



GRADES 7-12
SUICIDE PREVENTION
POLICY AND HANDBOOK

Yuba City Unified School District 750 Palora Ave
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Board Approval
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Suicide Prevention Policy & Handbook

Suicide is the third leading cause of death in youth between the ages of 10-19. Eleven percent of high school students have made at least one suicide attempt, while 40 percent have indicated serious suicidal thoughts. Schools are in a unique position to teach/reinforce resiliency skills, identify at risk students/adults, and provide appropriate intervention and postvention strategies. A plan that implements a systematic approach has the potential to increase both emotional and academic performance.

California Education Code (EC) Section 215, mandates that the Governing Board of any local educational agency (LEA) that serves pupils in grades seven to twelve, inclusive, adopt a policy on pupil suicide prevention, intervention, and postvention. The policy shall specifically address the needs of high-risk groups, including suicide awareness, and prevention training for teachers, and ensure employees act within the authorization and scope of the employee's credential and license.

The objectives of this suicide policy and handbook are to:

- Increase the knowledge of at-risk indicators.
- Provide strategies to increase and reinforce resiliency factors.
- Provide a user friendly and standardized referral protocol.
- Provide a standardized intervention/postvention protocol that includes cooperation and collaboration with outside agencies and an overall, protective environment for potential existing, returning and reoccurring suicidal students.

PROTOCOLS

DEFINITIONS:

Self-Harm : The act of deliberately harming the surface of your own body, such as cutting or burning yourself. Self-Harm is typically not meant as a suicide attempt. Rather, this type of self-injury is an unhealthy way to cope with emotional pain, intense anger and frustration.

Warning Signs: Warning signs are behaviors that may signal the presence of suicidal thinking, they might be considered "cries for help" or "invitations to intervene". Warning signs include the following: suicide threat, suicide notes and plans, prior suicidal behavior, making final arrangements, preoccupation with death, as well as changes in behavior, appearance, thoughts and/or feelings.

Suicidal Ideation: Thinking about, considering, or planning suicide.

Suicide Attempt: A non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior. The attempt may or may not result in physical injury.

Suicide: Death caused by self-directed injurious behavior with an intent to die as a result of the behavior.

Risk Factors: A combination of individual, relationship, community, and societal factors contribute to the risk of suicide. Risk factors are those characteristics associated with suicide—they might not be direct causes.

Mental Health Response Team– A group of individuals identified as emergency response members. Duties of the crisis response unit include being the point of contact for students identified as “at risk for suicide.” Members will complete suicide risk assessments, notification of concerns, and collaboration with site administration and team.

**This team generally consist of school counselors psychologist, mental health, therapist, school nurses and administrators.

RESPONSIBILITIES OF DISTRICT EMPLOYEES

All district employees required to:

- Inform the school site administrator immediately, or as soon as possible of any concerns, reports or behaviors relating to student suicide or self- injury.

Administrator must:

- Respond to reports or students at risk for suicide immediately or as soon as possible by involving the site or district staff trained to intervene and assess risk.
- Monitor and follow-up to ensure that the risk has been mitigated through support and resources.
- Establish a safe, respectful and welcoming school environment.

Psychologists, Counselors, Nurses & School Based Mental Health Staff must:

- Support and assist schools with guidance and consultation, as needed.
- Assess student risk and coordinate with site administration to assure procedures and communication occur as needed.

PREVENTION

Suicide prevention involves school-wide lessons and programs that enhance connectedness, contribute to a safe and nurturing environment and strengthen protective factors that reduce risks for students. Experts recommend that schools use an approach to suicide prevention that:

- A. Promotes and reinforces the development of help seeking behaviors and healthy problem solving skills within students.
- B. Increases staff, student and parent/guardian knowledge, awareness of risk factors and warning signs of youth suicide and self-harm.
- C. Establishes and monitors rapport with students through structure, guidance, consistency and fair discipline.
- D. Models and teaches intentional skills and behaviors.
- E. Promotes access to school and community resources.

I. INTERVENTION: PROTOCOL FOR RESPONDING TO STUDENT'S AT RISK FOR SUICIDE AND/OR SELF- HARM.

The following are general steps for responding to any reports of students at risk for suicide and/or exhibiting self-injurious behaviors within the District's jurisdiction.

Please note that the urgency of the situation will dictate the order and applicability in which the subsequent steps are followed.

*** Please note that the protocol remains the same even in the event of distant learning and virtual interactions**

1. **Respond Immediately**

- a. Report concerns or incidents to the administrator immediately or as soon possible. Make direct contact with the administrator. **Do not leave a message, send an email or wait until the end of the day to report concerns about a student at risk for suicide.**
- b. Ensure that any student sent to the office for assessment is accompanied by a staff member, not a student. **Do not leave the student unsupervised.**

2. **Secure the Safety of the Student**

- a. Supervise the student at all times.
- b. For immediate emergency life threatening situations or after hours/ weekends, **call 911.**
- c. If a student is agitated, unable to be contained and you are in need of immediate assistance, contact the Administration and the School Resource Officer or Yuba City Police Department.
- d. If after hours, contact law enforcement to conduct assessment.

3. **Assess for Suicide Risk**

- a. The administrator collaborates with the designated school site Mental Health Response Team member and at least one other member to determine level of risk. **These members will generally include the school psychologist, school counselor or nurse, and site administrators.**
- b. The student should be supervised at all time by a designated staff member.
- c. The administrator or designated crisis response member should gather essential background information that will help with the risk assessment.
- d. For assistance and/or consultation, contact the school counselor, school psychologist, or the Resource List (see appendix) for additional phone numbers.

Table 1. Levels of Suicide Risk

LEVELS	DEFINITIONS	INDICATORS
Low Risk	Does not pose imminent danger to self; insufficient evidence for suicide potential.	Passing thoughts of suicide; no plan; no previous attempts; no access to weapons or means; no recent losses; support system is in place; no alcohol/substance abuse; some depressed mood/affect; evidence of thoughts found in notebooks, internet postings, drawings; sudden changes in personality/behavior (e.g., distracted, hopeless, academically disengaged).
Moderate Risk	May pose imminent danger to self, but there is insufficient evidence to demonstrate a viable plan of action to do harm.	Thoughts of suicide; plan with some specifics; unsure of intent; previous attempts and/or hospitalization; difficulty naming future plans; past history of substance use, with possible current intoxication; self-injurious behavior; recent trauma (e.g., loss, victimization}.
High Risk	Poses imminent danger to self with a viable plan to do harm; exhibits extreme and/or persistent inappropriate behaviors; sufficient evidence for violence potential; qualifies for immediate arrest or hospitalization.	Current thoughts of suicide; plan with specifics, indicating when, where and how; access to weapons or means in hand; finalizing arrangements (e.g., giving away prized possessions, good-bye messages in writing, text, on social networking sites); isolated and withdrawn; current sense of hopelessness; previous attempts; no support system; currently abusing alcohol/substances; mental health history; precipitating events, such as loss of loved one, traumatic event, or bullying.

4. Suspected Child Abuse or Neglect

If child abuse by a parent/guardian is suspected or there is reasonable suspicion that contacting the parent may escalate the student's current level of risk, and/or the parents/guardians are contacted and unwilling to respond, report the incident to the appropriate child protective services agency following the *Child Abuse and Reporting Requirements*. This report should include information about the student's suicide risk level and any concerning ideations or behaviors. The reporting party must follow directives, as indicated by the child protective services agency personnel.

5. **Determine Appropriate Action Plan**

- a. The administrator should collaborate with the designated school site crisis response unit member and at least one other school site crisis response unit member to determine appropriate action based on level of risk (see Table 2).
- b. If law enforcement determines that the student will be transported to an emergency mental health hospital, the school site administrator should designate a certificated staff member to accompany the student.
- c. The administrator or designated school site crisis response unit member should contact the parent or guardian regarding the concern, except in cases where CWS is notified.

Table 2. Action Plan

LEVEL OF RISK	ACTION PLAN
Low Risk	<ul style="list-style-type: none"> • Reassure and supervise student. • Communicate concerns with parent/guardian. • Assist in connecting with school and community resources, including crisis lines. • Mobilize a support system. • Develop a safety plan that identifies caring adults, appropriate communication. • Coping skills. • Establish a follow-up plan and monitor, as needed.
Moderate or High Risk	<ul style="list-style-type: none"> • Supervise student at all times (including restrooms). • Contact Yuba-Sutter Behavioral Health and/or district crisis response unit/mental health member (eg. psychologist, counselor, nurse or clinician) for a mental health evaluation to evaluate for possible hospitalization. • Notify and hand off student to parent/guardian who commits to seek immediate mental health assessment or law enforcement if parent is unavailable. • Provide parent and/or law enforcement with re-entry forms. • Contact Administrator regarding crisis. • Contact Safety Response Officer (SRO) to notify parent. • Establish a follow-up and/or re-entry plan and monitor. • Contact parent regarding student’s return and well-being.

6. **Determine Appropriate Follow-up Plan**

The follow-up plan will be based upon severity and potential risk. There are circumstances that might increase a student's suicide risk. Examples may include bullying, suspension, expulsion, relationship problems, significant loss, interpersonal conflict, or sexual orientation/gender/weight/race bias.

The follow-up plan determined by the team should be documented and managed by the school site administrator/designee. Actions may include:

1. Develop a Safety Plan.

- a. Identify caring adults in the school, home and community environment.
- b. Discuss and identify helpful coping skills.
- c. Provide after-hours resource numbers.

2. Mobilize a Support System and Provide Resources.

- a. Connect student and family with social, school and community supports.
- b. For mental/physical health services, refer the student to Yuba-Sutter Behavioral Health Mental Health or their health care provider.

3. Monitor and Manage.

- a. The administrator/designee should monitor and manage the case as it develops and until it has been determined that the individual no longer poses an immediate threat to self.
- b. Maintain consistent communication with appropriate parties on a need to know basis.
- c. Plan for re-entry, as needed.

7. **Student Re-entry Guidelines**

- a. A student returning to school following hospitalization, including psychiatric and drug or alcohol inpatient treatment, should have written permission by the health care provider in order to attend school. If at all possible, an Authorization to Exchange/Release information should be completed and appropriate school staff (eg. psychologist, counselor, nurse) should consult with outside mental health or medical treatment team.
- b. If the student has been out of school for any length of time, including mental health hospitalization, the school site administrator/designee should hold a re-entry meeting with key support staff, parents, and student to facilitate a successful transition.
- c. As appropriate, consider staffing with special education for an assessment for special

education or a 504 Accommodation plan for a student whose behavioral and emotional needs effect their ability to benefit from their educational program.

- d. As appropriate, consider staffing with School Based Mental Health for possible referral for School Based Mental Health Services if the student has a special education plan.
- e. If the student transfers to another school or location, the site administrator/designee should communicate with the receiving school to assist with the transition and ensure ongoing support services for the student.

8. Document All Actions

- a. The administrator/designee shall maintain records and documentation of actions taken at the school for each case.
- b. If the student is assessed by a Mental Health Response team this individual should complete and submit the Risk Referral to administrator/designee within 24 hours or by the end of the next school day.
- c. Notes, documents and records related to the incident are considered confidential information and remain privileged to authorized personnel. These notes should be kept in a confidential file separate and apart from the student's cumulative records.
- d. If the student transfers to a school within or outside the District, the sending school may contact the receiving school to share information and concerns, as appropriate, to facilitate a successful supportive transition.

9. Responding to Students Who Self-Injure

Self-injury is the act of deliberately harming one's own body, such as cutting or burning oneself. Although self-injury often lacks suicidal intent, youth who self-injure are more likely to attempt suicide. Therefore, it is important to assess students who cut or exhibit other types of self-injurious behaviors for suicidal ideation.

1. Indicators of Self-Injury

- Frequent or unexplained, bruises, scars, cuts or burns.
- Consistent, inappropriate use of clothing to conceal wounds (e.g., long sleeves or turtle necks, especially in hot weather; bracelets to cover the wrists; not wanting to change for PE)
- Possession of sharp implements (e.g., razor blades, shards of glass, thumb tacks)

- Evidence of self-injury (e.g., journals, drawings, social networking sites)

2. Protocol for Responding to a Student who Self-Injures

1. Respond immediately or as soon as possible.
2. Supervise the student.
3. Assess for suicide risk using the protocol outlined in Section IV.
4. Communicate with and involve the parent/guardian, even if the student is not suicidal, so the behavior may be addressed as soon as possible.
5. Encourage appropriate coping and problem-solving skills; do not discourage self-injury.
6. Listen with calm and caring; reacting in an angry or shocked manner or using punishment may inadvertently increase self-injurious behaviors.
7. Provide resources.
8. Identify a support system at home and at school.
9. Document all actions.

3. Self-Injury and Contagion

Self-injurious behaviors may be imitated by other students and can spread across grade levels, peer groups and schools. The following are guidelines for addressing self-injurious behaviors among a group of students:

1. Respond immediately or as soon as possible.
2. Respond individually to students, but try to identify peers and friends who may also be engaging in self-injurious behaviors.
3. As students are identified, they should be supervised in separate locations.
4. Each student should be assessed for suicide risk individually using the protocol.
5. If the self-injurious behavior involves a group of students, the assessment of each student individually will often identify a student whose behaviors have encouraged the behaviors of others. This behavior may be indicative of more complex mental health issues for this particular student.

4. Other Considerations for Response to Self-Injury and Contagion

The following are guidelines for how to respond as a school community when addressing self-injurious behaviors among a group of students:

- a. Self-injury should be addressed with students individually and never in settings, such as student assemblies, public announcements, school newspapers, the classroom, or even in groups.
- b. When self-injurious behaviors are impacting the larger school community, schools may respond by inviting parent(s)/guardian(s) to an information parent meeting at the school. Considerations should be made for supervising students and children during this time; the meeting should be reserved for parent(s)/guardian(s).
- c. Consult and work with the Communications and Public Relations Office for dissemination of information, as needed.
- d. For consultation and assistance with parent information meetings, contact Crisis Response Unit.

III. POSTVENTION: PROTOCOL FOR RESPONDING TO A STUDENT DEATH BY SUICIDE

The following are general procedures for the administrator/designee in the event of a completed suicide.

1. Gather Pertinent Information

- a. Confirm cause of death is the result of suicide, if this information is available.
- b. The administrator should be the point of contact with the family of the deceased. Information about the cause of death should not be disclosed to the school community until the family has been consulted and has consented to disclosure.

2. Notify on a Need to Know Basis

- a. Mental Health Response team
- b. Communications and Public Relations Office
- c. Other offices, as appropriate

3. Contact Superintendent

To determine initial response procedures and obtain consultation regarding number of personnel needed for initial response. It is helpful to have the following information available for consultation:

- a. Demographic information
- b. Siblings (if any) whom are YCUSD students
- c. Campus profile (leader, clubs, activities, high-risk group, etc...)
- d. Known friends/groups

4. Mobilize Crisis Response Team

Work with District Director of Student Engagement to mobilize the Mental Health Response team. Concerns and wishes of family members regarding disclosure of the death and cause of death

should always be taken into consideration when providing facts to students, staff and parents.

- a. Assess the extent and degree of possible psychological trauma and impact to the school community.**
- b. Develop an action plan and assign responsibilities based on available information.**
- c. Establish a plan to notify staff of the death, once consent is obtained from the family of the deceased.**
 - a. Notification of staff is recommended as soon as possible (e.g., emergency meeting before school or after school).
 - b. To dispel rumors, share accurate information and all known applicable facts about the death.
 - c. Emphasize that no one person or event is to blame for suicide. Suicide is complex and cannot be simplified by blaming individuals, drugs, music and/or school.
 - d. Allow staff to express their own reactions and grief; identify anyone who may need additional support and provide resources.
 - e. Notify Employee assistance program (EAP) regarding event and offer EAP contact info to staff.
- d. Establish a plan to notify students of the death once consent is obtained from the family of the deceased.**
 - a. Discuss plan for notification of students in small group settings, such as the classroom. Do not notify students using a public announcement system.
 - b. Provide staff with a scripted notification of death for students, including possible reactions, questions and activities students may engage in (e.g., writing, drawing, referral to crisis counselor)
 - c. Review student support plan, making sure to clarify procedures and locations for crisis counseling.
- e. Establish a plan to notify other parents/guardians of the death, once consent is obtained from the family of the deceased. Prepare and disseminate a death notification letter for parents.**
- f. Define triage procedures for students and staff who may need additional support in coping with the death. Some actions to consider:**

- a. Identify a lead crisis response staff member to assist with coordination of crisis counseling and support services.
 - b. Identify locations on campus to provide crisis counseling to students, staff and parents, as needed.
 - c. Request substitute teachers, as needed.
 - d. Maintain sign-in sheets and documentation on individuals serviced for follow-up, as needed.
 - e. Provide students, staff or parents with after-hours resource numbers such as the 24/7 Suicide Prevention Crisis Line.
- g. Refer students or staff who require a higher level of care for additional services such as YCUSD's Employee Assistance Program, a community mental health provider, or their health care provider. Indicators of students and staff in need of additional support and/or referral may include the following:**
- a. Persons with close connections to the deceased (e.g., siblings, relatives, teacher).
 - b. Persons who experienced a loss over the past six months to a year, a traumatic event, have witnessed acts of violence, or have a history of suicide (self or family member).
 - c. Persons who appear emotionally over-controlled (e.g., a student who was very close to the deceased but who is exhibiting no emotional reaction to the loss) or those who are angry when majority are expressing sadness.
 - d. Persons unable to control crying.
 - e. Persons with multiple traumatic experiences may have strong reactions that require additional assistance.
- h. Consult with district designee for support and/or guidance.**

5. Document

The administrator shall maintain records and documentation of actions taken at the school.

6. Monitor and Manage

- a. The administrator, with support from the district/school Crisis Response Unit should monitor and manage the situation as it develops to determine follow up actions.
- b. Maintain consistent communication with appropriate parties.

7. Important Considerations

1. Memorials

Memorials or dedications to a student who has died by suicide should not glamorize or romanticize either the student or the death. If students initiate a memorial, the administrator should offer guidelines for a meaningful, safe approach to acknowledge the loss. Some considerations for memorials include:

- a. Memorials should not be disruptive to the daily school routine.
- b. Monitor memorials for content.
- c. Placement of memorials should be time limited. For example, they may be kept in place until the services, after which the memorial items may be offered to the family.
- d. In allowing for memorials, be sensitive to the impact of acknowledging the death of one student may affect future acknowledgements and memorials. Consider this: would we do the same thing for future tragedies as we are considering for this one?

2. Social Networks

Students may often turn to social networking sites as a way to communicate information about the death; this information may be accurate or rumored. Many also use social networking as an opportunity to express their thoughts, positive and negative, about the death and/or about their own feelings regarding suicide. Some considerations in regard to social networking include:

- a. Encourage parents to monitor internet postings regarding the death, including the deceased's wall or personal profile pages.
- b. Social networking sites may contain rumors, derogatory messages about the deceased, or messages that bully students. Such messages may need to be addressed. In some situations, postings may warrant notification to parents and/or law enforcement

3. Suicide Contagion

Suicide contagion is the process by which one suicide may contribute to another. Some considerations for preventing suicide contagion are:

- a. Identify students who may be at an increased risk for suicide, including those who have a reported history of attempts, are dealing with known stressful life events, witnessed the death, are friends with or related to the deceased.
- b. Provide mental health resources.
- c. Monitor media coverage. Consult and work with the Office of Communications for dissemination of information, as needed.

4. **School Culture & Events**

It is important to acknowledge that the school community may experience a heightened sense of loss in the aftermath of a death by suicide, as significant events transpire that the deceased student would have been a part of, such as culmination, prom or graduation.

Depending on the impact, such triggering events may require planning for additional considerations and resources.

IV. CONFIDENTIALITY

All student matters are confidential and may not be shared except with those people who need to know. Personnel with the need to know shall not re-disclose student information without appropriate legal authorization. Information sharing should be within the confines of the District's reporting procedures.



COUNSELING PROVIDERS- CHILDREN, TEENS, FAMILY

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1095 Stafford Way Ste. F

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Updated 10/2/20



ASIST



LivingWorks



LOCAL RESOURCES

530-673-8255 or 1-888-923-3800
SUTTER YUBA MENTAL HEALTH CRISIS LINE

1-800-273-8255 or 916-368-3111
SUICIDE PREVENTION CENTER NATIONAL HOTLINE

1-800-852-8336
TEEN LINE NATIONAL HOTLINE

1-800-621-4673 or 1-800-656-4673
RAPE/SEXUAL ASSAULT CENTER NATIONAL HOTLINES

1-916-554-2400 or 1-800-799-7233
DOMESTIC VIOLENCE NATIONAL HOTLINES

1-800-799-7233 or 1-916-920-2952
SEXUAL ABUSE NATIONAL HOTLINES

1-800-422-4453
CHILD ABUSE NATION HOTLINE

Sutter Sheriff 822-7307 or Yuba Sheriff 749-7777
COUNTY SHERIFF DEPARTMENTS

866-488-7386
THE TREAVER PROJECT

911
POLICE/FIRE/MEDICAL EMERGENCY

530-749-4300
RIDEOUT MEMORIAL HOSPITAL EMERGENCY

530-216-4530
YUBA SUTTER SALVATION ARMY EMERGENCY SHELTER

530-674-2040
CASA De ESPERANZA SEXUAL ASSULT/DOM-VIOL

530-743-6888
HARMONY HEALTH CLINIC

530-822-7513
SYMHS CHILDREN/YOUTH SERVICES

1-888-373-7888
NATIONAL HUMAN TRAFFICKING HOTLINE

530-749-3242
PEACH TREE MEDICAL CLINIC

530-749-3665
Grief Support Group Sutter North Health Group

530-674-4261
AMPLA MEDICAL CLINIC

1-800-843-5200
YOUTH CRISIS LINE CALIFORNIA HOTLINE

1-888-281-3000
PARENT SUPPORT LINE

530-673-5900
TRAUMA INTERVENTION PROGRAM

866-901-3212
SUTTER & YUBA CHILD SUPPORT SERVICES

1-707-422-9234
NARCOTICS ANONYMOUS

530-822-7200
SUBSTANCE ABUSE COUNSELING

1-866-800-1369
ALCOHOLICS ANONYMOUS

1-800-971-0016 or 415-752-3778
FRIENDSHIP LINE NATIONAL or LOCAL LINE

866-668-8972
TWIN CITIES RESCUE MISSION MINISTRIES

530-742-5191
LEGAL ASSISTANCE

Yuba 530-741-6275 Sutter 530-822-7345
YUBA & SUTTER COUNTY VICTIM WITNESS

If you see something, say something.

LOCAL AGENCIES AND SERVICES

Family Resource Center

Family SOUP is a family resource center dedicated to supporting, encouraging and providing information and facilitated referral to families with children with special needs.

1650 Sierra Avenue, Ste. 106

Yuba City, CA 95993

530-751-1925

Children & Families Commission

Resources and information on parenting skills, child development, and wellness.

Sutter County **530-822-7505**

www.cffc.ca.gov

Alta California Regional Center

ACRC provides services to over 13,000 persons with developmental disabilities and their families throughout a 10-county area. Each county is unique.

950 Tharp Road #202

Yuba City, CA

530-674-3070

www.altaregional.org

Salvation Army Family Service

410 J Street

Marysville, CA 95901

530-216-4530

www.salvationarmy.org

Victim Witness Assistance Program

Sutter County

1130 Civic Center Blvd

Yuba City, CA 95993

530-822-7345

www.suttercounty.org

Yuba County

209 6th Street

Marysville, CA 95901

530-741-6275

www.yuba.org

Ampla Health

935 Market Street

Yuba City, CA 95991

530-674-4261

www.amplahealth.org

Peachtree Health

1275 Tharp Road

Yuba City, CA 95993

530-749-3242

www.pickpeach.org

Sutter/Yuba Behavioral Health Latino Outreach

545 Garden Highway Ste. B

Yuba City, CA 95991

530-374-1885 ext.104

www.suttercounty.org

Updated 10/2/20

RESOURCES/REFERENCES

California Department of Education (AB2246)

<https://www.cde.ca.gov/ls/cg/mh/suicideprevres.asp>

SAMSHA

<https://www.samhsa.gov/section-223/certification-resource-guides/key-terms-definitions>

Sutter Yuba Behavioral Health

https://www.co.sutter.ca.us/doc/government/depts/hs/mh/hs_behavioral_health (Attn: John Floe- Prevention Coordinator)