



General Information

The care liaison's goal is to provide education, connection and support to youth/ young adults and their family after a suicide crisis or attempt. This is an opportunity to explore resources, develop a safety plan, and communicate openly from a non-judgmental and supportive perspective.

The care liaison is NOT a clinician and cannot provide clinical support.

Appointments:

- The care liaison and client will be meeting at least once a week
- The care liaison, client, and family/ support system will meet at least once a month all together
- Client will choose preferred meeting location: office [] home [] school [] community [] other []
 - If other, please state where _____
- Reminders will be given via client preference: card [] email [] phone call []
 - If email, please provide _____
 - If phone, please provide _____

Discharge from service if:

- Care liaison and supervisor decide client is no longer high-risk and risk assessment shows consistent improvement any time after 30 days
- Client reached 90 days of service
- Care liaison provides referrals to community resources or other resources
- Client rejects further service
- Client parent/guardian withdraws client from program
- Client does not keep 4 scheduled appointments and fails to communicate an explanation or to reschedule
- Care liaison has made two or more documented attempts to contact and fails to reach client or parent/guardian

Care Liaison:

Mckenzie Webb

- Hours of Availability: M-F 8:30am-4:30pm (with some flexibility based on client need)
- P: (603) 444-8526 (Confidential Voicemail)
- Email: mwebb@northernhs.org

If you sign below, you are agreeing with the terms described here and enroll in the program.

Your participation is voluntary and you can withdraw from the program at any time, without penalty.

Participant Name: _____

Date of Birth: _____ **Enrollment Start Date:** _____

Parent or legal guardian: _____ **Date:** _____

Care liaison signature: _____ **Date:** _____