

Suicide Prevention Plan Plan of Action



Aurora R-8 School District
July 1, 2018

Table of Contents

District Crisis Team Contacts	3
District Employee Training	4
Suicide Intervention Model	5
Risk Assessment	5
Duty to Warn Parents	5
Duty to Provide Referrals	6
Follow-up and Family Support	6
Staff Expectations in Response to Suicidal Student/Staff	7
Administration	7
Teachers	7
School Counselor/Nurse	7
Follow-Up	7
Suicide Threat Reminders	8
Student/Staff Attempt on Campus	9
Student/Staff Attempt off Campus	10
Considerations in the Event of Death of a Student/Staff Member	11
Appendix A: Assessing the Risk of Suicide	12
Appendix B: Risk Level	13
Appendix C: Life Plan	14
Appendix D: Risk Indicator	15
Appendix E: Signs of Suicidal Intentions	17
Appendix F: Life Events, Stresses and Developmental Factors in Adolescent Suicide	18
Appendix G: Tips for Parents	19
Appendix H: Tips for Teachers	20
Appendix I: Release of Information Form	21
Appendix J: Aurora Community Annotated Directory of Referrals	22

Crisis Team

District Administration 417-678-3373

Dr. Billy Redus, Superintendent
Mr. David Mais, Assistant Superintendent
Dr. Brenda Lakin, Director of Special Education

Aurora High School 417-678-3355

Mr. Rob Brown, Principal
Mr. Scott Spooner, Asst. Principal/Athletic Director
Mrs. KayLynn Pennell, School Counselor
Mrs. Dana Manuel, School Counselor
Mrs. Kala Brown, Nurse
Officer Tim Swadley, School Resource Officer

Aurora Jr. High School 417-678-3630

Mrs. Kimberly Yeary, Principal
Ms. Cindi Grace, School Counselor
Mrs. Peggy Stone, Nurse

Robinson Intermediate 417-678-5651

Mr. Adam Bax, Principal
Mrs. Stephanie Smith, School Counselor
Mrs. Renee White, Nurse

Robinson Elementary 417-678-7436

Mrs. Samantha Ruzicka, Principal
Ms. Ginger Dohman, School Counselor
Mrs. Renee White, Nurse

Pate Early Childhood Center 417-678-1552

Dr. Mykie Nash, Principal
Mr. Matt Gassaway, Asst. Principal
Mrs. Karen Bader, School Counselor
Mrs. Stephanie Whitener, Nurse

Transportation 417-678-4005

Mr. Brad Boettler, Transportation Director

Alternative School 417-678-3630

Mr. Brad Boettler, Alternative School Principal
Ms. Cindi Grace, School Counselor
Mrs. Kaylynn Pennell, School Counselor
Mrs. Dana Manuel, School Counselor
Mrs. Peggy Stone, Nurse
Officer Tim Swadley, School Resource Officer

District Employee Suicide Training

All district employees will receive the **Train the Trusted Adult** orientation through the **Signs of Suicide Prevention Program** at the beginning of each school year. Information will be reviewed annually regarding this plan on suicide awareness and prevention.

The following topics will be addressed in the training:

- Current trends in youth mental health and the impact mental health may have on suicidal thoughts
- Warning signs that indicate a student may be at risk of suicide
- Communicating with students regarding concerns about safety, asking for help and reporting unsafe situations
- Review of suicide prevention plan and referral process
- Suicide contagion
- Universal screener for suicidal tendencies / ideation

In an attempt to promote district-wide safety, any school employee who encounters a student or staff member expressing suicidal thoughts, comments, or actions will immediately refer the student or employee to the building counselor, principal or a member of the crisis intervention team. Student suicidal behaviors are NOT confidential, and appropriate school personnel MUST be informed when the health, welfare or safety of the individual is at risk.

If suicidal behavior is made known to any school employee and the counselor, principal or member of the crisis team is not available, the employee will notify the student's parent/guardian, spouse, or significant other, the National Suicide Prevention Lifeline (800-273-8255) or local law enforcement in an emergency situation. As soon as practical, the employee will notify the building principal and counselor.

The Aurora R-8 Suicide Prevention Plan will be posted on the District and building web pages as well as any counseling web pages for the building.

A Suicide Intervention Model

1. Risk Assessment

Designated reporters are often asked to make critical risk assessments under extraordinary time constraints. Thus, it is important for a risk assessment protocol to have a specific set of questions that will quickly and reliably obtain needed information. See [Appendix A](#) for questions often used. See [Appendix B](#) for Lethality Assessment which will help determine risk level for the individual.

The parent often has critical information necessary to make an appropriate assessment of risk. Thus, it is critical to **include parents in the risk assessment**. This information may include previous school and mental health history, family dynamics, recent traumatic events in the student's life, and previous suicidal behaviors. Interviewing the parent will also assist the School Counselor in making an appropriate assessment of the support system that surrounds this student.

2. Duty to Warn Parents

There is no question that parents must be notified. In addressing this aspect of suicide intervention, four critical questions need to be addressed.

- Is the parent available?
- Is the parent cooperative?
- What information does the parent have that might contribute to the assessment of risk?
- What mental health insurance, if any, does the family possess?

If the parent is available and cooperative and the student is judged high risk, the school counselor or other trained school staff must provide parent(s) with community referral resources specific to where the family resides. With parental permission, the school counselor should contact the agency, provide pertinent referral information and follow up to insure the family's arrival at the agency. If necessary, administration will assist the parent in securing transportation for the student to the agency. To assure that the student receives appropriate care, the school counselor will request the parent sign a Release of Information ([Appendix I](#)) for the agency providing care allowing communication to be established and treatment documentation shared.

If a parent is unavailable and the student is judged high risk, then, at the discretion of the school administrator, two members of the crisis team should escort the child to the nearest emergency mental health facility and coordinate efforts with Children's Division or Law Enforcement to contact the parents. Alternatively, school law enforcement, local police or an appropriate psychiatric response team may be asked to assist in transporting the suicidal youth.

If it is determined that a **parent is uncooperative and the student is judged to be at high risk** for a

suicidal behavior, then local law enforcement and/or Children's Division must be contacted and a child neglect and endangerment report made.

Some parents are reluctant to follow through on recommendations to secure outside counseling for the suicidal child and may simplify or minimize warning signals (e.g., "she's just doing this for attention"). Additionally, cultural and language issues may also be a barrier. Give the parents appropriate opportunity and encouragement to follow through before collaborating with team members on when to proceed to the next step. The school crisis team must decide when it is appropriate to **place a hotline call** if their reluctance is truly negligence and endangers the life of the child.

If the **parent is uncooperative and the student is judged low risk** for suicidal behavior, it is recommended that this be documented appropriately on the Life Plan form. ([Appendix C](#)) **A hotline call should be made.**

There will be occasions **when a student does not want a parent notified**. When children are thinking of harming themselves, they are not thinking clearly and may not be the best judge of what their parent's response might be. Parents should be contacted and a **hotline call should be made**. It is up to school personnel to attempt to elicit a supportive response from parents.

3. **Duty To Provide Referrals**

Parents MUST give written permission before ANY information is shared. It is critical to stress the importance of identifying and collaborating with community agencies before the crisis occurs. It is recommended the school crisis team representative call the agency to provide accurate information the parent may omit or forget.

4. **Follow up and support the family**

School staff should provide ongoing support to the student and their family.

STAFF EXPECTATIONS IN RESPONSE TO POTENTIALLY SUICIDAL STUDENTS OR STAFF MEMBERS

1. Administration

- The school principal should be made aware of potentially suicidal students or staff members and may be used as support when needed during crisis situations.

2. Teachers

- Respond with empathetic listening and initial information gathering, give no promises of confidentiality.
- Refer the student to the school counselor (either walk the student to the counselor's office or contact an administrator/counselor to intervene). **Under no circumstances will the student be left alone.**
- Notify the school counselor of students you suspect may be considering suicide.

3. School Counselor/ Nurse

- Explore the situation, gathering key information to check for lethality indicators. ([Appendix B](#))
- Contact the student's parents. Stress to parents that any talk of suicide is considered serious and warrants action.
- If you believe the student is currently a suicidal risk based on the Lethality indicators determined by Appendix B, keep him/her with you until a parent can pick up the student.
- Complete Risk Indicator form. ([Appendix D](#)) Give copy to parents and keep copy in student file.
- If requested, assist in making call for assessment/treatment.
- If student - Contact **Child Abuse and Neglect Hotline**. (1-800-392-3738)
- Document actions taken by school personnel.
- Notify the principal, other administrators, and the student's teachers (on an as-needed basis) about the student's suicidal tendencies.

4. Follow Up

- Try to get a commitment, verbal or written, from the student/staff member to contact you or another adult if feeling suicidal in the future.
- Make appointments with the student to check on his/her status.
- Principal, Counselor, and Nurse exchange information with the student's teachers to monitor how the student is coping as needed.
- Follow up with parents on their progress in contacting referral agencies and update parents on student progress at school.

Suicide Threat Reminders

- Make sure the student is not left alone, is under careful watch in a secure place, and does not have any means available to attempt suicide.
- **Do not allow the student to leave campus alone. Aurora R-8 schools will require a parent or guardian to drive the student when leaving school property.** If the student has their own vehicle on campus, the parent/guardian **MUST** arrange for a driver, other than the suicidal student, to drive that vehicle off the premises.
- **Release the student only to a parent or guardian.** A trusted teacher or adult **will** remain with the student until the parent arrives.
- Notify parents or guardians immediately. Make this call in the presence of the student so the student hears exactly what you tell the parents.
- Determine if other students need follow-up support services as a result of the incident.

When notified of the student's imminent return, formulate a re-entry plan with the student, parents, and appropriate staff to address the needs of the student returning to school following an absence for hospitalization or treatment. If the student receives outside counseling, encourage parents to sign a release of information form allowing you and the outside agency to share information to provide the best environment of support for the student after he/she returns to school. ([Appendix I](#) release of information form).

**IF A STUDENT OR STAFF MEMBER ATTEMPTS SUICIDE ON CAMPUS,
THE FOLLOWING STEPS SHOULD BE TAKEN:**

1. Call 911 to activate emergency medical assistance/ambulance to take the student/staff member to the hospital.
 2. Request the school nurse to administer first aid.
 3. **Remove all others from the area to provide privacy.**
 4. The counselor and/or nurse should stay with the student while awaiting the arrival of the parents or transportation to a medical facility.
 5. Call the SRO (school resource officer) to report the suicide attempt and the action taken.
 6. Call the student's parents/guardians or staff member's emergency contact.
 7. A designated person from the school should go to the hospital.
 8. IF attempt is made by a student: Call the **Child Abuse and Neglect Hotline** to report the situation. (Child Abuse and Neglect Hotline 1-800-392-3738).
-
- Counselor(s) help witnesses process their thoughts and feelings about what has happened.
 - Identify friends of the student and provide counseling for them if they are aware of the attempt. Friends often have feelings of shock, guilt, and fear to process.

When notified of the student's imminent return, formulate a re-entry plan with the parents, student, and appropriate staff to address the needs of the student when returning to school after an absence for hospitalization or treatment. If the student was treated at a hospital, a medical release should be requested to return to school. If no medical assistance is needed, recommendations from the mental health professional who is counseling the student should be requested.

Suicide Attempt Off-Campus

- A representative from the school will make contact with the student and his / her parents if at all possible to offer support.
- Visit the student if he/she is hospitalized, with parent permission. This will help the student establish the school representative as a “safe” contact person once he/she returns to school.
- Offer support and counseling to students affected by the attempt. Friends often have feelings of shock, guilt, and fear to process.

When notified of the student’s imminent return, formulate a re-entry plan with parents, the student, and appropriate staff to address the needs of the student when returning to school after an absence for hospitalization or treatment. If the student was treated at a hospital, a medical release should be requested to return to school. If no medical assistance is needed, recommendations from the mental health professional that is seeing the student should be requested.

Considerations in the Event of the Death of a Student or Staff Member

- Inform the school superintendent and building principal of death.
- Follow district procedure to notify appropriate faculty and staff of the death.
- Contact the deceased's family to offer condolences and inquire what the school can do to assist, and inquire about funeral arrangements.
- Determine what information should be shared with students.
- Arrange locations within the building for "crisis counseling" to occur.
- Inform staff of the crisis counseling locations.
- Schedule an initial all-staff meeting as soon as possible (ideally before school starts in the morning).
- Arrange for students to be notified of the death. Provide a statement for teachers to read to students within the classrooms at a designated time. Do not announce the death of a student via the intercom system or hold an assembly program to address the death.
- Provide parents/guardians with a statement regarding the death as deemed appropriate.
- Meet with faculty after school to assess faculty needs.
- The superintendent will be the **only** spokesperson to the media.

Appendix A

Assessing the Risk of Suicide

Perhaps the most crucial aspect of suicide intervention is assessing the risk level of the student who is contemplating suicide. Unlike an actual counseling session, suicide intervention is a type of crisis management. Your role is to manage the situation by asking some very direct questions. Factors which should be considered in this assessment are:

1. Intent:

It is okay to ask, "Have you actually had any thoughts of killing yourself?"

It is okay to ask, "Have you ever wished to be dead?"

It is okay to ask, "Are you feeling suicidal?"

2. Specificity of their plan:

Ask, "Do you have a plan?"

Ask, "Do you have a date planned?"

The more the student tells you about a plan, the higher the risk.

3. Method available:

Ask, "Do you have any means to carry out your plan? (weapons/pills, etc.)."

If the student has pills or a gun with him ask for it. Don't argue if he won't give it up. Try to remove from the student the means—often the student will follow directions. **Do not search. Contract administration and SRO.**

4. Past suicide attempts:

Ask, "Have you ever tried to kill or harm yourself in the past?"

Ask, "When?"

If the answer is yes, the risk is higher. The closer in time, the higher the risk.

5. Supportive environment:

Ask, "Is there anyone in your life to stop you?"

Ask, "Is there anyone in your life who depends on or needs you?"

If a student has made a suicide threat or has written notes, poems, or papers indicating that he/she is thinking of suicide, you must take that threat seriously and notify the parents. Even if the student indicates he/she was not really serious, you need to notify parents.

Appendix B

Lethality Assessment (Risk Level)

	HIGH	MEDIUM	LOW
Plan of Suicide			
Time Frame Method Availability Location	<input type="checkbox"/> Today <input type="checkbox"/> Thought out <input type="checkbox"/> Has means <input type="checkbox"/> Picked location	<input type="checkbox"/> Within 7 days <input type="checkbox"/> Has an idea <input type="checkbox"/> Can get it <input type="checkbox"/> Knows some places	<input type="checkbox"/> Maybe sometime <input type="checkbox"/> Unclear <input type="checkbox"/> Not readily available <input type="checkbox"/> Not planned
Mood	<input type="checkbox"/> Upset <input type="checkbox"/> Crying/agitated	<input type="checkbox"/> Unsettled <input type="checkbox"/> Irritable/distracted	<input type="checkbox"/> Calm <input type="checkbox"/> In control
Depression/ Sadness	<input type="checkbox"/> Severe	<input type="checkbox"/> Moderate	<input type="checkbox"/> Situational
Behaviors <i>Eating pattern</i> <i>Health</i> <i>Isolation</i> <i>Reckless</i> <i>Sleeping pattern</i> <i>Talks/jokes of death</i> <i>Possessions</i>	<input type="checkbox"/> Overeating / no appetite <input type="checkbox"/> Body aches <input type="checkbox"/> Wants to be alone <input type="checkbox"/> Risk taking history <input type="checkbox"/> Excessive sleep/no sleep <input type="checkbox"/> States desire for death <input type="checkbox"/> Giving away	<input type="checkbox"/> Appetite manageable <input type="checkbox"/> No energy <input type="checkbox"/> Alone at times <input type="checkbox"/> Considers risks <input type="checkbox"/> Overly tired/restless at times <input type="checkbox"/> Has made comments <input type="checkbox"/> Planning on giving away	<input type="checkbox"/> Normal <input type="checkbox"/> Listless <input type="checkbox"/> None <input type="checkbox"/> Safe behaviors <input type="checkbox"/> Rarely has sleep prob. <input type="checkbox"/> No comments made <input type="checkbox"/> No plans for possessions
Feelings <i>Suicidal</i> <i>Helpless</i> <i>Restless</i> <i>Worthless</i>	<input type="checkbox"/> Now <input type="checkbox"/> Always/nothing helps <input type="checkbox"/> Yes/can't focus <input type="checkbox"/> Constantly	<input type="checkbox"/> Regularly <input type="checkbox"/> Regularly <input type="checkbox"/> Regularly <input type="checkbox"/> Regularly	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
Chemical Use/Abuse <i>Drugs</i> <i>Alcohol</i>	<input type="checkbox"/> Daily <input type="checkbox"/> Daily	<input type="checkbox"/> Regularly <input type="checkbox"/> Regularly	<input type="checkbox"/> Experimented/None <input type="checkbox"/> Experimented/None
Previous Suicide Attempt <i>Number of Attempts</i> <i>Time Frame</i>	<input type="checkbox"/> Several <input type="checkbox"/> Within last 4 weeks	<input type="checkbox"/> One <input type="checkbox"/> Last 4—6 months	<input type="checkbox"/> None <input type="checkbox"/> Past year or longer
Loss (Or Trauma) <i>Real</i> <i>Perceived</i>	<input type="checkbox"/> Survivor/In past month <input type="checkbox"/> Actually happened	<input type="checkbox"/> Within past 3 months <input type="checkbox"/> Just realized	<input type="checkbox"/> None <input type="checkbox"/> Thinks it happened
Psychiatric Care <i>Current</i>	<input type="checkbox"/> Hospitalized-within past 3 months	<input type="checkbox"/> Currently under care	<input type="checkbox"/> Past

Past	<input type="checkbox"/> Within 3 months	<input type="checkbox"/> Within 6 months	<input type="checkbox"/> None
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Appendix C

LIFE PLAN

(Lethality Assessment, Intervention, Follow Up, Emotional Encouragement)

Student: _____

Name of Parent/Legal Custodian Contacted: _____

Date Parent/Legal Custodian Contacted: _____

Parent/Legal Custodian Response:

Child Abuse and Neglect Hotline made: Yes _____ No _____

(Must be contacted if parent response was of concern) (1-800-392-3738)

Hotline Notes (Casework Number):

Life Pact: Student agrees not to harm self.

Student Signature: _____ Date: _____

If Life Pact was not agreed to. Appropriate action was taken. Steps taken by counselor:

Follow Up Notes: _____

Aurora Counselor Signature: _____ Date: _____

Give copies of all forms to the building administration immediately.

Appendix D

RISK INDICATOR

Signs and Symptoms Which May Indicate Depression or Suicidal Intentions in Young People

Thought Disturbance

- Difficulty concentrating, remembering, making decisions
- Preoccupation with thoughts of death or suicide
- Unreasonable fears (occasionally)

Behavioral Disturbance

- Restlessness, nervousness, frenzied over involvement in activities, acting up in class, inability to relax
- Risk taking or self-destructive behavior, suicide attempts
- Social withdrawal
- Frequent accidents
- Psychomotor retardation (listless, sulking, lying around the house, looking fatigued or frequently falling asleep, constant television watching)
- Substance abuse (Excessive use of alcohol or caffeine can cause depressive symptoms or be the child's attempt to self-medicate for depression.)
- Sexual acting out (Promiscuous or indiscriminate sex can be a desperate attempt to avoid feelings of depression and to feel wanted.)
- Talk of death, despair or preoccupation with thoughts of death.

Emotional/Perceptual Disturbance

- Persistent sad, anxious or "empty" mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness, self-blame
- Loss of interest or pleasure in previously enjoyed activities
- Excessive self-criticism (considers self a complete failure, ugly, unpopular and incompetent)
- Despair over loss of significant relationship

- Recent suicide of someone close

Physical Disturbance

- Insomnia, early-morning awakening or oversleeping
- Appetite and/or weight loss or overeating and weight gain
- Decreased energy, fatigue, being “slowed down”
- Feigned illness or persistent physical symptoms that do not respond to treatment such as headaches, digestive disorders and chronic pain

School Problems

- Unexplained decline in academic performance
- Lack of motivation and effort
- Loss of interest in school subjects
- Turning in unfinished or messy work
- Giving up easily when attempting school work
- Complaining of being too tired to finish assignment
- Frequent absence from school

Critical Suicide Warnings *

- Preoccupation with death
- Communication of preoccupation
- Expression of intent
- Increased isolation
- Increased risk taking behavior
- Increased feelings of despair, aloneness
- Saying goodbye
- Giving things away
- Making final arrangements, putting things in order
- Sudden lift in mood, appearance and behavior (euphoria)

***Intervene and act! In most cases, you do not have long!**

Student's Name: _____

Date Assessed: _____

Assessment Completed by: _____

Appendix E

Signs of Suicidal Intentions

- A previous suicide attempt
- A threat of suicide
- Feelings of hopelessness and helplessness
- Talk of death, despair, or a preoccupation with thoughts of death
- Anxiety and tension
- Withdrawal from family and friends
- Violent or rebellious behavior
- Drug and/or alcohol abuse
- Giving away valued possessions or making final arrangements
- Abrupt changes in behavior
- Sudden, inexplicable euphoria after a period of depression
- Running away from home
- Change in academic performance
- Boredom
- Inability to concentrate
- Feelings of worthlessness
- Physical complaints
- Recent suicide of someone close or someone with whom they identify
- Changes in eating habits
- Abrupt changes in school attendance

Student's Name: _____

Date Assessed: _____

Assessment Completed by: _____

Appendix F

LIFE EVENTS, STRESSES AND DEVELOPMENTAL FACTORS IN ADOLESCENT SUICIDE

Stress Category	External Stresses & Life Events	Internal Reaction As Problem (Stress Accumulation)
Parental Loss	<input type="checkbox"/> Loss- death <input type="checkbox"/> Loss- divorce <input type="checkbox"/> Loss- desertion <input type="checkbox"/> Loss- unavailability	<input type="checkbox"/> Apathetic <input type="checkbox"/> Depression Anxiety <input type="checkbox"/> Dependence Anxiety
Family Dynamics	<input type="checkbox"/> Chaotic family functioning <input type="checkbox"/> External situation <input type="checkbox"/> Disruption <input type="checkbox"/> Social disruption <input type="checkbox"/> Role reversal <input type="checkbox"/> Traumatic events	<input type="checkbox"/> Symbiotic bonding <input type="checkbox"/> Counter-dependence <input type="checkbox"/> Shame covering <input type="checkbox"/> Guilt acquisition <input type="checkbox"/> Defensive self-positioning <input type="checkbox"/> Ego overwhelmed
Social Adjustment	<input type="checkbox"/> Rejection <input type="checkbox"/> Isolation Conflicts <input type="checkbox"/> Negative performance <input type="checkbox"/> Traumatic events <input type="checkbox"/> Bullying	<input type="checkbox"/> "I can't" decision moves to <input type="checkbox"/> "I won't" decision (aggressive features, passive features)
Personal Adjustment	<input type="checkbox"/> Parental ties <input type="checkbox"/> Social isolation/alienation <input type="checkbox"/> Acting out <input type="checkbox"/> Interpersonal conflict <input type="checkbox"/> Alcohol/drug use <input type="checkbox"/> Traumatic events	<input type="checkbox"/> Social acceptance sought <input type="checkbox"/> Protection-alienation <input type="checkbox"/> Power id/victim <input type="checkbox"/> id confluence

Student's Name: _____

Date Assessed: _____

Assessment Completed by: _____

Appendix G

Tips for Parents

1. **Know the warning signs!**
2. **Do not be afraid to talk to your child.** Talking to your children about suicide will not put thoughts into their head. In fact, all available evidence indicates that talking to your child lowers the risk of suicide. The message is, "Suicide is not an option, help is available."
3. **Suicide-proof your home.** Make the knives, pills and, above all, the firearms inaccessible.
4. **Utilize school and community resources.** This can include your school counselor, crisis intervention personnel, suicide prevention groups or hotlines, or private mental health professionals.
5. **Take immediate action.** If your child indicates he/she is contemplating suicide, or if your gut instinct tells you they might hurt themselves, get help. **Do not leave your child alone.** Even if he denies "meaning it," stay with him. Reassure him. Seek professional help. If necessary, drive your child to the hospital's emergency room to ensure that she is in a safe environment until a psychiatric evaluation can be completed.
6. **Listen to your child's friends.** They may give hints that they are worried about their friend but be uncomfortable telling you directly. Be open. Ask questions.

Appendix H

Tips for Teachers

1. **Know the warning signs!**
2. **Know the school's responsibilities.** Schools have been held liable in the courts for not warning the parents in a timely fashion or adequately supervising the suicidal student.
3. **Encourage students to confide in you.** Let students know that you are there to help, that you care. Encourage them to come to you if they or someone they know is considering suicide.
4. **Refer student immediately.** Do not "send" a student to the school psychologist or counselor. Escort the child yourself to a member of the school's crisis team. If a team has not been identified, notify the principal, counselor, nurse or SRO. (And as soon as possible, request that your school organize a crisis team!)
5. **Join the crisis team.** You have valuable information to contribute so the school crisis team can make an accurate assessment of risk.
6. **Advocate for the child.** Sometimes administrators may minimize risk factors and warning signs in a particular student. Advocate for the child until you are certain the child is safe.

Appendix I

AURORA R-8 SCHOOLS
201 S. Madison, Aurora, MO 65605
EXCHANGE OF INFORMATION

Phone: (417) 678-7742 Fax: (417) 717-0518
Date of Request:

Student's Name:

DOB:

We request the exchange of information between the following parties:

(Person)

(Person)

(Agency)

(Agency)

(Address)

(Address)

(City, State, Zip)

(City, State, Zip)

(Voice)

(Voice)

(Fax)

(Fax)

- Cumulative Permanent School
- Records Psychological Reports
- Complete Health Records
- Special Education Records, including active IEP and current Diagnostic
- Summary Any Information Relevant To The Development Of Educational
- Programming Other

This information is requested for the following reasons:

- Transfer of student to this/another
- district New enrollment/re-
- enrollment Hospitalization
- Contractual Placement
- Development Of Educational
- Programming Other

Drug and/or Alcohol Abuse, and/or Psychiatric, and/or HIV/AIDS Records Release

I understand if my medical records contain information in reference to drug and/or alcohol abuse, psychiatric care, sexually transmitted disease, Hepatitis B or C testing, and/or other sensitive information, I agree to its release.

I understand if my medical record contains information in reference to HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) testing and/or treatment, I agree to its release.

Time Limit and Right to Revoke Authorization

Except to the extent that action has already been taken in reliance on this authorization, at any time I can revoke this authorization by submitting a notice in writing to the building principal or director of special education at the address listed above. Unless revoked, this authorization will expire on the following date or event or 1 year from the date of signature, unless otherwise specified.

Re-Disclosure

I understand the information disclosed by this authorization may be subject to re-disclosure by the recipient and no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The Aurora R-VIII Schools, its employees, and officers are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Signature of Parent/Guardian/Emancipated Student

I understand that I do not have to sign this authorization and medical institutions cannot condition treatment, payment, enrollment or eligibility based on this authorization. I can inspect or copy the protected health/educational information to be used or disclosed. I authorize the Aurora R-VIII Schools to use and disclose the protected health/educational information specified above.

_____/ /_____
(Signature of Parent/Guardian/Emancipated Student) (Date)

Appendix J
Aurora Community Annotated Directory of Referrals
Mental Health

Name:	Contact Information:	Description/Additional Information:
Alliance Counseling Association	417-229-0413 1402 S. Elliott Aurora, MO 65605	
Ambassadors for Children	417-862-3586 Ext. 236 627 N. Glenstone Springfield, MO 65806	
Burrell Behavioral Health Center	573-777-8450 (phone) 573-777-7587 (fax) Central Region 3401 Berrywood Dr., Suite 2014 Columbia, MO 65201 417-269-2476 417-334-7575 800-863-2306 155 Corporate Place Branson, MO 65616 417-269-2440 217 E. Walnut, Suite C Bolivar, MO 417-269-5400 (phone) 417-269-0286 (Marsha Brewer, Director of Deaf Services) 417-269-7212 (fax)	There are multiple doctors and nurse practitioners; accepts children, adolescents, and adults; adolescent substance abuse treatment is available; Medicaid only patients must qualify for case management services through Burrell prior to calling the Crisis Team to schedule screenings for case management services Serves Boone, Carroll, Chariton, Cooper, Howard, Moniteau, Morgan, Pettis, Randolph, and Saline County Springfield: Offers specialized treatment and assessment for emotional, behavioral, alcohol and drug, and family/marriage difficulties Serves Christian, Dallas,

	1300 E. Bradford Parkway Springfield, MO 65804	Greene, Polk, Stone, Taney, and Webster County
Burrell Center, Inc. – Mental Health Crisis Hotline Center	417-761-5555 800-494-7355 http://www.burrellcenter.com	
Center City Counseling Clinic	417-836-3215 MSU Park Central Office Building Corner of South and McDaniel Springfield, MO 65806	
Center for Life Coaching & Counseling, LLC.	417-671-9856 1401 S. Elliott Aurora, MO 65605	
Center for Professional Counseling	417-882-4110 1300 Bradford Parkway Springfield, MO 65804	Some of the mental health providers include Paula Sivils, Carl Dawson, & Dr. David Lutz
Christian Counseling Services	417-881-9800 1740 S. Glenstone Springfield, MO 65804	Evening and weekend appointments are available (Medicaid or private insurance and sliding scale)
Clark Center Crisis Services	800-801-4405 http://www.clarkmentalhealth.com	Has a counselor that comes to our school
Clark Community Mental Health Center	417-476-1000 (phone) 417-476-1082 (fax) 104 W. Main P.O. Box 100 Pierce City, MO 65723 Consumer Service Contact: 417-235-6610 307 4 th St. Monett, MO 65708	Has a counselor that comes to the school Serves Barry, Dade, & Lawrence County

College Skyline Center	417-782-1143 http://www.collegeskylinecenter.com 1230 Duquesne Joplin, MO 64801	
Counseling Associates of Springfield, Inc.	417-881-9518 1722 S. Glenstone, Ste. H Springfield, MO 65804	Medicaid and Medicare accepted—some sliding scale accepted
Counseling Solutions	417-887-9950 Doctor's Building 1531 E. Sunshine Springfield, MO 65804	Medicaid accepted in some cases; sliding scale, if insurance covers mental health counseling, payment is accepted at the time of service, and the client is responsible for submitting a receipt to the insurance company for reimbursement (Brian Vega)
Department of Mental Health	417-895-6328	Provides information on programs for mental illness and informational and educational services on mental health and substance abuse
Drury University Counseling Services	417-873-7418 900 N. Benton FSC 106 Springfield, MO 65802	Provides short-term counseling to help currently enrolled DU day school students identify and understand personal issues that are affecting their quality of life, education and work performance--free
Eaglecrest Counseling Center	417-862-8282 1111 S. Glenstone, Ste. 201 Springfield, MO 65804	Private Insurance; Medicaid/Medicare – no new Medicaid only patients; self pay; reduced fee is determined on an individual basis
Great Circle (Boy's and Girl's Town of Missouri)	417-865-1646 http://www.greatcircle.org 1212 W. Lombard	

	Springfield, MO 65806	
Group Residential Individualized Program	417-498-6852 http://www.gripboyshome.com 14422 Business Hwy. 60 Verona, MO 65769	
Hand in Hand Professional Counseling Services	417-865-4673 http://www.hihmc.org 1437 W. Hovey Springfield, MO 65807	
Heartland Behavioral Health Services	417-667-2666 800-654-9605 1500 W. Ashland Nevada, MO 64772	Cares for kids with emotional, behavioral, or mental health disorders
Richard Jenkins	417-229-0413 1602 S. Elliott Aurora, MO 65605	Specializes in Sexually Abused Children
Jordan Valley Community Healthcare	417-831-0150 630 W. Kearney Springfield, MO 65803	MD on staff—no psychiatrist; will schedule for psych medication management if an appointment has already been set with a psychiatrist and a referral is made to JVCC by Burrell staff. Good for PCP. Adults and children health, dental and behavioral health; will accept Medicaid and/or Medicare; income sensitive—may require a Medicaid denial letter
Gary June PSY.D	417-678-5532 308 S. Madison Aurora, MO 65605	Psychological Services
The Kitchen Medical Clinic	417-837-1504	For individuals struggling financially; MD on staff—not a

	1630 N. Jefferson Springfield, MO 65803	psychiatrist; first come, first serve basis for new patients
Lakeland Regional Hospital	855-268-5506 http://www.lakelandbehavioralhealth.com 440 S. Market Springfield, MO 65806	Mental healthcare
Lost & Found: A Place for Hope Through Grieving	417-832-9998 http://www.lostandfoundozarks.com 1006 N. Cedarbrook Springfield, MO 65802	
McAuley Counseling Services	417-823-0498 2200 E. Sunshine Springfield, MO 65804	Accepts Medicaid, Medicare, and major insurance. There are times provided for the underinsured, uninsured, and those unable to make a co-pay.
Mercy Marian Center	417-820-7447 http://www.mercy.net/practice/mercy-marian-center 1845 Rogers Springfield, MO 65804	
MSU Center City Counseling Practicum Clinic	417-895-5957 430 S. Street Great Southern Building Suite 204 Springfield, MO 65804	Counseling services for adults, children, couples, and families—services are available to the public for a reduced fee
NAMI Alliance for the Mentally Ill	417-864-7119	Resources for the mentally ill and their families
Narcotics Anonymous	417-866-7392	NA is a 12-step program that is similar to the other non-profit organization: Alcoholics Anonymous. This program is designed to help people who have a drug problem. However, not every drug addict can enter NA and have success.

		It takes a good level of willpower to make it through.
National Mental Health Association	800-969-6642	
Native American Services	417-869-9550	Provides social services for Native Americans
OCH Lawrence County Clinic	417-466-4110 108 S. Hickory Mt. Vernon, MO 65712	ADHD and Behavioral Health: Diagnosis and Treatment. Diagnose and treats those in preschool through adolescent years with ADHD, pervasive developmental disorders such as autism, oppositional defiant disorder, or other behavioral issues
Options Outpatient Counseling Center	417-782-7700 1515 W. 10 th St., Suite E Joplin, MO 64801	
Ozark Center	417-347-7600 (phone) 417-347-7608 (fax) http://www.freemanhealth.com/ozarkcenter 3006 McClelland P.O. Box 2526 Joplin, MO 64804	Serves Barton, Jasper, McDonald, and Newton County
Ozark Psychological Associates	417-882-4485 1736 E. Sunshine Springfield, MO 65804	Will take any insurance and does take Medicaid. Can usually be seen in about one week. They do work with people on payments.
Ozarks Community Hospital - Dr. Paul Dobard	417-466-4110 108 S. Hickory Mt. Vernon, MO 65712	
The Ozarks Counseling Center	417-869-9011 http://www.ozarkcounselingcenter.org 1550 E. Battlefield, Suite A	Sliding scale; offers outpatient individual and family counseling for emotional and marital problems

	Springfield, MO 65804	
Phillip M Marsh, Murrell Counseling	417-881-1580 2200 E. Sunshine Springfield, MO 65804	Accepts Medicare and Medicaid; will do home visits; special low rates
Robert J. Murney Clinic of Forest institute	417-865-8943 http://www.murneyclinic.org 1322 S. Campbell Springfield, MO 65807	Provides comprehensive mental health services, individual group and marital therapy, family evaluations, parenting classes, and counseling. Fee based on household income; Medicaid and Medicare for children accepted.
Safe Harbor	417-833-8300 2032 E. Kearney, Ste. 214 Springfield, MO 65803	Will need to bring income tax return for fee schedule with sliding scale
Sis Ann Broyles	417-229-1466	Private Counseling
Springfield Regional Center	417-895-7400 1515 E. Pythian Springfield, MO 65802	Assistance for those affected by developmental disabilities, such as mental retardation, cerebral palsy, head injuries, autism, epilepsy, certain learning disabilities, etc.
St. John's Clinic of Psychiatry - Dr. Donald Balun - Dr. Thomas Kuich - Dr. Sharma - Dr. Hoyt	417-820-8180	Limiting new patients, call for payment information
St. John's Clinic of Psychiatry (Children/Pediatric) - Dr. Thomas Weeston - Dr. Kyle John	417-820-3128	Only accessed through St. John's

St. John's Marian Center	866-785-7447 417-820-7447	Mental Healthcare
Touchstone Counseling	417-581-6911 6007 N. 21 st St. Ozark, MO 65721	Accepts TriCare/Triwest, united Benefit Health, Blue Cross/Blue Shield, Missouri Medicaid, and several other managed care companies
Truman Medical Center Behavioral Health	816-404-5700 (phone) 816-404-5731 (fax) 2211 Charlotte Kansas City, MO 64108	Serves Jackson County
Marilyn Wachner	417-678-1380 1604-1/2 S. Elliott Aurora, MO 65605	Mental Services
Eva Wilson Psy.D	417-678-1380 425 E. Church St. Aurora, MO 65605	Mental Services

Hotlines

Name:	Contact Information:	Description/Additional Information:
AIDS Project of the Ozarks	417-881-1900 http://www.aidsprojectoftheozarks.org	Assistance for those affected by the AIDS virus
Alcohol and Drug Help and Referral Line	800-ALCOHOL 800-252-6465	
Bloch Cancer Hotline	800-433-0464 http://blohcancer.org/about/cancer-hot-line/	
Burrell's Adult Crisis Stabilization Unit	417-269-5400	

Cancer Information Service	800-422-6237 http://www.cancer.gov/aboutnci/cis/page1	
Child Abuse and Neglect Hotline	800-392-3738 http://dss.mo.gov/cd/can.htm	
Child Advocacy Center	427-831-2327	
ChildHelp USA National Child Abuse Hotline	800-4-A-CHILD http://www.childhelp.org	
Cocaine Helpline	800-787-7505	
Community Partnership	417-864-6020	
Court Appointed Special Advocates (CASA)	417-864-7413	
Covenant House Hotline	800.999.9999 http://www.covenanthouse.org	
Crime Stoppers	800-638-6700 800-222-TIPS http://www.crimestoppersusa.com	
Crisis Drug Abuse	800-787-7505 713-HOTLINE http://www.crisishotline.org/content/get-help.html	
Crisis Text Line	741-741 www.crisistextline.org	Text with anything that is on your mind
Disaster Distress Helpline	800.985.5990 http://disasterdistress.samhsa.gov	
Domestic Violence Hotline	800-829-1122 http://www.thehotline.org	
Elder Abuse and Neglect Hotline	800-392-0210 http://health.mo.gov/safety/abuse/	

Family Violence Center Hotline	800-831-6863 417-837-7233 417-864-SAFE http://www.familyviolencecenter.org	
Highway Patrol Emergency Line	417-895-6800	
Hopeline	800-442-HOPE http://www.hopeline.com	
Lakeland Regional Hospital 24-Hour Helpline	800-423-1210	
MADD Hotline	800-736-6233	
Marian Center	417-820-3088	
Missouri Victim Center	417-863-7273 800-743-5262 417-864-7233 http://www.thevictimcenter.org	
National AIDS Hotline	800-342-AIDS http://www.cdc.gov/hiv/	
National Alliance for the Mentally Ill	877-535-4357 http://www.nami.org	
National Association of Anorexia Nervosa & Associated Disorders	847-831-3438 http://www.anad.org	
National Center for Missing and Exploited Children	800-THE-LOST http://www.missingkids.com	
National Child Abuse Hotline	800-25-ABUSE http://www.childhelp.org	
National Drug and Alcohol Treatment Referral Routing Service	800-662-HELP	
National Domestic Violence Center Hotline	800-799-7233 http://www.nrcdv.org	

National Parent Helpline	855-4A-PARENT http://www.nationalparenthelpline.org	
National Runaway Hotline/Switchboard	800-786-2929 http://www.1800runaway.org	
National Sexual Assault Hotline – Rape and Incest National Network	800-656-HOPE http://www.rainn.org	
National Suicide Prevention Hotline	800-784-2433	
National Teen Dating Helpline	866-331-9474 http://www.loveisrespect.org	
Parental Stress Helpline	800-367-2543	
SafeQuest Crisis Line	866-487-7233	
STAND Against Domestic Violence Crisis Hotline	888-215-5555 http://www.standagainstdv.org	
Suicide Crisis Hotline	417-862-6555 800-494-7355	
Suicide Prevention Lifeline	800-273-TALK http://www.suicidepreventionlifeline.org	
Teen Crisis Hotline	713-529-TEEN	
The Trevor Project (LGBTQ)	866-488-7386 http://www.thetrevorproject.org	
Youth Crisis and Runaway Hotline	800-HIT-HOME 800-743-5256	