

# Maryville R-II School District



## 2021-2022 Suicide Awareness and Prevention Plan

Approved: August 2018 (Updated 04/2021)  
Maryville R-II School District: Board of Education



**District Suicide Awareness and Prevention Workgroup**  
**and**  
**Crisis Response Team (CRT)**

**Maryville R-II Central Office**

Mr. Brian Lynn – Coordinator of Student Services

**Nurses**

Ms. Makenzie Ramsey – EFES

Ms. Melissa Coffelt – MMS  
– MHS

**School Counselors**

Ms. Sarah Pedersen - EFES

Ms. Taylor Deen - EFES

Ms. Heidi Webster - MMS

Mr. Mark Falke - MMS

Ms. Becky Houtchens - MHS

Ms. Ashlee James - MHS

Mr. Rory Jackson - NTS

**School Social Workers**

Ms. Jennifer McDowell – EFES

Ms. Tammy Oltman – TLC Director

**School Resource Officer**

Officer Ian Myers



## Introduction

### *Youth Suicide*

The likelihood of students, faculty, or staff encountering a suicidal student is real, even at the elementary school level. Few events are more painful than the suicide of a student. Suicide is an issue for people from all educational and socioeconomic backgrounds. There is evidence that suicide is preventable in many cases. Appropriate and timely prevention, intervention and postvention (after a suicide) helps school administrators to maintain control in a crisis and may help prevent suicide contagion.

### *The Importance of Suicide Prevention Guidelines*

School Board Policy JHDF

(<https://simbli.eboardsolutions.com/ePolicy/policy.aspx?PC=JHDF&Sch=338&S=338&C=J&RevNo=1.01&T=A&Z=P&St=ADOPTED&PG=6&SN=true>) requires the Maryville RII School District to "...outline key protocols and procedures the district will use to educate employees and students on the resources and actions necessary to promote suicide awareness and prevent suicide. The goal of the district is to help students who may be at risk of suicide without stigmatizing or excluding students from school. No student will be excluded from school based solely on the district's belief that the student is at risk of suicide."

Many school administrators are seeking guidance in the development of comprehensive suicide prevention, intervention and postvention guidelines to assist personnel in responding to suicidal behavior. The U.S. Surgeon General and clinical experts nationwide promote the adoption of suicide prevention protocols by local school districts to protect school personnel and to increase the safety of at-risk youth and the entire school community. The "standard of care" is changing so that schools are best prepared if they have written protocols in place.

In the 2020 Missouri Student Survey Report (the most recent year data was available) <https://dmh.mo.gov/alcohol-drug/missouri-student-survey> where 2,324 students from 45 schools were asked whether they had seriously considered suicide, more than 1 in 10 youth (11.1%) surveyed reported that they considered suicide in the last year, 4.9% made a plan to commit suicide, and of those students who attempted suicide 17.2% had attempts that resulted in injury.

Number of Suicide Attempts in the Past Year (12 Months)					
	0 times	1 time	2 or 3 times	4 or 5 times	6 or more times
<i>How many times did you actually attempt suicide?</i>	95.1%	2.8%	1.4%	0.2%	0.5%



About 19% of students reported attempting to harm themselves in a deliberate, but not suicidal, way. The most common method of self-harm was “cut, scratched, or hit myself on purpose”. Females (22.1%) were much more likely than males to report self-harm (15.0%).

Percent of Students Reporting Types of Self-Harm

	Male	Female	Overall
<i>Cut, scratched or hit myself on purpose to hurt myself</i>	9.4%	17.9%	13.9%
<i>Punched a hard object (like a wall or door)</i>	10.1%	10.8%	10.6%
<i>Pulled my hair or eyelashes</i>	1.9%	4.9%	3.5%
<i>Burned myself</i>	1.8%	3.0%	2.5%
<i>Used drugs or alcohol to hurt myself</i>	1.4%	2.8%	2.1%
<i>Swallowed more medicine than a doctor told me to take to hurt myself</i>	0.7%	3.0%	1.9%
<i>Swallowed something on purpose that was not food, drink or medicine in order to hurt myself</i>	0.6%	0.4%	0.6%
<i>Other</i>	3.0%	2.0%	2.5%

The Maryville RII School District is committed to suicide awareness, education and prevention. This Plan is intended to provide information, guidance, and direction for staff members when confronting issues of suicide.

#### ***Rationale for Developing and Implementing School Suicide Prevention, Intervention and Postvention Protocols***

- Given the strong correlation between suicidal and violent behavior, preparation for responding to suicide crises may provide a framework to aid school personnel in responding to the threat of interpersonal violence among students. The perpetrators in all high-profile U.S. school shootings were also suicidal.
- Advanced planning is critical to providing an effective crisis response. Internal and external resources must be in place to address student issues and to normalize, as much as possible in a crisis, the learning environment for everyone.
- All school personnel need to know that protocols exist to refer at-risk students to trained professionals so that the burden of responsibility does not rest solely with the individual “on the scene.”
- While most school personnel are not expected to provide the in-depth assessment or counseling necessary for treating a suicidal student, they are responsible for taking reasonable and prudent actions to help at-risk students, such as notifying parents, making appropriate referrals and securing outside assistance when needed.



- School personnel, parents/guardians, and students need to be confident that help is available if/when they raise concerns regarding suicidal behavior. Studies show that students often know, but do not tell adults, about a suicidal peer because they do not know how adults will respond or think they can't help.
- Special issues such as suicide contagion, misinformation, rumors and hysteria must be considered when responding to suicidal behavior.

### ***Indicators of Risk***

Although there is no way to predict behavior with 100% accuracy, we can review research from the American Association of Suicidology, National Association of School Psychologists, Center for Disease Control and Prevention, and the UCLA Mental Health Project for guidance on individual characteristics that compose “indicators of risk” for suicide.

Based on this research, the following list is indicative of behaviors that may indicate increased risk for suicide:

- Prior attempts and/or hospitalization: can include hospitalization for depression/mental illness as well as chronic illness or injury that significantly impacts a student's previous pattern of behavior/lifestyle.
- Self-injurious/destructive behavior: running into traffic, jumping from heights, injuring/scratching/cutting<sup>1</sup>/marking the body, gun play, alcohol/drug use, lack of concern for personal safety.
- Family history: family member or close friend who has died by suicide, family history of mental illness and/or depression.
- Grief and loss: recent change in family dynamic, death of a loved one, divorce, move/change in school, diagnosis of chronic illness (self or loved one.)
- Changes in physical habits and/or appearance: sleeping more or less than a student's typical pattern, eating more or less than a student's typical pattern, hygiene (disregard or disinterest.)
- Threats, both direct and indirect: ideation (student talking about suicide or “not being here anymore”), references to death in writing assignments, increase in risky behaviors (drugs/alcohol/sexual activity), obsessive thoughts/expressions of death, preoccupation with afterlife.

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<sup>1</sup>/Please note, “cutting” in and of itself is not necessarily an indicator of suicide. However, it is a risky behavior that requires support and should be addressed.



- Changes in school performance: increased absenteeism, particularly in the most recent semester, reduced concentration/drop in grades, increased contact with administration and/or law enforcement (office referrals, arrests, legal consequences.)
- Depression: helplessness, hopelessness (inability to identify reasons for living), isolation/withdrawn (less activity or interaction with peers/family/school.)

### ***About This Plan***

This document recognizes and builds on the skills and resources inherent in school administrative units. Schools are exceptionally resilient and resourceful organizations whose staff members may be called upon to deal with crises on any given day. Schools can provide a source of support and stability for students and community members when a crisis occurs in their community.



## **Policies**

### **I. Crisis Response Team (CRT)**

The Maryville R-II School District will create, strengthen, or work within existing District Suicide Awareness and Prevention processes to develop, implement, monitor, review, and as necessary, revise district suicide awareness and prevention policies. This committee will also serve as a resource to school sites for implementing those policies. The CRT will meet a minimum of two times per year (Fall, Spring).

#### **Leadership**

The Coordinator of Student Services or designee(s) will convene the CRT and facilitate development of and updates to this plan, and will ensure each school's compliance with this plan.

The designated official for oversight is (Brian Lynn, Coordinator of Student Services).

### **II. Suicide Awareness and Prevention Plan Implementation, Monitoring, Accountability and Community Involvement**

#### **Implementation**

The district will develop and maintain a plan for implementation to manage and coordinate the execution of this suicide awareness and prevention plan. The district will provide professional development to complete the school-level training at each individual campus.

#### **Monitoring**

The superintendent or designee will ensure compliance with established district wide suicide awareness and prevention policies. In each school, the principal or designee will ensure compliance with those policies in his/her school and will report on the school's compliance to the district superintendent or designee.

#### **Annual Notification of Plan**

The District will actively inform families and the public each year of basic information about this Plan, including the content, any updates to the plan and implementation status. The District will make this information available via the district website and/or district-wide communications. Annually, the District will also publicize the name and contact information of the District/school officials leading and coordinating the committee.

### **III. Staff response when notified of a student concern regarding suicide**

#### **Student Reports to Staff**

There are many ways a staff member can be alerted to a concern regarding a student who may be having suicidal thoughts. Another student, another staff member, a community member, a parent or by anonymous communication are all avenues to report concern.



When a staff member receives a report of a concern regarding suicide, the staff member will take one or more of the following steps:

- a) If the staff member is with a student who is self-reporting, then he or she will stay with the student while notifying a member of the CRT team. After notifying, the staff member will continue to stay with the student until a CRT member arrives. *The student is not to be left alone.*
  - i) The staff member will then provide either a written or verbal summary of the concern. If written messages, electronic communications or drawings have been referenced as part of the concern, those materials or a copy of those materials, will be provided to the responding CRT team member.
- b) If a concern was reported to a staff member and the student is not with that staff member, then that staff member will immediately contact a member of the CRT team. If the building-level CRT member is unavailable, the staff member will contact CRT team members in other buildings until someone is reached.
  - i) The staff member will then provide either a written or verbal summary of the concern. If written messages, electronic communications or drawings have been referenced as part of the concern, those materials, or a copy of those materials, will be provided to the responding CRT team member.

### **CRT Response to Reports of Suicidal Concern**

Once notified of a concern, the CRT team member will administer The Brief Suicide Assessment Inquiry to help determine the level of risk to the student.

Included in this manual is *The Brief Suicide Assessment Inquiry*, a *Student Safety Plan*, a *Record of Actions Taken*, a flow chart for *Employee Response to Student Suicide Risk*, *MRII Resource List*, and a *Parent Plan of Action form*. One or more of these forms may be used by a CRT team member when assessing a student for suicide risk. Some students may be uncomfortable if the interviewer is actively taking notes during the conversation. The forms are structured to be completed after the interview takes place in order to avoid raising suspicions and opposition, if necessary. If a student maintains an attitude of non-compliant and/or hostility about answering the interview question, the interviewer should assume moderate/ high risk.

The interviewer should keep a copy of the Brief Suicide Assessment Inquiry and the Student Safety Plan pages. The school principal should receive a copy of the Actions Taken record. Parents are provided a copy of the Student Safety Plan, and local resources (forms and resources found in the Appendices.)

### **Parent Notification**

Parent contact is a requirement of suicide intervention. A parent's greatest fear is that something may happen to harm their child. When discussing the possibility of self-harm and suicide, parents may have many different reactions. It is anticipated that most parents will join the school team in looking at risk factors and share their concerns about their student.





At the completion of the interview, if the risk is deemed to be low, a phone call alerting the parents may be sufficient.

High risk categories require “in person” contact. The Intervention Report/Parent Plan of Action form (required) asks for a commitment from the parent for action.

Parents will be provided with information for a mental health/hospital assessment and county resources. The CRT team member will also make an appointment with the student for a follow-up visit at school. If the risk is “High” and the interviewer has acute concerns about the student’s immediate safety, the parent is asked to allow the CRT member to contact a local screening agency (Family Guidance) or to commit to transporting the student immediately for an emergency assessment. If the parent is unwilling or unable to transport the student, or if the parent cannot or will not commit to immediate response, the school team may contact the School Resource Officer, or community resources if the SRO is unavailable, in order to ensure the student’s safety.

#### **IV. School Response after a Suicide Attempt or a Suicide**

##### **School Re-entry after Hospitalization or Extended Treatment for a Suicide Attempt**

Children are embedded in multiple systems, including Parent, School, Social and Community. All of these systems need to interact collaboratively to support the successful reintegration of the student. There may be reintegration barriers that need to be addressed through a Reintegration Plan, such as:

- Truancy
- Miscommunication
- Treatment side effects
- Recurring symptoms
- Continued psychological distress
- Lack of motivation to reintegrate
- Student self-isolation or peer exclusion

**Parents** may be feeling:

- Stressed about their child but also may have missed work in order to care for their child, and thus are stressed about financial implications
- Constantly worried about their child’s well-being
- Experience pervasive feelings of powerlessness
- Experiencing a dual trauma of the suicide attempt and any subsequent impact on the family unit as a whole

**Parents** may need:

- Information about their child’s status
- Help understanding why the attempt happened in the first place
- Support for their own mental health needs
- Education on preventative measures
- More frequent communication in the short term



**School Staff** may be feeling:

- Concerned, but unsure how to help
- Protective of their other students
- Worry that this may happen again
- Stressed about what kind of educational demands to place on the student

**School Staff** may need:

- Clear guidelines on who they can ask questions of about the student
- A clear reintegration plan if the student will be missing class or if there is an increased need for supervision
- Communication on how to welcome the student back to class

**Best Practices for Successful Reintegration Include:**

*School-Based Factors* such as coordination among school personnel, understanding and support, reentry interventions, and follow through.

*Student Factors* such as student investment in recovery, student experience of post hospitalization symptoms.

*Familial Factors* such as parental investment in recovery, parents' expectations of treatment and recovery, parents' response to the hospitalization and reentry, parents understanding of resources.

*Mental Health Care Factors* such as continuity of care, attention to school entry.

*Systemic communication between all factors.*

**School Response After a Suicide**

The suicide of a student can leave a school faced with grieving students, distressed parents and school staff, media attention, and a community struggling to understand what happened and why. In this situation schools need reliable information, practical tools, and pragmatic guidance to help them protect their students, to communicate with the public and to return to their primary mission of educating students.

The resource *After a Suicide: A Toolkit for Schools, Second Edition* will be the primary reference for processes on coping with the aftermath of a student suicide. The second edition was written in 2018 by the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center, Education Development Center with endorsements from the National Association of School Psychologists, the National Association of Secondary School Principals and the American School Counselor Association.

This resource can be found here:

<https://www.sprc.org/sites/default/files/resource-program/AfteraSuicideToolkitforSchools.pdf>

and also on the Maryville RII School District website.

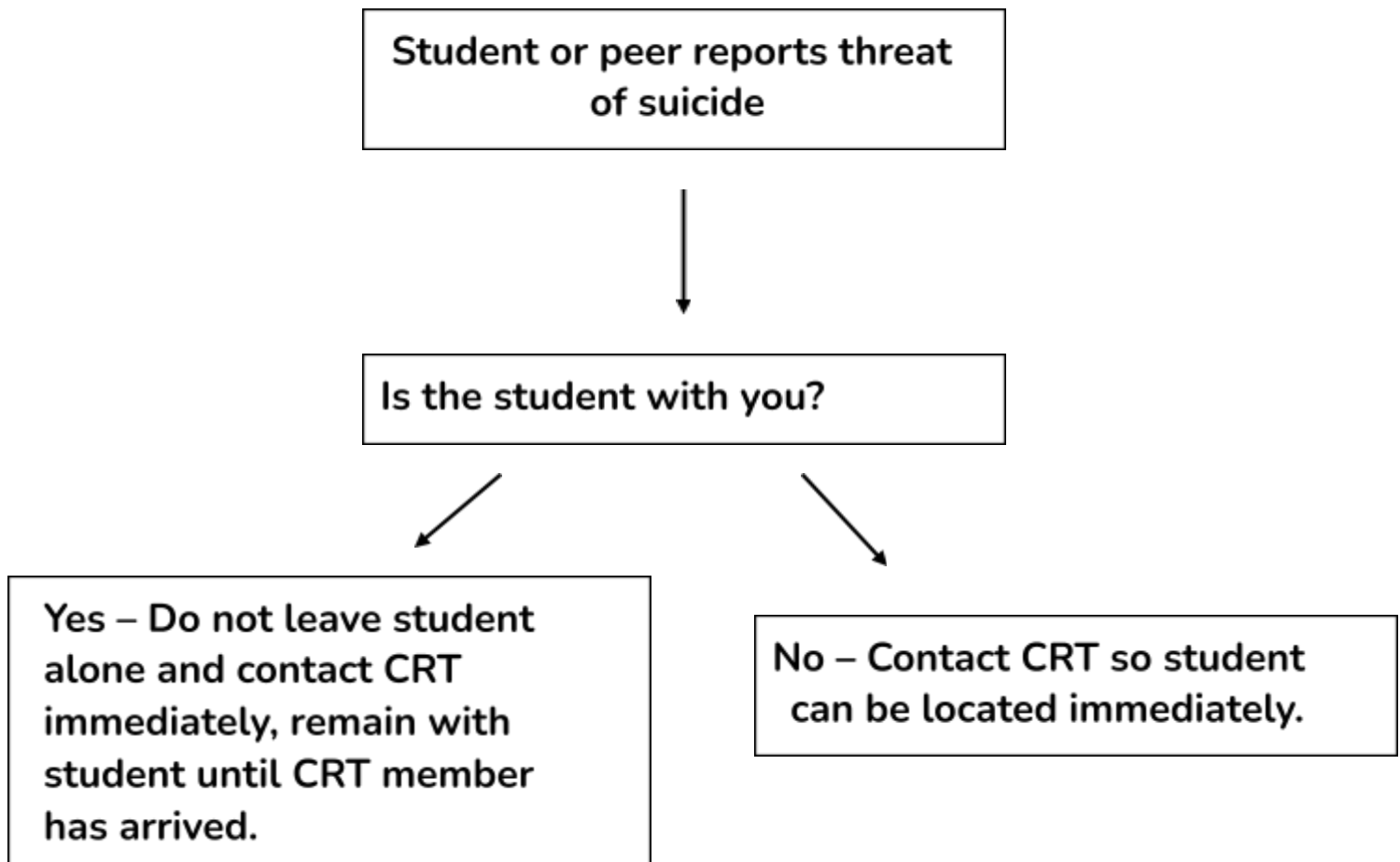


## **V. Plan Review**

The District Suicide Awareness and Prevention Workgroup will provide policy revision recommendations to the Superintendent and Board of Education as part of annual review and triennial program evaluation. The recommendations will be based on analysis of the compliance indicators and comparisons of the district's plan to model plans provided, recommended or referenced by DESE, the CDC and ongoing suicide awareness and prevention research and best practice recommendations. The board will revise the suicide awareness and prevention policy as it deems necessary and the suicide prevention and awareness plan will be revised accordingly.



# Employee Response to Student Suicide Risk



**\* In the event that you are unable to reach a building CRT member then you need to contact a district CRT member for assistance immediately.**



# Building Administration and CRT Members

## **Maryville Early Childhood Center (MECC)**

Michelle McCollum, Director – 1585

## **Eugene Field Elementary School (EFES)**

Philip Pohren, Principal – 1578

Kim Walker, Assistant Principal – 1579

### **CRT Members**

Sarah Pedersen, Counselor – 1516

Taylor Deen, Counselor - 1587

Jennifer McDowell, Social Worker – 1515

Makenzie Ramsey, School Nurse – 1520

## **Maryville Middle School (MMS)**

Kevin Pitts, Principal – 1317

Kate Lydon, Assistant Principal – 1318

### **CRT Members**

Heidi Webster, School Counselor – 1320

Mark Falke, School Counselor – 1319

Melissa Campbell, School Nurse – 1321

## **Maryville High School (MHS)**

Thom Alvarez, Principal – 4140

Bryan Grow, Assistant Principal – 4142

### **CRT Members**

Ashlee James, School Counselor – 4128

Becky Houtchens, School Counselor – 4115

High School Nurse – 4148

## **Northwest Technical School (NTS)**

Jeremy Ingraham, Director – 1277

### **CRT Member**

Rory Jackson, School Counselor – 1278

## **The Learning Center (TLC)**

### **CRT Member**

Tammy Oltman, Director – 1275

## **District Wide CRT Members**

Brian Lynn, Coordinator of Student Services – 1292

Ian Myers, School Resource Officer – 4160



## Maryville RII School District Brief Suicide Assessment Inquiry

Student's Name: \_\_\_\_\_

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

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

Today's Date: \_\_\_\_\_ Interviewer's name: \_\_\_\_\_

This assessment assists in determining potential suicidal risk factors for the student in question. Please make sure you ask the student directly about his/her thoughts about suicide or killing themselves. Asking if they want to 'harm' themselves does not necessarily imply killing, or severely injuring for that matter. It is critical that students be asked directly about their suicidal thoughts, wishes, plans, etc. A history of suicidal thoughts and/or feelings increases risk, as does a high frequency of such behavior.

Please attach interview answers/additional comments to this questionnaire, if additional space is necessary.

1. (Teacher Referral) What is your understanding of why you have been asked to come to the office? (*review facts*) ***If student is self reporting, refer to question #2.***
2. What feelings or thoughts are you having that made you want to see the counselor today?
3. I care about you and want to make sure you are safe. I need to ask you some specific questions. Have you been thinking about killing yourself? ***If answer is no, skip to number 10.***
4. Did an event/person precipitate this thought? (stressors) What triggers or environmental factors have lead the student to feel suicidal? (stress, peers, recent move, divorce, deaths or losses, conflict etc.)
5. How often do you have thoughts about killing yourself? How long do they last?



6. Have you talked to anyone about thoughts of killing yourself? Parent? Peers? Teacher?
7. What do you do when you have thoughts of killing yourself? Do you have any coping skills you use?
8. Do you currently have a plan of how you would kill yourself? When would you carry out this plan?
9. What were you planning on using to kill yourself? Where were you planning on getting this type of weapon?
10. Have you tried to kill yourself before?  
*If yes... When? How often? What was going on in your life at the time?*
11. Who do you have to talk to or help you with this situation? (determine what supports or stabilizing factors may be available or in place such as mental health professionals, peer groups, family supports, church groups, etc.)

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

Home Contact: \_\_\_\_\_



### Probability for Engaging in Suicidal Behavior (please check one):

☐ **At-Risk** - thoughts or threats alone about killing themselves; may have attempted to harm or kill themselves in the past

- Develop an individual **student safety plan** (separate document) with the student and parent/guardian to assure immediate safety and supportive intervention
- Provide parent/guardian a copy of the individual student safety plan
- Identify persons that the individual can contact if they are continuing to have these thoughts (at school and home)
- Provide student/family with hotline numbers
- Provide parent/guardian with resources for additional mental health support (**Resource Form**)

☐ **High Risk-** thoughts about killing themselves, have attempted to kill themselves in the past, have a plan on how to kill themselves, have means to a weapon (knives, guns, pills, etc.) that will be used.

- Contact parent/guardian and ask them if they would prefer to take the student to a mental health professional of their choosing, or if they would like for the school to contact a mental health screener to complete a psychological evaluation.
- Family Guidance Center - Mental Health Screening Hotline: **888.279.8188**
- Develop an individual **student safety plan** (separate document) with the student and parent/guardian to assure immediate safety and supportive intervention
- Provide parent/guardian a copy of the individual student safety plan
- Identify persons that the individual can contact if they are continuing to have these thoughts (at school and home)
- Provide student with hotline numbers
- Provide parent/guardian with resources for additional mental health support (**Resource Form**)

### NOTES:

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## Student Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Step 3: People and social settings that provide distraction:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Step 4: People whom I can ask for help:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician name \_\_\_\_\_ Phone \_\_\_\_\_
2. Clinician name \_\_\_\_\_ Phone \_\_\_\_\_
3. SSM St. Francis Hospital: (660) 562-2600
4. Comm Care (Family Guidance Center): (888) 279-8188
5. Suicide Prevention Lifeline Phone: (800) 273-TALK (8255)
6. Nine Line - Suicide Prevention Resource: (800) 999-9999

Step 6: Making the environment safe:

Does the student have access to any of the following?

- |   |   |  |
|---|---|--|
| Y | N | Guns   |
| Y | N | Medication/Illegal Drugs (OTC, Rx, or illegal)           |
| Y | N | Strangulation Devices (belts, ropes, shoe strings, ties) |
| Y | N | Knives   |
| Y | N | Any other means for attempting suicide                   |
| Y | N | A plan for 24/7 direct supervision                       |

### DOCUMENT DISSEMINATION INFORMATION

DATE: \_\_\_\_\_ METHOD: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_



## **RECORD OF ACTION(S) TAKEN - SCHOOL USE ONLY**

### **CONFIDENTIAL**

Student Name:	Name of School:	Grade:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Who initiated the referral?				
<input type="checkbox"/> Friend/Student _____ <input type="checkbox"/> Parent _____ <input type="checkbox"/> Teacher _____				
<input type="checkbox"/> Other School Personnel _____ <input type="checkbox"/> Administrator _____				
<input type="checkbox"/> Self Referral _____ <input type="checkbox"/> Other _____				
Reason for Referral				
Suicidal Behavior (Check one):				
<input type="checkbox"/> Suicide Attempt – Having taken action with intent to die				
<input type="checkbox"/> Suicide Threat – Saying or doing something that indicates self-destructive desires				
<input type="checkbox"/> Suicide Ideation – Having thoughts about killing self				
Action Taken (Check those that apply)				
<input type="checkbox"/> Student seen by school personnel _____ (Name/Agency)				
<input type="checkbox"/> Student referred to community agency _____ (Name/Agency)				
<input type="checkbox"/> Student referred to private professional _____ (Name/Agency)				
<input type="checkbox"/> Student transported to a hospital/other _____ (Name/Agency)				
<input type="checkbox"/> Student referred to Crisis Services _____ (Name/Agency)				
Form Completed by _____ Date _____ Position _____				
Copies to be filed with: _____				



## Maryville RII Resources Contact List

\*Inclusion on this list does not imply an endorsement of the agency or professional\*

Service By Category	Contact	Location	Phone #	Details
Mental Health Crisis Line (Suicide)			888-279-8188	
MO Child Abuse & Neglect Hotline			800-392-3738	
<b><u>Behavioral Assessments</u></b>				
*New Beginnings Counseling	<u>Michelle Jones Diane Courtney</u>	Maryville	660-562-3000	
Family Guidance		Maryville	660-582-3139	
Family Guidance		St. Joseph	816-364-1501	
<b><u>Children's Division &amp; Family Support</u></b>		Nodaway County	660-582-0405	
<b><u>Court Services</u></b>				
4th District Juvenile Office		Maryville	660-582-4312	
<b><u>In Patient Facilities</u></b>				
Crittenton Children's Center		Kansas City	816-765-6600	
Heartland Behavioral Health Services		Nevada	800-654-9605	
Lakeland Regional Hospital		Springfield	800-432-1210	
Research Psychiatric Hospital	12 - 18 year old	Kansas City	816-235-8159	
Royal Oaks		Windsor	800-456-2634	
Two Rivers		Kansas City	800-225-8577	
<b><u>Outpatient Counseling</u></b>				
				Sexual Assault Domestic Abuse Shelter: Men Women and Children; Children alone need to be 17 or older or emancipated
North Star Advocacy Center	Linda Mattson	Maryville	660-562-2320	
*Comprehensive Counseling Solutions	Gene Arnold & Team	St. Joseph	816-545-9203	
*Cornerstones of Care	Jeff Sturdivan - Medicaid only, will provide in home services	Maryville	816-912-9016	
Diana Adams		St. Joseph	816-232-0077	
*Family Guidance		Maryville	660-582-3139	
*Family Guidance		St Joseph	816-364-1501	
*Gayron Haywood	Travels to Maryville every other Monday, will provide in home services, office in St. Joe	St. Joseph	816-390-5083	
<b>*Great Circle</b>	<b>age 3+</b>	<b>St. Joseph</b>		



Jean West		St. Joseph	816-259-5100	
*Ken Thom		Maryville	660-562-2531	
*Mosaic Behavioral Health	Cathy Partamian	St. Joseph	816-271-8133	
Mosaic Counseling Care	Michelle Maguire, Mike DeJong	St. Joseph	816-271-6573	
*New Beginnings Counseling	Michelle Jones, Kristi White, Diane Courtney	Maryville	660-562-3000	
*NW Behavioral Health Services		St. Joseph	816-232-4417	
Voices of Courage Child Advocacy Center		St. Joseph	816-232-1744	
Pamela Alford (Care Clinic)		Maryville	660-582-6470	
*St. Francis Family Life Services	Amy Law, Krista VonBehren (Dr. referral), Vicki Thompson (age 13+)	Maryville	660-562-4305	
*The Center	age 5+	St. Joseph	816-364-4300	
Wes Hirst		St. Joseph	(816) 617-2476	
<b><u>Psychiatrist/Med Eval</u></b>				
Comprehensive Psychiatric Associates	Dr. Barash	Kansas City	816-453-7473	
*Dr. Arain	On Mondays, age 3+	Cameron	816-649-3230	
*Dr. Lahey	Fridays 9:30-5:00 (Telemed)	Albany	660-726-1210	
Dr. Lahey		Overland Park	913-601-5220	
Dr. Stephen Samuelson	age 12+	Leawood, KS	913-338-0400	
*Family Guidance		St Joseph	816-364-1501	
*Family Guidance		Maryville	660-582-3139	
*Mosaic Behavioral Health	Dr. Shuman, age 5+	St. Joseph	816-271-8133	
*NW Health Services	Will assess and then refer to NW Behavioral Health Services	St. Joseph	816-232-6818	
*St Francis Hospital		Maryville	660-562-2600	
*The Center	Laura Willoughby Susan Schuman	St. Joseph	816-364-4300	
<b><u>Psychologist - Evals &amp; Counseling</u></b>				
*Mosaic Outpatient Behavioral Health	Dr. Sager & Dr. Shuman (see students k-12)	St. Joseph	816-271-8133	



Mosaic Counseling Center	Shirley Taylor, Mike DeJong, Kerri Hillbert, Ashley Luedke, Michelle Maguire, Tamra Paolillo	St. Joseph	816-271-6573	Booking 6 weeks out (3.20) Maguire: all ages & play therapy Paolillo & Luedke: 13-up DeJong-all ages, speciality boys
The Center	Laura Willoughby Susan Schuman	St. Joseph	816-364-4300	
<b>Other Services</b>				
Big Brother/Big Sister	Lynette or Shelby	Maryville	660-562-7981	
Children & Family Center of NW MO	Linda Mattson	Maryville	660-562-2320	
Parenting Education	Dr. Peggy Miller & Stella Smith - Private Pay & Contract with Children's Division	Maryville	660-582-3995	
<b>Missouri Department of Mental Health</b>	<a href="https://dmh.mo.gov/mentalillness/suicide/prevention.html">https://dmh.mo.gov/mentalillness/suicide/prevention.html</a>			

\* Accepts MO Health Net



**INTERVENTION REPORT**  
**PARENT/GUARDIAN PLAN OF ACTION**  
**Maryville RII School District**

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

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

I understand that my child has been assessed as being at-risk for suicide due to the following indicators:

- ☐ Has considered suicide or is considering suicide
- ☐ Has the means available or immediate accessibility
- ☐ Other \_\_\_\_\_
- ☐ I have been provided a copy of the Maryville R-II Resource List

Parent Plan of Action: \_\_\_\_\_

Appointment with family physician: \_\_\_\_\_

Appointment with outside therapist/psychiatrist/counselor: \_\_\_\_\_

- ☐ School Counselor scheduled follow-up visit with this student  
Date: \_\_\_\_\_

**Release to Parent**

I have been informed by school personnel of their concerns for my child's safety. I understand that I am responsible for taking action necessary to ensure my child's continued safety.

\_\_\_\_\_  
*Parent's Signature*

\_\_\_\_\_  
*Date*