

USD 325

RESOURCE LIST

24 Hour Crisis Lines

National Suicide Prevention and Crisis Lifeline: 988 (call or text)
High Plains Mental Health Crisis Hotline: 1-800-432-0333

Mental Health Resources

Humming Bird Mental Health and Wellness

Carmen Engelke, LSCSW
Robyn Burwell, PMHNP
Jodie Carstens, LMSW
875 3rd St
Phillipsburg, KS 67661
Ph: 785-252-7529

High Plains Mental Health Center

Multiple Providers
783 7th Street
Phillipsburg, KS 67661
785-543-5284

Center Creek Counseling

Chastity Ingram, LSCSW, LIMHP
1406 Q Street
Franklin, NE 68939
Ph: 308-470-1338

Serenity Psychological Services and Consulting

Multiple Providers
1010 Downing Ave, Ste 60
Hays, KS 67601
Ph: 785-62-4417

Resilience Mental Health

Liz Toepfer Pilster, MS, LCPC
205 E. 7TH ST. Suite 318
Hays, KS 6760
Ph: 785-294-6677

USD 325

PARENT/GUARDIAN PLAN OF ACTION

Parent/Guardian will:

- ☐ Contact Primary Care Physician.
- ☐ Contact Current Therapist.
- ☐ Walk-in at the Emergency Room
- ☐ Call for a Law Enforcement Officer

Appointment with Physician or Medical Professional:

Provider: _____

Date: _____

OR

Appointment with High Plains Mental Health Center / Therapist

Provider: _____

Date: _____

OR

Walk-in at the Emergency Room

Provider: _____

Date: _____

OR

Call Law Enforcement

Officer's Name: _____

☐ Sign a Release of Information allowing the school to receive confirmation or letter regarding recommendation/safety plan.

☐ Parent please request a letter/call to the school regarding safety plan and recommendation to return to school by a mental health professional or primary care physician.

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____

USD 325

Parent/Guardian Notification

Student Name: _____ Date: _____

I have been informed by school personnel of their concerns for my child's safety due to the following indicators:

- ☐ Suicidal Statements or Actions
- ☐ Homicidal Statements or Actions

Student has:

- ☐ Plan: _____
- ☐ Means available or immediate accessibility: _____
- ☐ Intent: _____
- ☐ Other: _____

I understand that I am responsible for taking the action necessary to ensure my child's continued safety.

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____

USD 325

RE-ENTRY/FOLLOW-UP

Student Name: _____ Date of Re-Entry/Follow-Up: _____

Grade: _____ Check-In Member: _____

Questions to Ask Family:

- Who is monitoring your child? Physician or therapist?
-
- Was a safety plan created for your student?
 - Is there anything that would benefit the school to know to improve your student's experience?
 - What support can we place for your student to help during the school day?
 - What supports outside of school are in place?
 - Is there a signed release of information to talk to a therapist?

Question to Ask Student:

- What subject/class are you most worried about? What subject/class is positive?
- What would you like staff to know?
- Develop a plan of what the student will tell friends/peers about absence.
- Discuss any academic interventions/plan

Was there a safety a safety plan created with outside resources ☐ YES ☐ NO

CHECK-IN DATES WITH STUDENT

WEEK ONE	WEEK TWO	WEEK THREE
#1 _____	#1 _____	#1 _____
#2 _____	#2 _____	
#3 _____		
#4 _____		
#5 _____		

* Staff will initial by date

PARENT CONTACT DATES AND TIMES

WEEK ONE	WEEK TWO	WEEK THREE
#1 _____	#1 _____	#1 _____
#2 _____	#2 _____	