> Legal problems           | <input type="checkbox"/> Family history of suicide                   |
| <input type="checkbox"/> Giving away possessions                | <input type="checkbox"/> Poor coping skills       | <input type="checkbox"/> Friend has attempted suicide                |
| <input type="checkbox"/> Reading or writing about death         | <input type="checkbox"/> Limited support system   | <input type="checkbox"/> Previous suicide attempts, cutting          |
| <input type="checkbox"/> Sad or depressed affect, hopelessness  | <input type="checkbox"/> Increased risk taking    | <input type="checkbox"/> Plan to commit suicide                      |
| <input type="checkbox"/> Sexual identity issues or sexual abuse | <input type="checkbox"/> Drug and alcohol use     | <input type="checkbox"/> Sense of desperation                        |
| <input type="checkbox"/> Social withdrawal or isolation         | <input type="checkbox"/> Humiliation or rejection | <input type="checkbox"/> Access to a means to harm self              |
- In consultation with a HJUHSD colleague, make a decision about the level of risk.

**Low Level of Risk**

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 the Crisis Team)**

Information suggests medium risk potential. The student is in distress. There is suicidal thinking but the student does not seem intent on harming herself/himself. 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 herself/himself. The student is open and responsive to support, or already has sufficient support.

**High Level of Risk (Contact the Crisis Team and SRO)**

Information suggests high risk potential. The student is in significant distress. There is clear suicidal thinking and warning signs are 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.

### Possible Interventions for Low Risk

- Parent to take their child for immediate intervention with a health care provider
- STUDENT SAFETY CONTRACT (Appendix C)
  - Referral to School Based Mental Health

### Possible Interventions for Medium-High Risk Situations

- Notify HJUHSD Crisis Team
- Contact a SRO if available, or call Hanford Police non-emergency at 559-585-2540.
- Parent to come to school and take their child for immediate intervention with a health care provider.
- Call 911 if indicated.

**Step 7: 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.

**Step 8: 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* must be completed with Parent/Guardian when Parent/Guardian comes to the school to take responsibility for their child.

**Step 9: 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* explained to student and signed by student (please attach).
  - Emergency Conference Notice* explained to parent and signed by parent (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 signed by parents or guardians.
  - Alert administrator, all support staff, and alert teachers on a need-to-know basis.
  - Adults that the student can talk to for support (from Safety Contract):

- 
- Other action:

**PARENTS or GUARDIANS (attach additional pages as needed)**

- 
- Parents will provide the following supervision and/or intervention: \_\_\_\_\_
  - Parents will: \_\_\_\_\_
  - Parents sign permission to release/share information with: \_\_\_\_\_
  - An SST/IEP/504 meeting has been scheduled: \_\_\_\_\_

## Step 10: Develop a Safety Plan for the Student (Re-entry)

Meeting Date: \_\_\_\_\_

Describe follow-up support to be conducted by School Counselor, School Psychologist, School Employed Mental Health Professional, Nurse, and/or Community Resources:

\_\_\_\_\_

Daily or  Weekly check-in with (Title/Name Extension):

Provide increased supervision in these settings:

\_\_\_\_\_

Modify daily schedule by: \_\_\_\_\_

Behavior plan (attach a copy to this Screening) \_\_\_\_\_

Identify precipitating/aggravating circumstances, and intervene to alleviate tension. Describe: \_\_\_\_\_

\_\_\_\_\_

Drug and/or alcohol intervention with (name and extension): \_\_\_\_\_

Referral to IEP team to consider possible Special Education assessment.

If Special Education or 504 student, review goals and placement options.

Other action: \_\_\_\_\_

\_\_\_\_\_

**Step 11: Review this Plan with Staff as Indicated and File this Copy**  
**Send this completed screening to the site school psychologist.**

**FOR OFFICE USE ONLY:**

Date reviewed: \_\_\_\_\_

Level of Concern:

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Was student hospitalized? \_\_\_\_\_

Feedback to the school:

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Date Contacted: \_\_\_\_\_

Contact made to whom: \_\_\_\_\_

Additional Concerns:

---

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Reviewer: \_\_\_\_\_

Date entered into Illuminate: \_\_\_\_\_

Hanford Joint Union High School District

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.

- 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. , or
2. , or
3. National Crisis Line, 1-800-784-2433 (1-800-SUICIDE)

- Share with the school the names of other professionals helping my child.

Sign a release of information form so that school staff and other professionals may share information to benefit my child.

- In case of emergency, I should:

- 1. Call 911.
2. Call the Kings County Crisis Hot Line at (559) 582- 4484 or 1-800-655-2553
3. Take my child to a hospital emergency room.

- I will attend the re-entry meeting on:

- o Date: \_\_\_\_\_ at \_\_\_\_\_ : \_\_\_\_\_ am/pm
o Location: \_\_\_\_\_

Parent Signature

School Staff Signature

Date

Date

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

# Hanford Joint Union High School

## STUDENT SAFETY CONTRACT

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.	_____	

*Outside 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 Hot Line 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

\_\_\_\_\_  
School Staff Signature

\_\_\_\_\_  
Date

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

**Hanford Joint Union High School District**  
 823 West Lacey Blvd. Hanford, CA 93292  
 (559) 583-5901 – FAX (559)583-5963

**AUTHORIZATION FOR USE AND/OR DISCLOSURE OF INFORMATION**

Name of Student (list other names used)	Date of Birth	
Address of Student	Phone No.	Other Phone No.

I authorize the following individual or organization to disclose the above named individual's medical/educational information as described below:

Individual or Organization Disclosing Information	Individual or Organization Receiving Information
Disclosing party Hanford Joint Union High School District	Receiving party
Address 823 West Lacey Blvd	Address
City, State, Zip Code Hanford, CA 93230	City, State, Zip Code
Telephone:                      Fax (559) 583-5901 – FAX (559)583-5963	Telephone:                      Fax
<b>Disclosing party can also receive information:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Receiving party can also disclose information:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

Duration:                      This authorization shall become effective immediately and shall remain in effect until \_\_\_\_\_ or for one year from the date of signature if no date is entered.

Revocation:                      I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the releasing agency. Written revocation will be effective upon receipt, but will not apply to information that has already been released in response to this authorization.

Redisclosure:                      I understand that health information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and it is no longer protected by federal laws and regulations regarding the privacy of protected health information. I further understand the confidentiality of the information when released to a public education agency is protected as a student record under the Family Education Rights and Privacy Act (FERPA).

Health Info:                      I understand that authorizing the disclosure of health information is voluntary. I can refuse to sign this authorization. I do not need to sign this form in order to assure medical treatment.

Specify Record(s): Indicate type of information is to be disclosed:

\_\_ Medical Information      \_\_ Medication Information    \_\_ Psychiatric Information    \_\_ Mental Health  
 \_\_ Drug/School Information      \_\_ STD/HIV Test Results    \_\_ Educational Records      \_\_ Other:

I request that the information released pursuant to this authorization be used for the following purpose only:

\_\_ Educational Assessment    \_\_ Educational Planning      \_\_ Other: \_\_\_\_\_

A copy of this authorization is as valid as an original. I understand that I have a right to receive a copy of this authorization for my records.

Signature of Student's Parent/Guardian	Description of Relationship	Date
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Witness

**Hanford Joint Union High School District**

823 West Lacey Blvd.

Hanford, CA 93230

Phone: (559) 583-5901 Fax: (559) 583-5963

**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 Crisis Team at \_\_\_\_\_.

Please note that 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.

- |                           |                             |                           |
|---------------------------|-----------------------------|---------------------------|
| Suicide note              | Reading/writing about death | Change in mood            |
| Social withdrawal         | History of abuse            | Drug/alcohol use          |
| Previous suicide attempts | Self-harm behavior          | 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

\_\_\_\_\_

Phone number

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**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.

The family does not feel that they need to follow up with mental health services.

The family will follow up with a private provider.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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**Suicide Postvention Procedures Administration Checklist**

*This checklist is to serve as a guide only and should be used to help delegate initial steps in postvention response.*

*Additional information and details can be found within the Manual.*

After it has been determined that there has been a death of a student or staff member AND appropriate District personnel have been notified (Site Administration and District Office):

1. Assemble the Crisis Team to determine and prepare the postvention response.
2. In the event of the sudden death of a teacher, make arrangements for class coverage through the use of a substitute or coverage from other staff members.
3. Inform faculty that a sudden death has occurred via written communication (if school has already begun) followed by 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.
4. Mark the student in Illuminate to prevent auto-dial absence calls from being received by parents.
5. Collect and safeguard student or teacher's belongings from desk or locker. Consult with family members to return belongings privately.
6. Prioritize classrooms and students who will need immediate attention and connect them with appropriate resources or member of the Crisis Team.
7. Determine if the student had siblings at other schools and inform them of the incident.

See the Suicide Postvention Procedures section of the Suicide Prevention, Intervention, and Postvention Policy Manual for additional information and details.

## **LOCAL RESOURCES**

### ***Kings County Behavioral Health (All Insurance)***

450 Kings County Dr., 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 (Military Dependents)***

Regular Appointments: 866-923-6478 Immediate Need:  
559-998-4043 (Clinical Front Desk)  
559-998-4042 (Front Desk)

## **NATIONAL RESOURCES**

### ***National Suicide Prevention Lifeline***

1-800-273-8255 (TALK)

***National Suicide Prevention Lifeline via TTY*** 1-800-799-4889

### ***Crisis Text Line***

Text "HOME" to 741-741

### ***The Trevor Project***

Lifeline: 1-866-488-7386

Text: Text "Trevor" to 1-202-304-1200