

# **PATERSON PUBLIC SCHOOLS**

## ***CRISIS INTERVENTION MANUAL***

*School Year  
2017*

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*TEAM Members*

- *Mr. Peter D. Affinito, Director of Guidance & Counseling & Student Support Services*
- *Ms. Elizabeth Craft, Supervisor of Nursing Services*
- *Ms. Kathy Lepore, Supervisor of Student Assistance Programs*

# POLICY

PATERSON  
BOARD OF EDUCATION

PUPILS  
5350/Page 1 of 2  
Pupil Suicide Prevention

## 5350 PUPIL SUICIDE PREVENTION

The Board of Education recognizes that depression and self-destruction are problems of increasing severity among children and adolescents. A pupil under severe stress cannot benefit fully from the educational program and may pose a threat to himself or herself or others.

The Board directs all school personnel to be alert to the pupil who exhibits behavioral warning signs of potential self-destruction or who threatens or attempts suicide. Any such signs or the report of such signs from another pupil or staff member should be taken with the utmost seriousness and reported immediately to the Building Principal, who shall notify the pupil's parent(s) or legal guardian(s) and other professional staff members in accordance with administrative regulations.

A potentially suicidal pupil shall be referred by the Principal who assembles members of the Building Crisis Team (BCT) for appropriate evaluation and/or recommendation for independent medical or psychiatric services. In the event that the parent(s) or legal guardian(s) objects to the recommended evaluation or indicates an unwillingness to cooperate in the best interests of the pupil, the BCT may contact the Division of Child Protection and Permanency to request that agency's intervention on the pupil's behalf.

In accordance with the provisions of N.J.S.A. 18A:6-111 and 18A:6-112, as part of the required professional development for teachers as outlined in N.J.A.C. 6A:9-15.1 et seq., every teaching staff member must complete at least two hours of instruction in suicide prevention, to be provided by a licensed health care professional with experience and training in mental health issues, in each professional development period. The instruction in suicide prevention shall include information on the relationship between the risk of suicide and incidents of harassment, intimidation, and bullying and information on



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# POLICY

**PATERSON  
BOARD OF EDUCATION**

PUPILS  
5350/Page 2 of 2  
Pupil Suicide Prevention

reducing the risk of suicide in pupils who are members of communities identified as having members at high risk of suicide.

The Superintendent shall prepare and disseminate regulations for the guidance of staff members in recognizing the pupil who contemplates suicide, in responding to threatened or attempted suicide, and in preventing contagion when a pupil commits suicide.

N.J.S.A. 18A:6-111; 18A:6-112  
N.J.A.C. 6A:9-15.1 et seq.

Adopted: 31 October 2002  
Revised: 17 August 2011  
Revised: 18 November 2015



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## INTRODUCTION

### CRISIS INTERVENTION MANUAL

The Paterson Public School District is committed to addressing the needs of both the students and school staff when a crisis occurs. It is essential that unpredictable and life threatening situations be assessed for intervention. The Paterson Public School District understands the need for crisis team intervention when an incident occurs. Teams will be prepared and accessible to intervene when necessary.

Suicide Level I and Level II refer to students. Attempted suicide, sudden death, community disturbances, violence and sexual abuse refer to students and staff.

Procedures for the following are included:

1. Suicide – Level I – At-risk behaviors
2. Suicide – Level II – Written or verbal intent
3. Suicide - Level III – Attempted Suicidal Act – “School In Session”/”School Not In Session”
4. Attempted suicide, school in session/school not in session
5. Sudden death, school in session/school not in session
6. Community disturbances, school in session/school not in session
7. Violence
8. Child Sexual Abuse (Developed by the Passaic County Prosecutor’s Office)

The *Crisis Intervention Manual* will allow counseling for both students and school staff when necessary. *Crisis Intervention Teams* may be accessed for crises throughout the district. Communication charts included in the procedures outline the steps necessary to follow in the time of a crisis. **If an identified person in the communication chart is unavailable, continue to the next step, regardless of the absence.**

If a principal is not available, the principal’s designee, (person in charge of the building at that time) shall take on the role and responsibilities of the principal. Whoever is assigned this role they must have knowledge of the contents of this manual. The designee shall contact the principal immediately.

All external requests for information regarding crisis in the district shall be directed to the Executive Director of Communication at (973) 321-2430.

All school staff shall receive a copy of the manual and should an incident arise, the chain of command must be followed.

**This manual shall be reviewed with staff annually at a faculty meeting by designated school counselors with the support of the Student Assistance Coordinator (SAC), when available.**

**ALL SCHOOL STAFF CAN ACCESS THE MANUAL ON THE DISTRICT WEBSITE.**

The school Nurse shall not be asked to fulfill the role of the Principal’s designee, or Case Manager or to accompany the student to a medical facility.

**AT NO TIME SHOULD ANYONE CONTACT THE “*TRAUMATIC LOSS COALITION*” FOR ASSISTANCE IN THEIR BUILDING. THIS DECISION WILL BE MADE BY A BUILDING ADMINISTRATOR/DESIGNEE AND/OR ONE OF THE FOLLOWING:**

- 1. DIRECTOR OF GUIDANCE & COUNSELING SERVICES**
- 2. SUPERVISOR OF NURSING SERVICES**
- 3. SUPERVISOR OF STUDENT ASSISTANCE PROGRAMS**

# SUICIDE

## LEVEL I – At-Risk Behaviors

**Level I:** It is important that school personnel and the population in general be aware of warning signs so that the appropriate steps can be administered when they are identified.

<p><b>Warning signs may include:</b></p> <ol style="list-style-type: none"><li>1. Indications of depression</li><li>2. Changes in “personality”</li><li>3. Inability to concentrate</li><li>4. A downward trend in school performance</li><li>5. Preoccupation</li><li>6. Risk-taking behavior or appearing to be “accident-prone”</li><li>7. Quietness</li></ol>	<ol style="list-style-type: none"><li>8. Indications that the person is making final arrangements</li><li>9. Withdrawn appearance</li><li>10. A sense of not belonging in school</li><li>11. A sense of having a restricted future because of doing poorly in school</li><li>12. Alienation from peers</li><li>13. Low level of family support</li><li>14. Substance abuse</li><li>15. Isolation</li></ol>
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Remember that a number of warning signs are characteristic of the turmoil of adolescence, making it difficult for adults to know by observation whether a young person is suicidal or not. However, it is critical to be on guard when several warning signs occur together or when a key sign persists over time.

School personnel, because of their extensive contact with young people, are an especially important resource in identifying potentially suicidal youngsters.

Once warning signs have been identified and there is suspicion that a given individual may be suicidal, there are skills that school personnel need to know in order to be able to further assess suicide risk.

### THE STUDENT IS TO BE KEPT UNDER CONTINUOUS ADULT SUPERVISION

1. Staff member(s) shall notify the Building Administrator/Designee.
2. Building Administrator/designee assembles at least two (2) members (no more than three (3) – never one (1) person alone) of the ***Building Crisis Team*** (when present in building). The Building Administrator/designee shall make the determination: 1) who will be the Case Manager; 2) to select the Crisis Team Members

A ***Building Crisis Team*** shall consist of the following:

- Administrator
- Counselor (School Counselor)
- Nurse
- Psychologist
- Social Worker
- Student Assistance Coordinator (SAC)



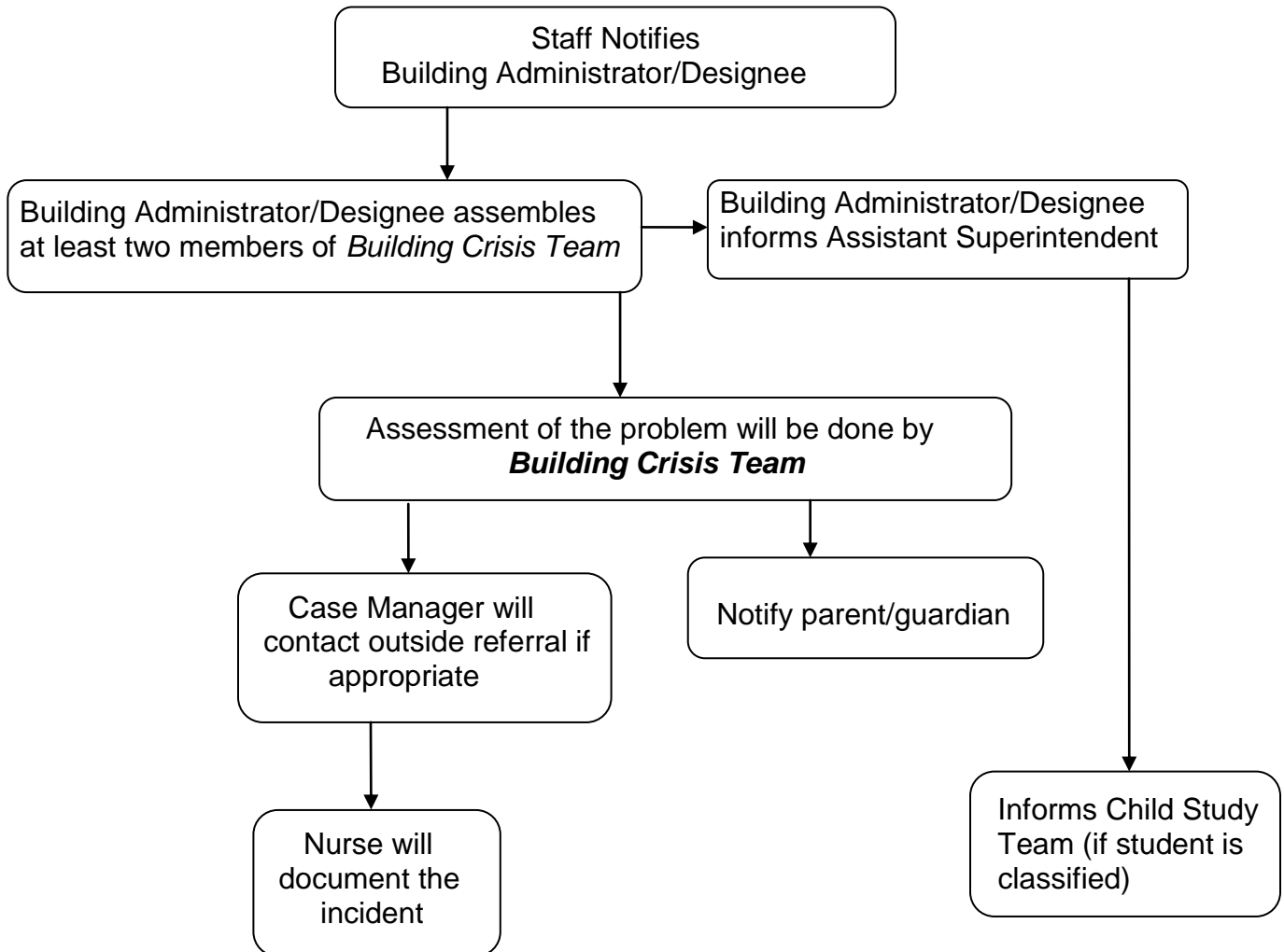
3. The student is to be kept under continuous adult supervision as assigned by Building Administrator/Designee until the following steps are completed.
  - a). Team Members will assess the level of risk by interviewing the student (using the Suicide Questionnaire, p.13) and referral source and determine whether it proceeds to Level II or whether the child needs an additional referral, including outside referrals, individual counseling and or/Child Study Team intervention (CST Case Manager).
  - b). A member of the Crisis Team shall document the above incident using the *Crisis Information Form*. **These files shall be kept in a locked file with the Guidance Counselor.**
  - c). When a crisis is identified, all statements will be held as confidential as possible in order to preserve the student's privacy.

**IF NEEDED, BUILDING CRISIS TEAM WILL MAKE OUTSIDE REFERRAL**

**(Steps 1-3 shall be done in the same day)**

# Communications Chart

## Level 1 – At-Risk Behaviors



# SUICIDE

## Level II – Written or Verbal Intent

**Level II:** Student has voiced or written intent to engage in a suicidal act.

**As with Level I, the following steps must be taken:**

1. Staff member shall notify the building administrator or designee.
2. Administrator assembles at least two (2) no more than three (3) members of the **Building Crisis Team**.
3. The student is to be kept under continuous adult supervision as assigned by Building Administrator/Designee until the following steps are completed:
  - a) One of the members of the **Building Crisis Team** (assigned by Building Administrator/Designee) will assess the level of risk by interviewing the student (using the Suicide Questionnaire p.13) and interviewing the referral source.
  - b) One of the staff members, as designated above, shall contact the student's parent/guardian (document) and request that the parent/guardian come to the school immediately for a conference. In the event that the parent/guardian cannot be reached, the Building Administrator/Designee shall contact the Communications Division of the Paterson Police Department at (973) 321-1111 and request to speak to a Shift Supervisor and explain the situation and the need for parent/guardian notification. The parent/guardian will be asked to sign a *Release of Records Form* to provide feedback to the school.
  - c) Building Administrator contacts the Assistant Superintendent.
  - d) Passaic Cty. Mobile Crisis Unit (973) 754-2230 shall be contacted to meet with the student to determine the extent of the problem. In the event that Passaic County Mobile Crisis Unit cannot respond, the Building Administrator/Designee covering shall call for an ambulance (along with the police) for further assistance. After school hours the Building Administrator/Designee shall call for an ambulance (along with the police for further assistance) the Building Administrator shall cooperate with police actions.
4. If the student is in need of hospitalization and the parent/guardian cannot be contacted, a staff member (assigned by Building Administrator/Designee) shall accompany the child to the hospital until a parent/guardian arrives. In the event that a parent/guardian cannot be reached the Building Administrator/Designee shall contact the Communications Division of the Paterson Police Department at (973) 321-1111 and request to speak to a Shift Supervisor and explain the situation and the need for parent/guardian notification.
5. If the parent/guardian is contacted and refuses to follow the recommendation for medical assistance, the designated staff member shall contact the Division of Child Protection & Permanency (**DCPP - 800-531-1260 – Passaic Central**) (formerly DYFS) immediately.
6. The parent/guardian will be asked to sign a *Release of Records Form* to provide feedback to the school.
7. The Building Administrator/Designee shall assign a Case Manager for the student in question as soon as he/she is notified of the suicide ideation. The Case Manager shall monitor, document, and follow through with the hospital admission or referral, student's re-admittance into school and future referrals. Documentation will be forwarded to the Building Administrator/Designee with a copy to the guidance counselor who will file in students folder.

**(Steps 1-7 shall be done in the same day)**

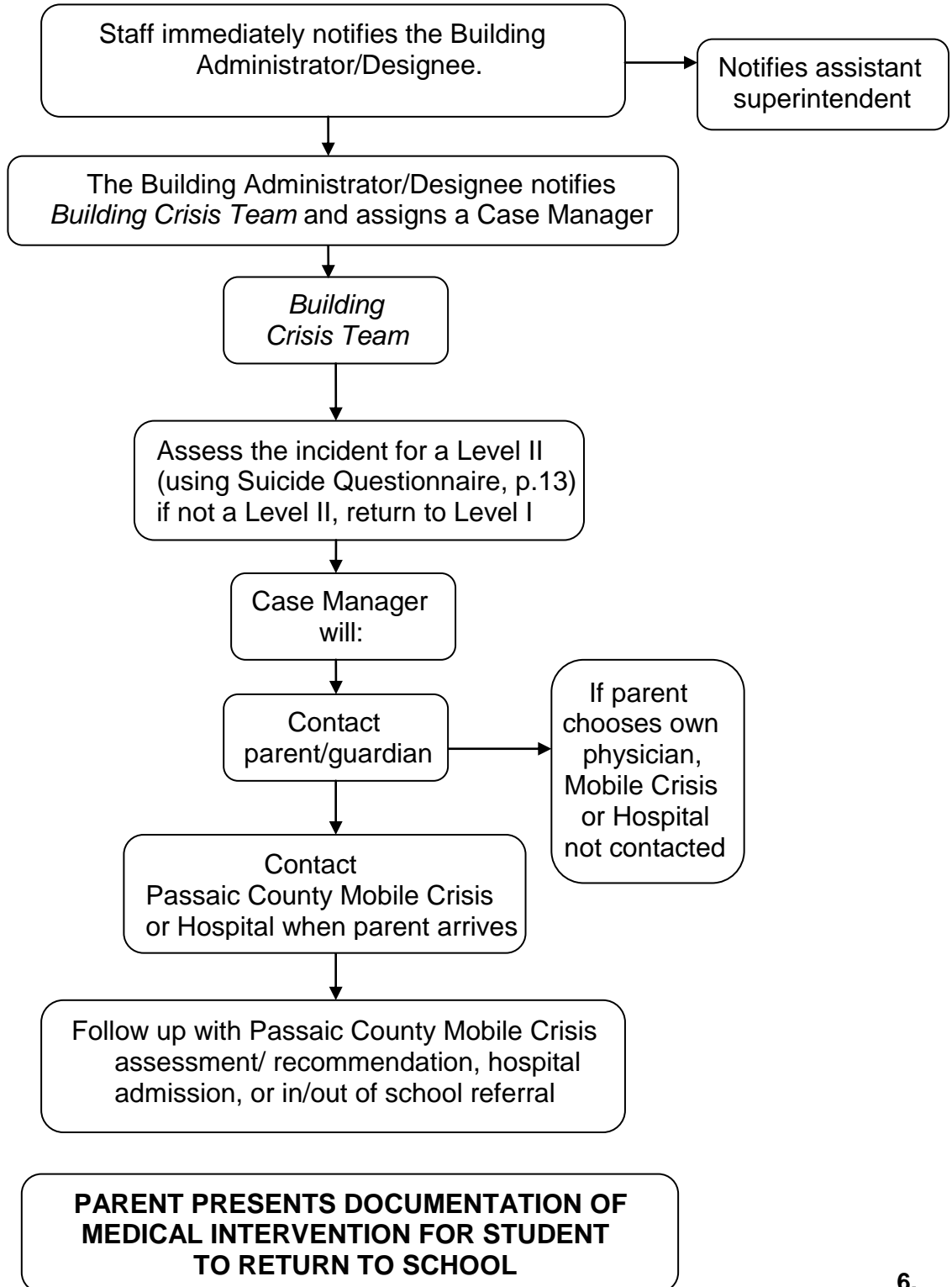
8. Assessment and referrals made by the medical facilities will be provided in writing to the parent/guardian. Documentation of medical intervention (*Hospital Discharge Summary*) or (Physicians Note) must be presented for re-entry into the school. This documentation should include discharge information from the medical facility or a Physician's note indicating the child was seen.
9. All communications and action taken will be documented by the Building Administrator/Designee and a copy will be forwarded to the Nurse and students' counselor. These files shall be kept separate from the student's permanent record.

**\*When interviewing a student with any issues of suicide or suicide ideation, all rules of confidentiality must be adhered to, with the exception of child sexual abuse. See situations concerning child sexual abuse in manual (pgs. 30-31).**

**PASSAIC COUNTY MOBILE CRISIS UNIT WILL NOT RESPOND TO THE INCIDENT UNLESS THE PARENT/GUARDIAN IS PRESENT!**

# COMMUNICATIONS CHART

## Level II – Written or Verbal Intent



# CRISIS PROCEDURES FOR SUICIDE

## *Reference Sheet*

- ❖ Passaic County Mobile Crisis Unit
- ❖ St. Joseph's Hospital

### I. When accessing hospitals for a crisis, complete the following:

- The family must be called and must come to school
- Upon the family's arrival at school, call Crisis Intervention Services at:
  - Passaic County Mobile Crisis Unit – 973-754-2230
  - St. Joseph's Hospital – 973-754-2230 (if ambulance is called)
- Speak to the person on duty. If no one answers, keep trying.

### II. Provide the hospital with the following information:

- Your name, position, school and phone number
- The child's name, date of birth, age, grade, address, phone number
- Medical information on the child – known medical concerns or medication(s) the child is taking
- The family name (person having custody of the child)
- The person reporting the incident must speak directly with the hospital staff
- The person reporting the incident must write exactly what happened
- Inform the hospital if the child is coming by ambulance
- Fax 973-754-3721 any supporting documents to St. Joseph's Hospital

### III. Working with the family:

- Complete all crisis forms, including a written statement of the incident
- Have family sign the *Permission for Release of Medical Information Form*
- Fax copies of all completed forms to the hospital:
  - St. Joseph's Hospital – FAX # 973-754-3721 Attn: Psychiatric Emergency Services
  - OR
  - Passaic County Mobile Crisis Unit – FAX # 973-754-3624
- Direct the family to the Emergency Department Entrance (St. Joseph's Hospital)
- Tell the family that the wait may be long.

## **THE BOARD OF EDUCATION WILL NOT REIMBURSE FOR TRANSPORTATION**

Remind the family that in order for the child to return to school, the Paterson Public School District requires that documentation of a medical intervention has been completed by Hospital staff (Discharge Summary – remind parent to request a Discharge Summary) and/or Physician's Note and must be presented when he/she returns to school with parent/guardian.

# SUICIDE

## Level III – Attempted Suicidal Act

### School in Session

**Level III:** Suicidal act – any self-inflicted act with the intent to terminate one's life that occurs during school.

1. Staff member shall immediately notify the Building Administrator/Designee. The Building Administrator shall notify the police and call an ambulance. The school nurse shall be called to monitor and provide first-aid until the police and ambulance arrive.
2. The parent/guardian shall be notified by the Building Administrator/Designee of the incident and actions to be taken. The parent/guardian shall be notified to report to school or the hospital. If the student is in need of hospitalization and the parent/guardian cannot be contacted, a staff member shall accompany the child until a parent/guardian arrives. In the event that a parent/guardian cannot be reached (document) the Building Administrator shall contact the Communications Division of the Paterson Police Department at (973) 321-1111 and request to speak to a Shift Supervisor and explain the situation and the need for parent/guardian notification.
3. The Building Administrator/Designee contacts their Assistant Superintendent.
4. **The Building Administrator/Designee in consultation with the Assistant Superintendent will decide if the *District Crisis Team* needs to be present at the school site.** The Assistant Superintendent will notify the Director of Counseling Services, the Supervisor of Nursing Services or Supervisor of Student Assistance Programs, who will contact the *District Crisis Team* who will then go to the school site.
5. The *District Crisis Team* will meet with the Building Administrator/Designee, students and staff who witnessed the attempt and who are at risk.
6. The Building Administrator/Designee appoints a Case Manager for the student in question as soon as the Building Administrator/Designee is notified of the suicide attempt. The Case Manager will: obtain information from parent/guardian regarding hospital admission. Parent shall provide documentation to the Building Administrator/Designee for re-admittance into school. Building Administrator/Designee forwards documentation to Case Manager.
7. All communication and actions taken will be documented by the Building Administrator/Designee including documentation maintained by the Case Manager. Copies of all documentation will be forwarded to the Guidance Counselor. These files shall be kept with the student's permanent record.
8. The parent/guardian will sign a *Release of Records Form* for the hospital/treatment facility to provide feedback to the school.

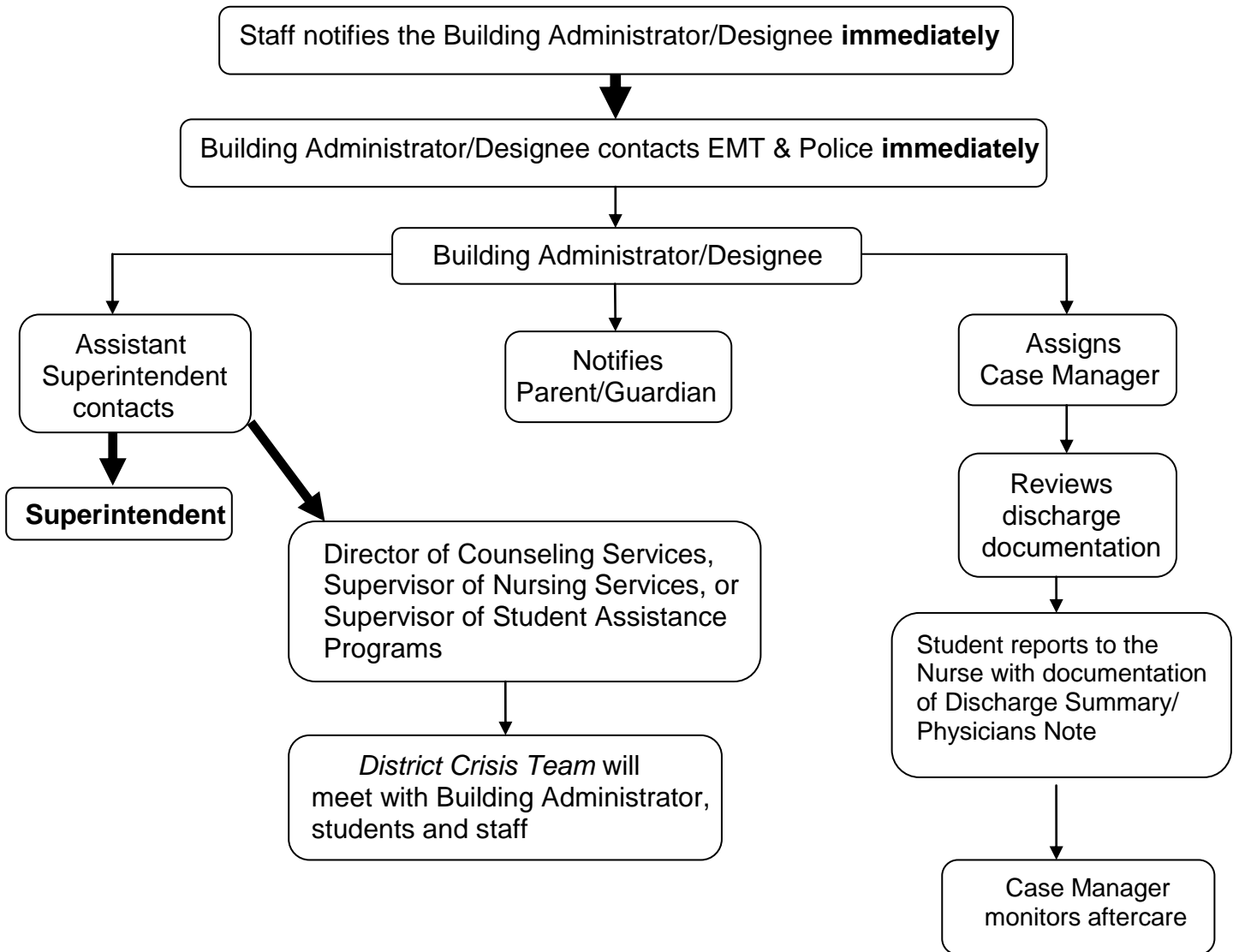
**(Steps 1-6 shall be done in the same day)**

**\*When intervening with any issues of suicide or suicide ideation, all rules of confidentiality must be adhered to, with the exception of child sexual abuse. See further information in manual (pgs. 30-31).**

# COMMUNICATIONS CHART

## Level III – Attempted Suicidal Act

### School in Session





# SUICIDE

## Level III – Attempted Suicidal Act

### School Not in Session

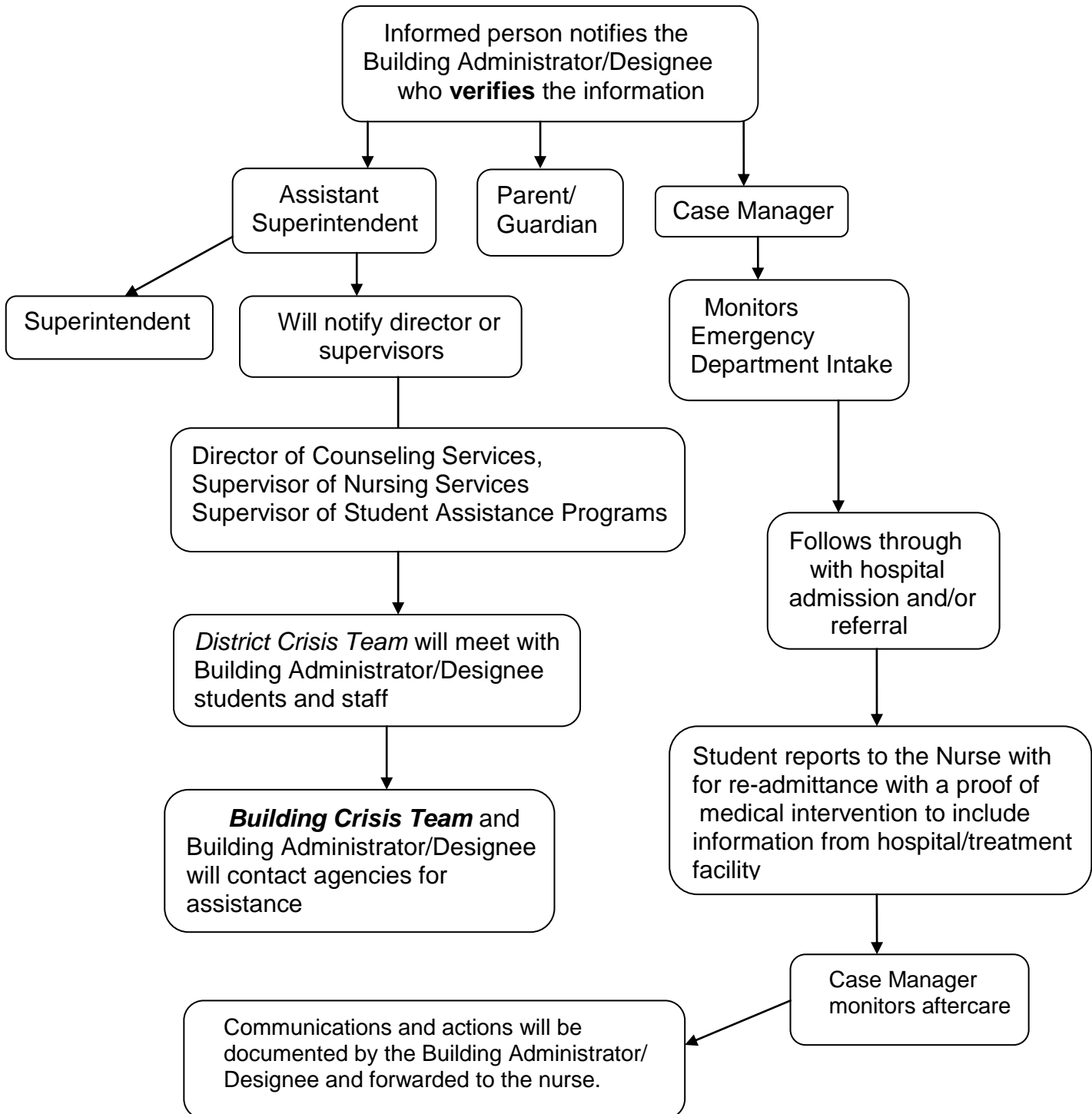
**Level III:** Suicidal act – any self-inflicted act with the intent to terminate one's life that occurs outside of school.

1. Informed person notifies the Building Administrator/Designee
2. The Building Administrator/Designee **verifies** the information by parent/guardian.
3. The Building Administrator/Designee, in consultation with the Assistant Superintendent, will decide if the *District Crisis Team* needs to be present at the school site. The Assistant Superintendent will notify the Director of Counseling Services, Supervisor of Nursing Services or Supervisor of Student Assistance Programs who will access the team to the school site.
4. The Building Administrator/Designee appoints a Case Manager for the student in question as soon as the Building Administrator/Designee is notified of the suicide attempt. The Case Manager will monitor the emergency room intake, diagnosis and follow through with the hospital admission or referral, student's re-admittance into school and aftercare. Documentation will be forwarded to the Building Administrator/Designee. Proof of documentation of medical intervention shall be presented to the Nurse for re-admittance. This form is to include discharge information from the medical facility.
5. The Building Administrator/Designee and *District Crisis Team* in consultation with each other will contact outside mental health agencies for assistance. Agency recommendations for follow up activities will be considered for action.
6. All communication and actions taken will be documented by the Building Administrator/Designee including documentation maintained by the Case Manager. Copies of all documentation will be forwarded to the Nurse. These files shall be kept separate from the student's permanent record.
7. The parent/guardian will sign a *Release of Information Form* at the school in order for the medical facility to provide feedback to the school.
8. In the event that the parent/guardian has not addressed the suicide attempt they will be given the opportunity to access the services of the *District Crisis Team* immediately. If they decline, **DCPP** shall be contacted.

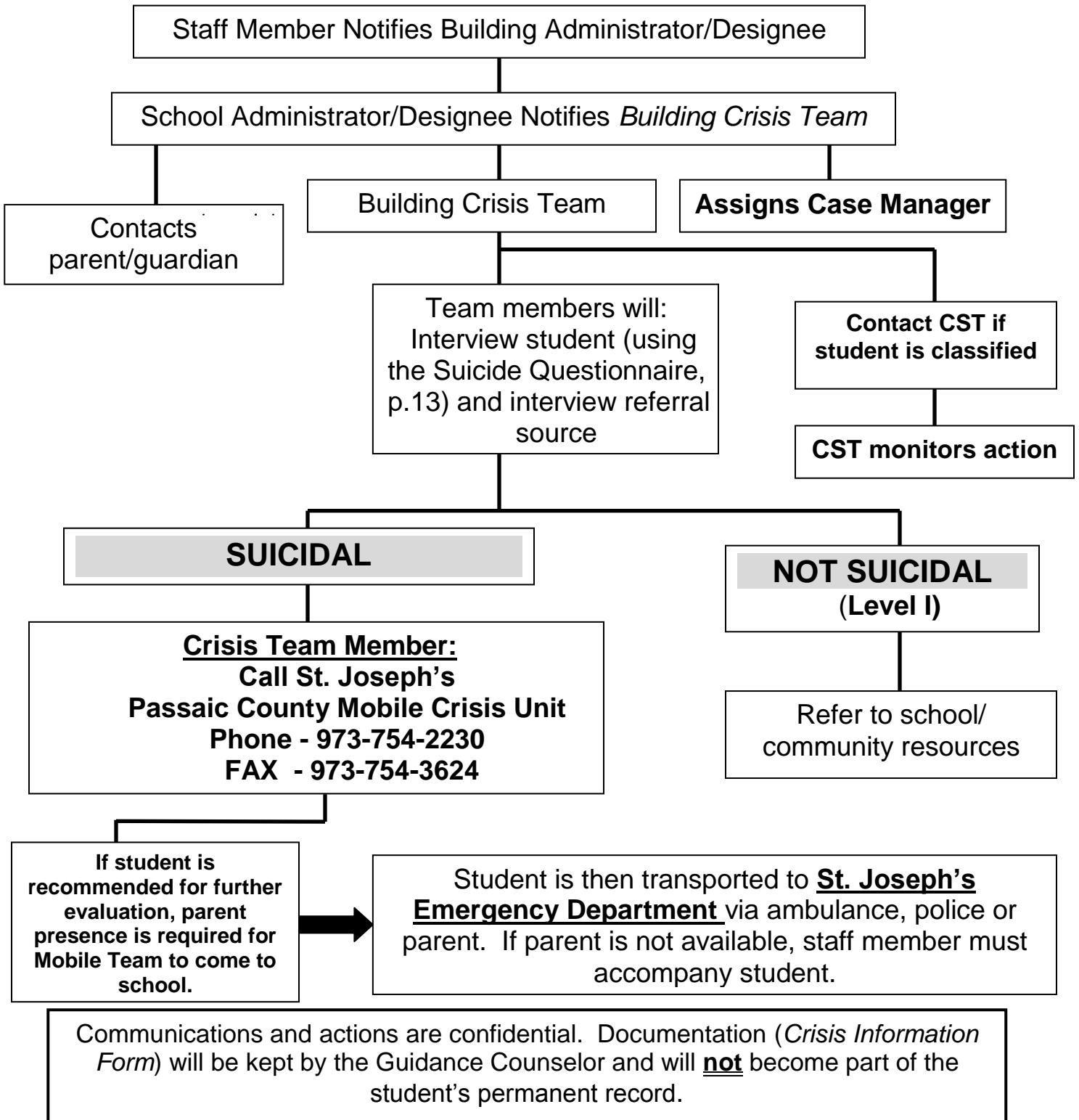
# COMMUNICATIONS CHART

## Level III – Attempted Suicidal Act

### School Not in Session



# SUICIDE PREVENTION / INTERVENTION COMMUNICATIONS CHART



**THE BOARD OF EDUCATION WILL NOT REIMBURSE FOR TRANSPORTATION**

# SUICIDE QUESTIONNAIRE

In conjunction with St. Joseph's Hospital

Phone: 973-754-2230

Fax: 973-754-3624

Today's date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Print clearly)

Parent's (Guardian) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please complete this questionnaire to the best of your ability. You should have this information available if you have to contact St. Joseph's Hospital or Mobile Crisis. Use the following questions to aid in the determining if this student is at IMMINENT RISK for harming himself/herself. If the answer is yes, contact the parent/guardian. Have them come to the school or proceed directly to St. Joseph's Hospital.

**DO NOT LET THIS STUDENT OUT OF YOUR SIGHT.** He/she must remain under adult supervision at all times. If the student refuses to answer questions, please indicate so on the questionnaire.

1. How did the student come to your attention? (please circle)

- a. Teacher referral
- b. Written communication
- c. Student referral
- d. Self-referral
- e. Other

2. Why was this student referred? (please write a brief summary)

- a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Why does this student feel he/she was referred? (please write a brief summary)

- a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is the student experiencing any of the following symptoms? (please circle)

- a. Sleeplessness or excessive sleep
- b. Break-up with boyfriend/girlfriend
- c. Disturbances in appetite
- d. Depressed mood most of the time
- e. Death or illness of close family member or friend
- f. Auditory/visual hallucinations
- g. Difficulty concentrating or paying attention
- h. Recurring or obsessive thoughts
- i. Change in grooming habits
- j. Increase in absences
- k. Sudden mood swings or charges
- l. Other changes in behavior noted by school personnel
- m. Change in status of household

**SUICIDE QUESTIONNAIRE (cont. 2)**

5. What is the student's affect? (please circle)

- a. Flat
- b. Appropriate
- c. Depressed
- d. Giddy
- e. Tearful
- f. Angry

6. Does this student have specific intent? (please check)

- a. YES \_\_\_\_\_
- b. NO \_\_\_\_\_

7. What is that intent? (please write)

- a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Has this student ever attempted suicide in the past? (please check)

- a. YES \_\_\_\_\_
- b. NO \_\_\_\_\_

9. If so, how long ago was the attempt and what did he/she do? (please write)

- a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Does this student have a support system? (please check)

- a. at home
  - i. YES \_\_\_\_\_ NO \_\_\_\_\_
- b. at school
  - i. YES \_\_\_\_\_ NO \_\_\_\_\_
- c. in the community
  - i. YES \_\_\_\_\_ NO \_\_\_\_\_

11. Is this student currently seen for counseling either in school or in the community? (please check)

- a. YES \_\_\_\_\_ b. NO \_\_\_\_\_
- b. If yes, by whom and how often \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUICIDE QUESTIONNAIRE (cont. 3)**

12. Is this student taking medication? (please check)

a. YES \_\_\_\_\_ b. NO \_\_\_\_\_

If the student is taking medication, what is the medication and did he/she take the medication today?  
(Please write in detail)

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13. Has the parent/guardian been contacted? (please check)

a. YES \_\_\_\_\_ b. NO \_\_\_\_\_ If NO, explain: \_\_\_\_\_

14. Will the parent/guardian be able to come to school? (please check)

a. YES \_\_\_\_\_ b. NO \_\_\_\_\_ If NO, explain: \_\_\_\_\_

Or meet at hospital? (please check)

a. YES \_\_\_\_\_ b. NO \_\_\_\_\_ If NO, explain: \_\_\_\_\_

15. Is this student involved with the Child Study Team? (please check)

a. YES \_\_\_\_\_ b. NO \_\_\_\_\_

b. If yes, Case Manager's name and contact information:

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16. Do you have any other pertinent information to add?

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17. If you contacted St. Joseph's Hospital Crisis, with whom did you speak?

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**If you make the call to St. Joseph's Hospital, you must fax this questionnaire.**

# SUICIDE PREVENTION TRAINING

## **18A:6-112. INSTRUCTION IN SUICIDE PREVENTION FOR PUBLIC SCHOOL TEACHING STAFF. (New Jersey Statutes 2016 – 2017 Edition)**

The State Board of Education, in consultation with the New Jersey Youth Suicide Prevention Advisory Council established in the Department of Children and Families pursuant to P.L.2003, c.214 (C.30:9A-22 et seq.), shall, as part of the professional development requirement established by the State board for public school teaching staff members, require each public school teaching staff member to complete at least two hours of instruction in suicide prevention, to be provided by a licensed health care professional with training and experience in mental health issues, in each professional development period. The instruction in suicide prevention shall include information on the relationship between the risk of suicide and incidents of harassment, intimidation, and bullying and information on reducing the risk of suicide in students who are members of communities identified as having members at high risk of suicide.

**Adopted.** L. 2005, c. 310, §2, effective January 11, 2006. **Amended.** L. 2006, c. 47, §80, effective July 11, 2006, and shall be retroactive to July 1, 2006; L.2010, c. 122, §4, approved January 5, 2011, in the first school year following enactment, but the Commissioner of Education may take such anticipatory administrative action in advance thereof as shall be necessary for the implementation of this act.

## **ONLINE TRAINING AVAILABLE**

The Society for the Prevention of Teen Suicide is proud to announce the update to its Best Practices, free 2 hour online training for staff, "Act on FACTS: Making Educators Partners in Youth Suicide Prevention". Developed by national suicide prevention expert and SPTS Clinical Director, Maureen Underwood, LCSW, the training is available to educators worldwide at no cost at [www.sptsuniversity.org](http://www.sptsuniversity.org). The training, helps teachers and educators to understand their roles for suicide prevention and how important it is to recognize their roles as "Trusted Adults".

**When accessing the link please be sure to click on the Making Educators Partners in Youth Suicide Prevention: Act on FACTS (New Jersey).**

# Sudden Death

## School in Session

1. The informed person notifies the Building Administrator/Designee or person in charge.
2. The Building Administrator/Designee notifies in person the parent/guardian of the deceased, Nurse, Assistant Superintendent, Police and Building Administrator of the schools where siblings attend.
3. The Assistant Superintendent shall notify the Director of Counseling, the Supervisor of Nursing Services or the Supervisor of Student Assistance Programs to access the District Crisis Team.
4. The Building Administrator/Designee will prepare a written confidential memo to send to staff with accurate information of the incident. (**Not to be read over the PA system**).
5. The memo will be read to the students by the teacher (in classroom).
6. The Building Administrator/Designee will send a letter home on the same day to the parents/guardians summarizing the incident and the action taken.
7. The Building Administrator/Designee and *District Crisis Team* will determine the length of time that the Team remains in the building.

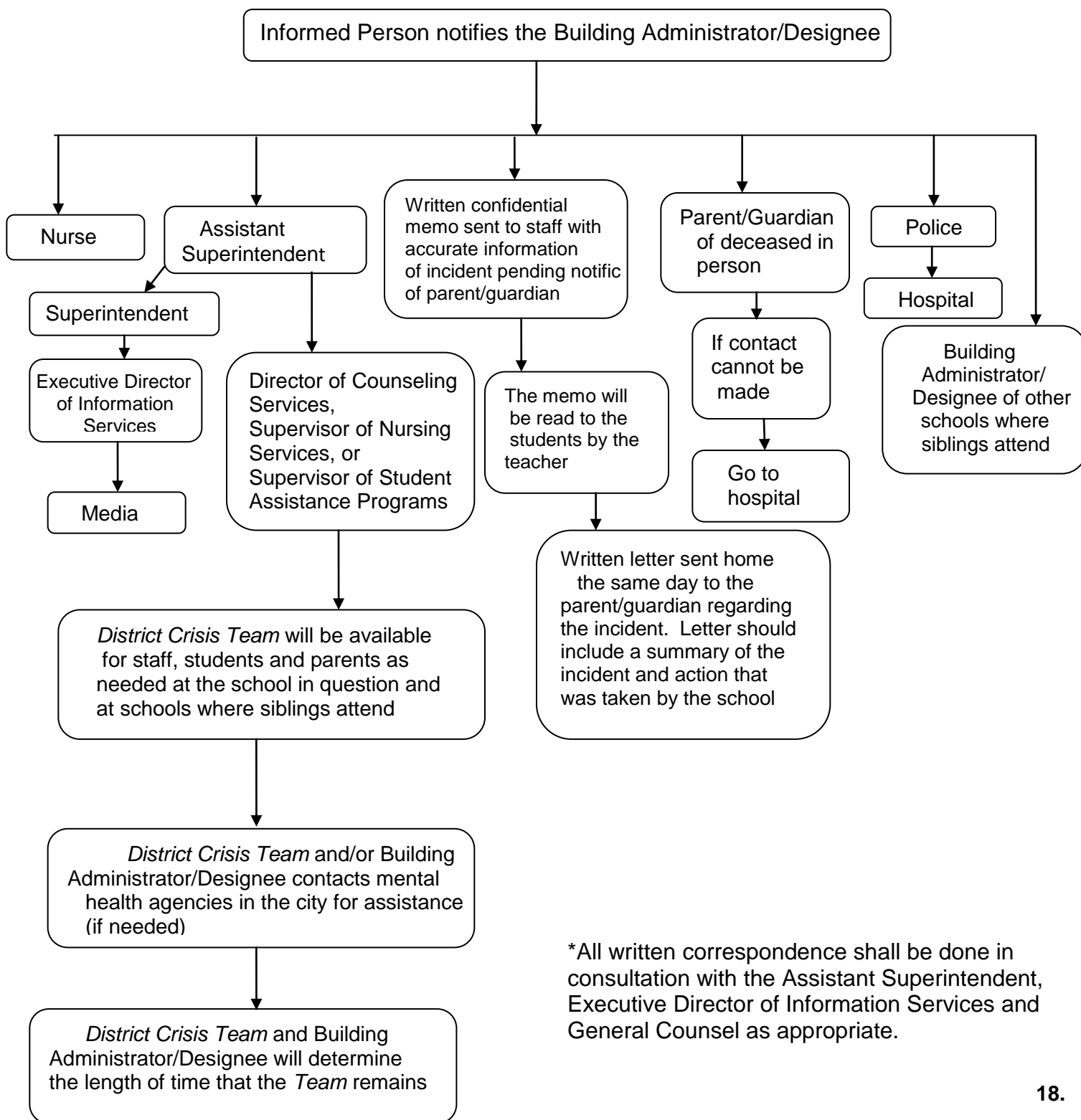
\*All written correspondence shall be done in consultation with the Assistant Superintendent, Executive Director of Information Services, and General Counsel as appropriate.

**(Steps 1-7 shall be done in the same day.)**



# Communications Chart

## Sudden Death – School in Session



\*All written correspondence shall be done in consultation with the Assistant Superintendent, Executive Director of Information Services and General Counsel as appropriate.

# Sudden Death

## School Not In Session

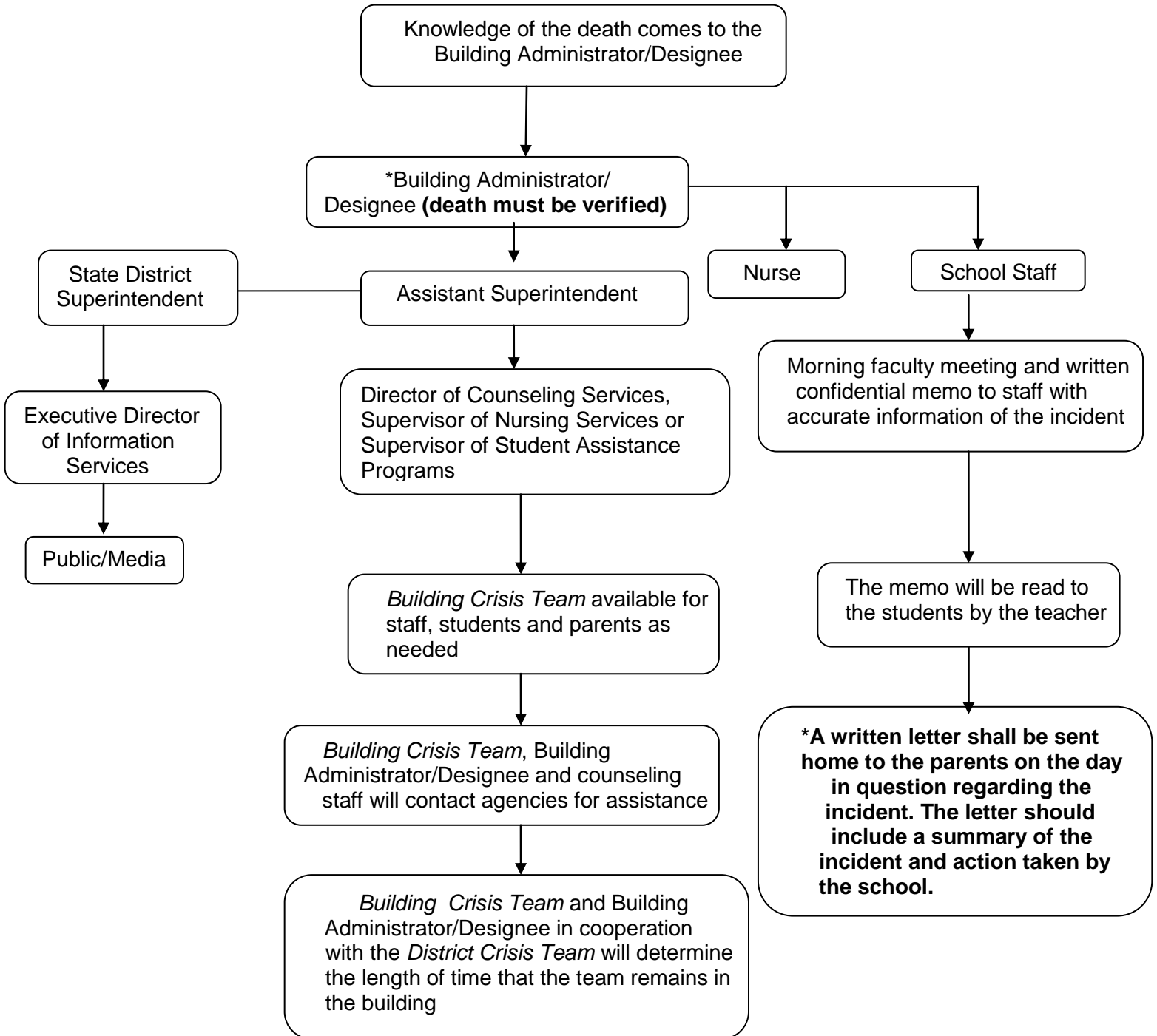
1. The informed person notifies the Building Administrator/Designee
2. The Building Administrator/Designee verifies the death (**before further steps are taken be sure death is verified**).
3. The Building Administrator/Designee notifies the Assistant Superintendent, and Nurse. The Building Administrator/Designee conducts an early morning faculty meeting on the first school day if possible and also prepares a confidential memo to the staff providing accurate information of the incident. (**Not to be read over the PA System**).
4. The teacher will read the memo to the students.
5. The Assistant Superintendent will notify the Director of Counseling, Supervisor of Nursing Services or Supervisor of Student Assistance Programs.
6. The Building Administrator/Designee will send a letter home, on the same day to the parents/guardians summarizing the incident and the action taken by the school.
7. The Building Administrator/Designee, staff and *District Crisis Team* will determine the length of time that Team remains in the building.

\*All written correspondence shall be done in consultation with the Assistant Superintendent, Executive Director of Information Services, and General Counsel as appropriate.

**(Steps 1-7 shall be done within 24 hours.)**

# Communications Chart

## Sudden Death – School Not In Session



\*All written correspondence shall be done in consultation with the Assistant Superintendent, Executive Director of Information Services and General Counsel as appropriate.

# **Community Disturbance**

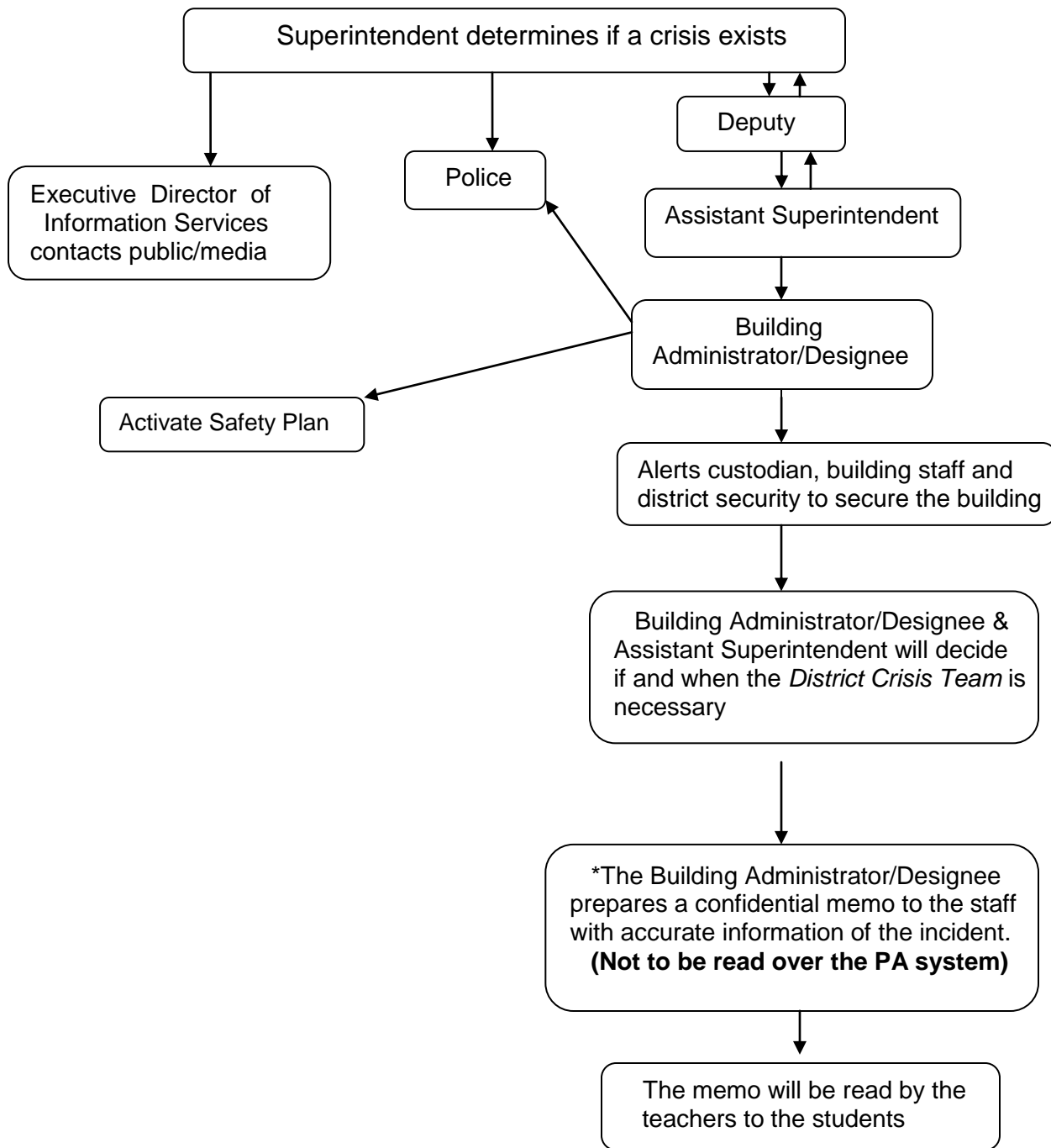
## **School in Session**

1. The Superintendent determines if a crisis exists and contacts the Police, Assistant Superintendent and Communications Director. The Superintendent will activate School Safety Plan.
2. The Communications Director will make an announcement to the media.
3. All students will remain in the classroom (homeroom). There will be no traveling until such time as determined by the Building Administrator/Designee.
4. The Building Administrator/Designee will prepare a confidential memo to the staff with accurate information on the incident.
5. Teachers will assure all children of their safety and read the written memo prepared by the Building Administrator/Designee.
6. The Building Administrator/Designee and the Assistant Superintendent will decide if and when the *District Crisis Team* will assist.

\*All written correspondence shall be done in consultation with the Assistant Superintendent, Executive Director of Information Services, General Counsel and Director of Security as appropriate.

# Communications Chart

## Community Disturbance: School in Session



\*All written correspondence shall be done in consultation with the Deputy, Assistant Superintendents, Executive Director of Information Services, General Counsel and Director of Security as appropriate.

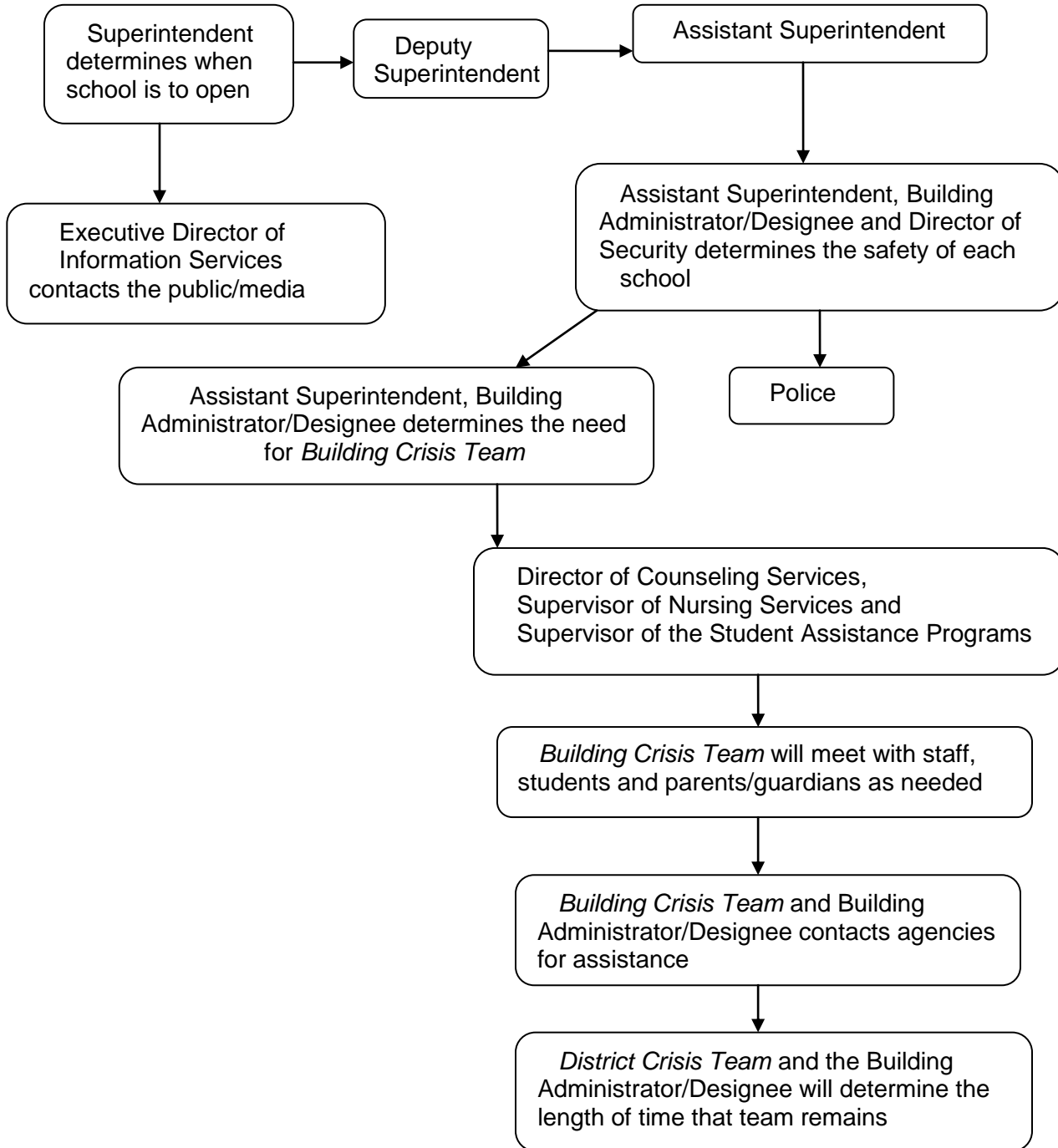
# Community Disturbance

## School Not In Session

1. The Superintendent determines whether and when to open schools.
2. The Communications Director or designee communicates to the public/media regarding the opening of schools.
3. The Assistant Superintendent and Building Administrator/designee determines the safety of each individual school and whether there is a need for police protection.
4. The Building Administrator/Designee and Assistant Superintendent will make a determination as to the need of the District.
5. If intervention by the *District Crisis Team* is deemed necessary, the Assistant Superintendent notifies the Director of Counseling, Supervisor of Nursing Services or Supervisor of Student Assistance Programs.
6. The Director of Counseling Services, Supervisor of Nursing Services, and Supervisor of Student Assistance Programs notifies the *District Crisis Team*.
7. Teachers will reassure students of their safety and encourage them to discuss the events that transpired and will refer students to meet with the *Building Crisis Team*.
8. Additional community support services will be determined by the Building Administrator/Designee and members of the *District Crisis Team*. This is to be done on a school by school basis, as needed.
9. Upon arrival all students will report to homeroom, and there will be no traveling until such time as determined by the Building Administrator/Designee.
10. The *District Crisis Team* and Building Administrator/Designee will determine the length of time that the Team remains in the building.

# Communications Chart

## Community Disturbance: School Not In Session



# Violence

When students commit an act of violence such as gang confrontation, stabbing, weapon possession, robbery, vandalism, assault, or arson.

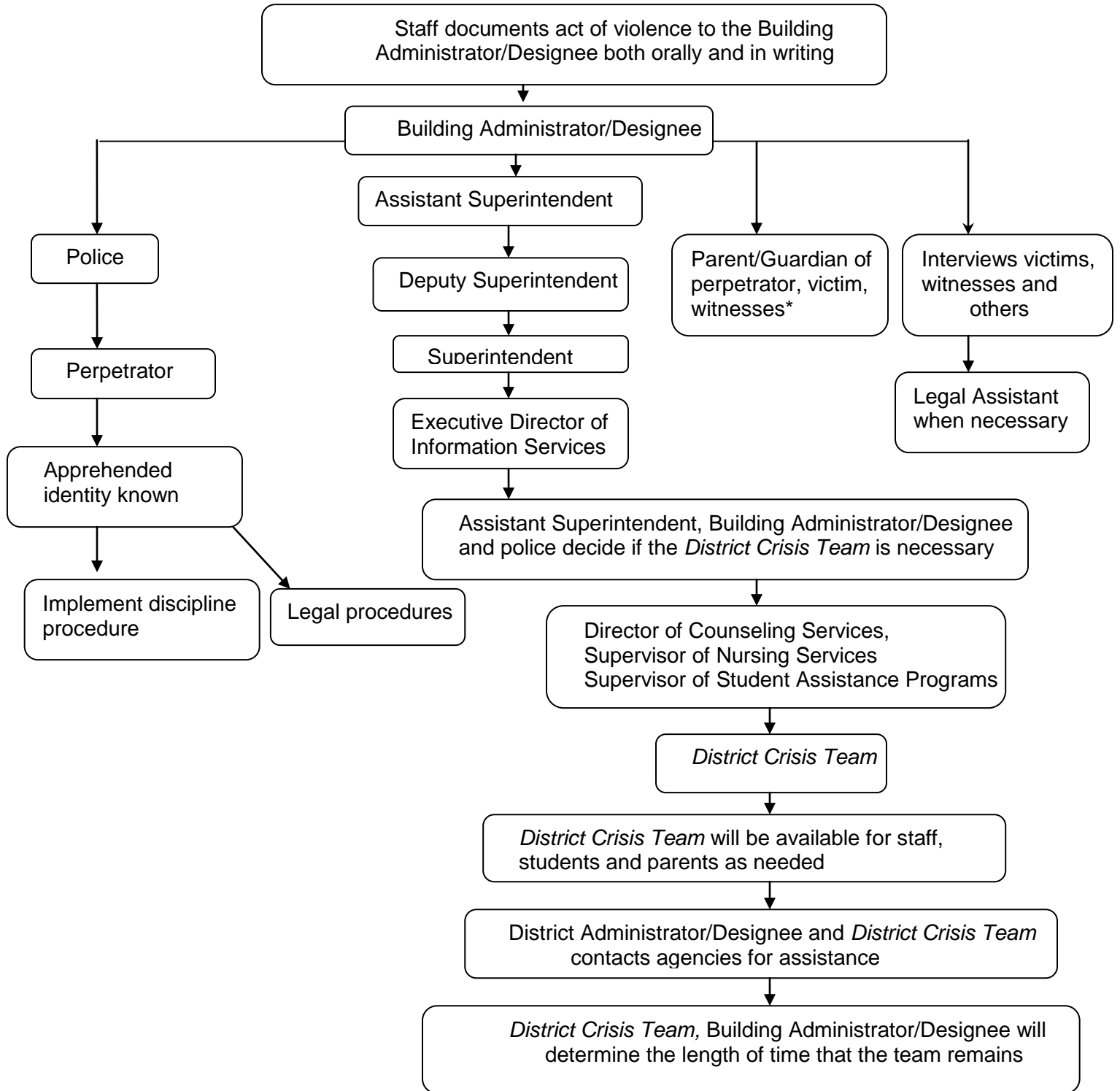
All of the above mentioned acts of violence with the exception of vandalism are crimes and require investigation by the police.

1. The witnessing staff shall immediately inform the Building Administrator/Designee, first verbally and then in writing.
2. The Building Administrator/Designee will notify the police, Assistant Superintendent, and parents/guardians of the perpetrator, witnesses and victims.
3. The Building Administrator/Designee interviews all students involved, if possible. The students shall be kept separate, but under constant supervision\*. The interviewer(s) become witnesses and will be required to be interviewed themselves. Concerned parties shall not compare interview notes. (\*Students should not be interacting with each other)
4. The Building/Designee, Assistant Superintendent and police will determine if support services of the *District Crisis Team* or Community Resources are needed.
5. If intervention by the *District Crisis Team* is deemed necessary, the Assistant Superintendent will notify the Director of Counseling, the Supervisor of Nursing Services and the Supervisor of Student Assistance Programs.
6. The Director of Counseling, Supervisor of Nursing Services and the Supervisor of Student Assistance Programs notifies the *District Crisis Team*.
7. The *District Crisis Team* will be available for staff, students and parents/guardians as needed.
8. The *District Crisis Team*, staff and Building Administrator/Designee will determine the length of time that the Team remains in the building.
9. The Building Administrator/Designee, school staff and *District Crisis Team* in consultation with each other will contact outside agencies for assistance. Agency recommendations for follow up activities will be considered for action.



# Communications Chart

## Violence



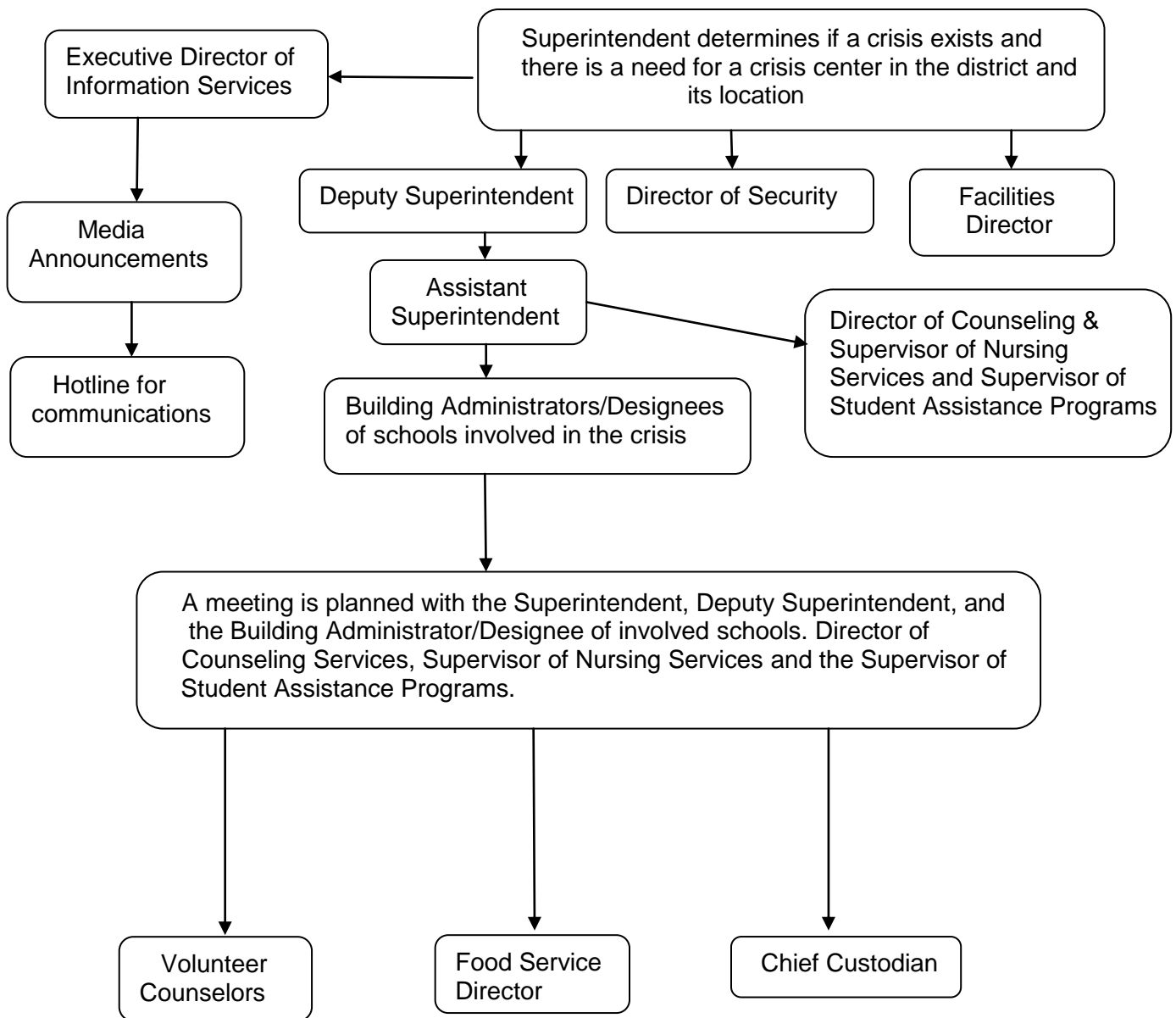
**\*Keep students separate from interacting with each other.**

# **Crisis Centers**

1. The Superintendent determines if a crisis exists and if there is a need for a crisis center or centers to be open in the district and its location.
2. The Superintendent notifies the Deputy Superintendent who notifies assistant superintendents.
3. The Superintendent in collaboration with his staff prepares a statement for the Communications Director to announce to the public/media. The Communications Director will also prepare a hotline for communication about the crisis.
4. The Assistant Superintendents notifies the Building Administrators/Designees of schools involved in the crisis.
5. The Assistant Superintendent will contact the Director of Counseling, Supervisor of Nursing Services and Supervisor of Student Assistance Programs.
6. A meeting will be planned with the Superintendent, Assistant Superintendent, Building Administrator/Designee of the involved schools, Executive Director of Security, Director of Counseling, Supervisor of Nursing Services and Supervisor of Student Assistance Programs, Clergyman for the community, Community-based counseling service agencies and key community leaders.
7. The Superintendent will assign responsibilities to the above mentioned district administrators. Responsibilities will include accessing security for the building or buildings to be utilized, order refreshments from food services, contact custodial staff to be in the building and staff the crisis center with counselors.
8. Once the center or centers are identified, fliers will be printed and distributed to students, staff and the community at large listing the site, address, and time of operation.

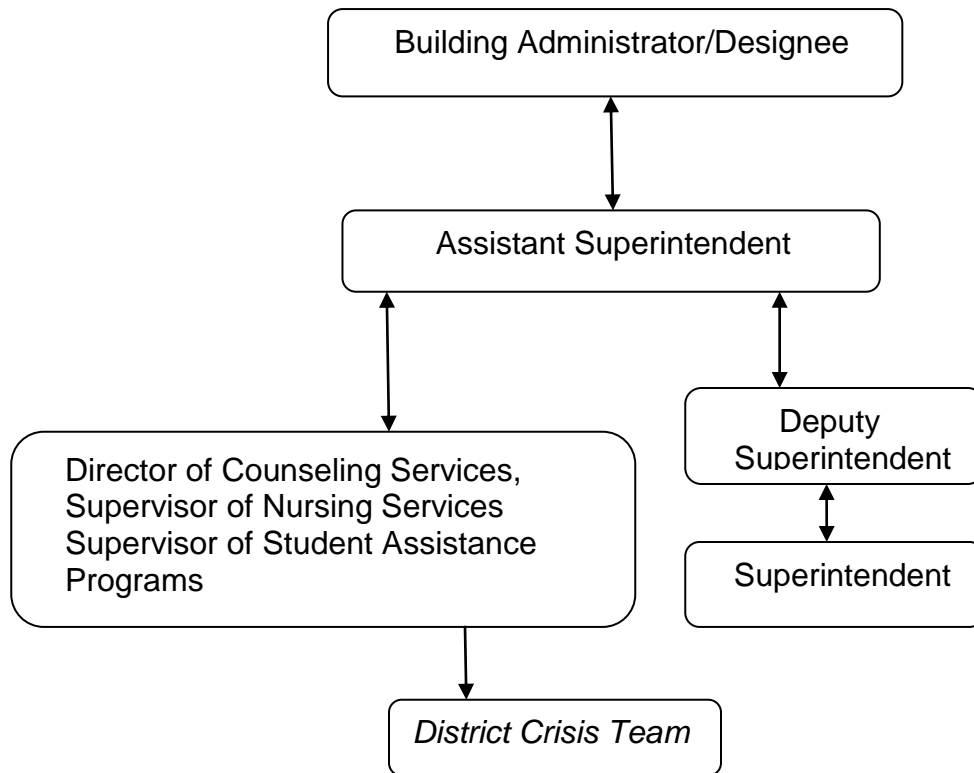
# Communication Chart

## CRISIS CENTERS



# Chain of Command

If a crisis arises that does not correspond to the previously mentioned crisis situations refer to this flowchart to access the *District Crisis Team*



**\*The Building Administrator/Designee shall not designate the School Nurse to be in charge of the building.**

# **CHILD SEXUAL ABUSE DISCLOSURE** **DO'S AND DON'TS**

## **PASSAIC COUNTY PROSECUTOR'S OFFICE'S PROTOCOL TO BE FOLLOWED** **WHERE ANY PERSON IN A SCHOOL HAS REASONABLE CAUSE TO BELIEVE** **THAT A CHILD HAS BEEN ABUSED OR NEGLECTED**

1. **DO CONTACT *THE DIVISION OF CHILD PROTECTION (DCPP)* IMMEDIATELY - ALWAYS AND WITHOUT EXCEPTION**

***DCPP State Central Registry***

**1-877-NJABUSE  
1-877-652-2873**

***DCPP Central Passaic Local Office***  
**973-742-0063**

***DCPP Northern Passaic Local Office***  
**973-523-6090**

2. **DO** Contact the Passaic County Prosecutor's Office (PCPO) Special Victims Unit (SVU) in addition to the legal requirement to contact DCPP. To contact the PCPO SVU call (973) 837-7680. *You must speak to an actual person to make a report.* Voicemail messages are not acceptable as a report. You may also directly contact Bilingual Child Interview Specialist Giselle Henriquez (973) 837-7650, Joanne Hatt, R.N. (973) 837-7652, SVU Sergeant James Stolz (973) 837-7736 or Chief Assistant Prosecutor Christopher R. Freid (973) 837-7639.

3. **DO** Comfort and reassure the child, if appropriate, that the child was correct to disclose the abuse.

4. **DO** Arrange for immediate mental health intervention, if needed, in cases of extreme distress upon the disclosure of abuse.

5. **DO** Make notes or otherwise memorialize the exact words the child used to disclose abuse or gave rise to a reasonable suspicion of abuse, including the child's demeanor.

6. **DO** Be prepared to provide all readily available information concerning the child's pedigree, nature of abuse, and context of disclosure or reasonable suspicion.

***DO NOT DELAY REPORTING IF SUCH INFORMATION IS NOT READILY AVAILABLE.***

7. **DO** Secure emergency medical attention, if appropriate.

8. **DO** Keep the child separated from the alleged offender, in relevant case

## **DON'TS**

1. **DO NOT** Attempt to interview the child or investigate the allegation to determine its validity. Allow the child to explain. However, do not conduct an inquiry into the circumstances of the abuse. If it is a disclosure which gives rise to a reasonable suspicion the task of interviewing the child is for the appropriate investigating agency.
2. **DO NOT** Contact the parent or caretaker until discussing the issue with DCPD or the PCPO.
3. **DO NOT** Usher the child to other adults within the school to repeat the disclosure. *For example, **DO NOT** bring the child to the Principal, School Nurse, School Psychologist, or other person to repeat the disclosure. You may, however, report the disclosure to superiors out of the presence of the child, but such reporting shall follow your immediate duty to contact DCPD.*
4. **DO NOT** Inform the alleged offender of the accusation or the identity of the complaining or implicated child. Contact DCPD or the PCPO SVU for advice on dealing with the offender if he/she is within the school.

### **DO NOT INFORM, ASK AND/OR CONFRONT THE ALLEGED OFFENDER ABOUT THE ALLEGATIONS.**

5. **DO NOT** Overreact, be judgmental, become emotional or angry in the presence of the child.

Revised  
4/16

# THREAT ASSESSMENT FLOWCHART

**Threat reported to Building Administrator/Designee**

## Step 1. Evaluate threat.

- Obtain a specific account of the threat by interviewing the student who made the threat, the recipient of the threat, and the other witnesses.
- Write down the exact content of the threat and statements made by each party.
- Consider the circumstances in which the threat was made and the student's intentions.

## Step 2. Decide whether threat is clearly transient or substantive. (See definitions on next page)

- Consider criteria for transient versus substantive threats.
- Consider student's age, credibility, and previous discipline history.

Threat is clearly transient.

Threat is substantive or threat meaning not clear.

## Step 3. Respond to transient threat.

Typical responses may include reprimand, parental notification, or other disciplinary action. Student may be required to make amends and attend mediation or counseling.

## Step 4. Decide whether the substantive threat is serious or very serious. A serious threat might involve a threat to assault someone ("I'm gonna beat that kid up"). A very serious threat involves use of a weapon or is a threat to kill, rape, or inflict severe injury.

Threat is serious.

Threat is very serious.

## Step 5. Respond to serious substantive threat.

- Take immediate precautions to protect potential victims, including notifying intended victim and victim's parents.
- Notify student's parent/guardian.
- Consider contacting law enforcement.
- Refer student for counseling, dispute mediation, or other appropriate intervention.
- Discipline student as appropriate to severity and chronicity of situation. (CODE OF CONDUCT)

## Step 6. Conduct safety evaluation.

- Take immediate precautions to protect potential victims, including notifying the victim and victim's parents.
- Consult with law enforcement (**Paterson Police 973-321-1111**)
- Notify student's parent/guardian.
- Begin a mental health assessment of the student.
- Discipline student as appropriate. (CODE OF CONDUCT)

## Step 7. Implement a safety plan (contract)

- Complete a written plan.
- Maintain contact with the student.
- Provide parent/guardian with community mental health services
- Revise plan as needed.

## THREAT ASSESSMENT – cont'd

### Definitions

#### TRANSIENT THREAT

A statement that does not express a lasting intent to harm someone.

It is either intended as a figure of speech or reflects feelings that dissipate in a short period.

A transient threat does not require protective action because there is no sustained intent to carry out the threat. e.g. *"I'm going to kill you"* said as a joke or in a moment of anger.

#### SUBSTANTIVE THREAT

A statement that expresses a continuing intent to harm someone.

It may express emotions like a transient threat, but it also indicates a desire to harm someone that extends beyond the immediate incident or argument. e.g. *"I'm going to kill you"* said with an intent to injure or while holding a weapon.

#### Indicators of a substantive threat:

- Is the student older? **\_Yes \_No**
- Does the student acknowledge the inappropriate behavior(s)? **\_Yes \_No**
- Is the student credible? **\_Yes \_No**
- Are there accomplices? **\_Yes \_No**
- Has the student invited peers to observe the threat being carried out? **\_Yes \_No**
- Is there a specific plan? **\_Yes \_No**
- Is there physical evidence of intent to carry out the threat? **\_Yes \_No**
- Has the student repeated the threat over time? **\_Yes \_No**
- Are weapons mentioned? **\_Yes \_No**
- Are weapons available or used? **\_Yes \_No**
- Were there prior conflicts with the recipient(s)? **\_Yes \_No**

#### or use this :

- The threat includes plausible details, such as a specific victim, time, place, and method of assault;
- The threat has been repeated over time or communicated to multiple persons;
- The threat is reported as a plan, or planning has taken place;
- The student has accomplices, or has attempted to recruit accomplices;
- The student has invited an audience of peers to watch the threatened event; and
- There is physical evidence of intent to carry out the threat, such as a weapon or bomb materials





**APPENDICES**

**CRISIS INFORMATION FORM**

Please complete this form after each Level I, Level II and/or Level III suicide ideation or attempt. A copy of form to School Counselor, School Nurse, and District Counseling Office.

**School:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. \_\_\_\_\_  
**Person(s) Completing Form (name & title)** **School**

2. \_\_\_\_\_  
**Student's Name** **Grade** **Age** **Student ID #**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Parent/Guardian's Name** **Telephone Number(s)**

3. **Intervention** **Level I** \_\_\_\_ **Level II** \_\_\_\_ **Level III** \_\_\_\_

4. **Describe what happened** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

5. **Describe what steps were taken** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

6. **Other comments** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Building Administrator's/Designee's Signature**

1) _____ 2) _____ 3) _____  <p style="text-align: center;"><b>CRISIS TEAM MEMBER'S TITLE AND SIGNATURE</b></p>
--

**PLEASE DO NOT SEND FORM TO THE STUDENT ASSISTANCE DEPARTMENT OFFICE**



90 Delaware Avenue  
Paterson, New Jersey 07503-1804

**MEDICAL INFORMATION FORM**

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

**Health Concerns:**

None \_\_\_\_\_

Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medication(s):**

None \_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Date

**NOTICE OF POTENTIAL HARM TO  
SELF AND/OR OTHERS**

Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade \_\_\_\_\_

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

Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I have been informed by \_\_\_\_\_, that my child,  
\_\_\_\_\_ has been making statements with  
potentially life threatening implications. I have been advised that I need to do the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have agreed to follow these recommendations. I fully understand these recommendations and the reason they were made.

I have not agreed to follow these recommendations. I fully understand these recommendations and the reason they were made.

Failure to comply with the above recommendations could result in notification to the Division of Child Protection & Permanency (DCPP).

Parent/Guardian Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

**NOTICE OF POTENTIAL HARM TO  
SELF AND/OR OTHERS**

Fecha: \_\_\_\_\_

Escuela: \_\_\_\_\_

Estudiante: \_\_\_\_\_

DOB: \_\_\_\_\_

Padre/Guardián: \_\_\_\_\_

Teléfono: \_\_\_\_\_

Dirección: \_\_\_\_\_

He sido informado por \_\_\_\_\_, que mi hijo,  
\_\_\_\_\_ ha estado implicando amenazas de vida  
contra otros. Por este medio se me ha informado que tengo que hacer lo siguiente:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yo, he aceptado/no he aceptado seguir las recomendaciones. Yo entiendo las recomendaciones y las razones por la que fueron hechas.

Firma Del Padre/Guardián: \_\_\_\_\_

Testigo: \_\_\_\_\_

90 DELAWARE AVENUE  
PATERSON, NEW JERSEY 07503-1804

**PERMISSION FOR RELEASE OF MEDICAL INFORMATION**  
**PARENT CONSENT FORM**

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

To: \_\_\_\_\_  
School Nurse

\_\_\_\_\_ School

\_\_\_\_\_ Phone

\_\_\_\_\_ Fax

I hereby give permission to the School Nurse, \_\_\_\_\_, to release  
or request records and information regarding my child, \_\_\_\_\_,  
(Student Name)

Please send medical records and information to:

\_\_\_\_\_, School Nurse

\_\_\_\_\_  
School

\_\_\_\_\_  
Address

Paterson, NJ 07503

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Student Name: \_\_\_\_\_  
(Print) Last Name, First Name

\_\_\_\_\_  
D.O.B

\_\_\_\_\_  
Grade

90 DELAWARE AVENUE  
PATERSON, NEW JERSEY 07503-1804

**PERMISSION FOR RELEASE OF MEDICAL INFORMATION**  
**PARENT CONSENT FORM**

Fecha: \_\_\_\_\_

\_\_\_\_\_  
Enfermera de la Escuela

\_\_\_\_\_  
Escuela

\_\_\_\_\_  
Teléfono

\_\_\_\_\_  
Fax

Yo doy permiso a la enfermera de la escuela, \_\_\_\_\_ para obtener  
dar y obtener registros médicos e información acerca de mi hijo \_\_\_\_\_ ,  
(Nombre del estudiante)

Por favor, enviar los registros médicos e información a:

\_\_\_\_\_, Enfermera de la Escuela

\_\_\_\_\_  
Escuela

\_\_\_\_\_  
Dirección

Paterson, NJ 07503

\_\_\_\_\_  
Firma Del Padre/Guardián

\_\_\_\_\_  
Fecha

Nombre Del Estudiante: \_\_\_\_\_  
Apellido Nombre

\_\_\_\_\_  
Fecha de Nacimiento

\_\_\_\_\_  
Grado

**VERIFICATION OF MEDICAL INTERVENTION**  
**PERSONAL PHYSICIAN**

TO: \_\_\_\_\_  
(Building Principal/Designee) School

RE: EVALUATION OF: \_\_\_\_\_  
(Student's Name) D.O.B

In accordance with the Paterson Public School District's Crisis Intervention Procedures, the above named student was evaluated on \_\_\_\_\_ and is found to be safe to return to school.  
(Date)

\_\_\_\_\_  
(Print) Name & Title Telephone Number

\_\_\_\_\_  
Signature



## **CRISIS RESOURCES (revised July 2016)**

- ACCESS Outpatient Services @ St. Joseph's Hospital (for Deaf and Hard of Hearing), Voice 973-754-5595, Videophone/TTY 973-977-2294  
<https://www.stjosephshealth.org/clinical-focuses/behavioral-health-services/item/1328-access>
- American Foundation for Suicide Prevention (AFSP), 1-888-333-2377 (National Offices), 1-202-449-3600 (Public Policy Offices), <http://www.afsp.org>
- American Association of Suicidology, 1-202-237-2280 <http://www.suicidology.org>
- American Psychological Association 1-800-374-2721 <http://www.apa.org>
- Arab American Counseling Services (MHPAC) in Clifton, NJ, Phone: 973-478-4444 ext. 12  
<http://www.mhpassaic.org/programs/arab-american-counseling-services/>
- Association for Pet Loss and Bereavement, Email: [aplb@aplb.org](mailto:aplb@aplb.org) (no phone),  
<http://www.aplb.org>
- Caring Contact, Inc: *Caring and Crisis* Hotline, Phone: 908-232-2880, Text: "heart" to 741-741,  
<http://www.caringcontact.org>
- Child Trauma Academy, Phone: 1-866-943-9779, Email: [cta@childtrauma.org](mailto:cta@childtrauma.org),  
<http://www.childtrauma.org>
- Comfort Zone Camp, Montclair office 201-867-2077/Main 1-866-488-5679  
[www.comfortzonecamp.org](http://www.comfortzonecamp.org)
- Division of Child Protection & Permanency (**DCP&P**) – Report Abuse: 1-877-NJ ABUSE, Local Offices in Paterson, NJ are 1) *Passaic Central Office* at 22 Mill Street, 973-977-4525 and 2) *Passaic North* at 100 Hamilton Plaza, 973-523-6090
- Dougy Center for Grieving Children, 1-866-775-5683, <http://www.dougy.org/>
- Family Intervention Services of Passaic County, 655 Broadway, Paterson NJ, 973-523-0089,  
[www.fisnj.org](http://www.fisnj.org)
- Family Support Organization of Passaic County, 3 Garret Mountain Road, Woodland Park NJ 973-427-0100
- Good Grief, Inc., Phone: 908-522-1999, Email: [info@good-grief.org](mailto:info@good-grief.org), <http://www.good-grief.org>
- Grief Speaks (*speaker*) Phone: 973-985-4503, Email: [lisa@griefspeaks.com](mailto:lisa@griefspeaks.com),  
<http://www.griefspeaks.com>
- Half of Us /The JED Foundation, <http://www.halfofus.com>
- Imagine – A Center for Coping with Loss, Phone: 908 264-3100, <http://www.imaginenj.org>
- Jersey Voice, Email: [contactus@jerseyvoice.net](mailto:contactus@jerseyvoice.net), <http://www.jerseyvoice.net/about>
- Joshua Children's Foundation (*sexual abuse website*)  
<http://www.joshuachildrensfoundation.org>
- Lighthouse Pregnancy Resource Center, 3 locations in Northern NJ (Paterson listed below), 75 Ellison Street Phone: 862-257-3820, Text: 201-677-2394, Email: [help@lighthouseprc.org](mailto:help@lighthouseprc.org),  
<http://lighthouseprc.org/>
- Mental Health Association in New Jersey 1-800-367-8850, Email: [info@mhanj.org](mailto:info@mhanj.org),  
<http://www.mhanj.org>
- Mental Health Association in Passaic County. Phone: 973-478-4444 [www.mhpassaic.org](http://www.mhpassaic.org)
- Mental Health Clinic of Passaic: Ida Gurtman Therapeutic Children's Program, Phone: 973-777-1403, Clifton: <http://www.mhcp.org/ida-gurtman-clifton.html>, Passaic: <http://www.mhcp.org/ida-gurtman-passaic.html>
- Mom 2 Mom helpline (for moms of children and adults with developmental disabilities), 1-877-914-6662
- M & S Psychotherapy and Counseling LLC, 1157 Main Street, Clifton, NJ, Phone: 973-341-9869,  
<http://www.mnspsych.com/default.asp>
- National Alliance for Grieving Children, Phone: 1-866-432-1542, <http://www.childrengrieve.org>
- National Center on Addiction and Substance Abuse at Columbia University  
[www.casacolumbia.org](http://www.casacolumbia.org)
- National Alliance on Mental Illness – NJ (NAMI-NJ), Phone: 732-940-0991, Email:  
[info@naminj.org](mailto:info@naminj.org), <http://www.naminj.org/>

- National Center for Crisis Management ,1-800-810-7550, Email: [info@nc-cm.org](mailto:info@nc-cm.org), <http://www.nc-cm.org>
- National Center for Post-Traumatic Stress Disorder -Veterans Crisis Line, 1-800-273-8255, <http://www.ptsd.va.gov>
- National Center For School Crisis & Bereavement St. Christopher’s Hospital for Children, 160 East Erie Avenue, Philadelphia, PA 19134, Phone: 877-536-2722 ,Email: [info@grievingstudents.org](mailto:info@grievingstudents.org), <http://www.schoolcrisiscenter.org/>
- National Child Traumatic Stress Network (NCTSN), <http://www.nctsn.org>
- National Domestic Violence Hotline, 1-800-799-7233 or 1-800-787-3224 (TTY), [www.thehotline.org](http://www.thehotline.org)
- National Institute of Mental Health (NIMH) for publications <http://www.nimh.nih.gov/health/publications/index.shtml>
- National Human Trafficking Resource Center, Phone: 1-888-373-7888, Email: [nhtrc@polarisproject.org](mailto:nhtrc@polarisproject.org), [www.traffickingresourcecenter.org/](http://www.traffickingresourcecenter.org/)
- National Runaway Safeline, 1-800-RUNAWAY (1-800-786-2929), <http://www.1800runaway.org>
- National Sexual Assault Hotline, 1-800-656-4673, <https://www.rainn.org/get-help/national-sexual-assault-hotline>
- National Suicide Prevention Lifeline 1-800-273-TALK (8255), [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
- National Teen Dating Abuse Helpline, Phone:1-866-331-9474 or text “loveis” to 22522, <http://www.loveisrespect.org/>
- NJ Children’s System of Care (**PerformCare**), 1-877-652-7624, <http://www.performcarenj.org>
- NJ Community Resources <http://www.njcommunityresources.info/commres.html>
- NJ Division of Mental Health and Addiction Services (NJDMHAS), Email: [dmhas@dhs.state.nj.us](mailto:dmhas@dhs.state.nj.us), <http://www.nj.gov/humanservices/dmhas/home/>
- NJ HOPELINE, 1-855-654-6735, <http://www.njhopeline.com/>
- NJ Mental Health Cares *helpline*, 1-866-202-4357 (M-F 8-8), <http://www.njmentalhealthcares.org>
- NJ Youth Resource Spot, <http://njyrs.org/>
- Partnership for Drug-Free Kids, 1-855-378-4373, <http://www.drugfree.org/get-help/>
- Passaic County Children’s Mobile Crisis Unit – 973-754-2230
- Passaic County Resource Net by Circle Of Care CMO, 973-942-4588, <http://www.passaicresourcenet.org/>
- Passaic County Women’s Center, 973-881-1450 (24/7), <http://passaiccountywomenscenter.org/>
- Prevention Links, Phone: 1-732-381-4100, Email: [info@preventionlinks.org](mailto:info@preventionlinks.org), [www.preventionlinks.org](http://www.preventionlinks.org)
- Rainbows: *Support for Grieving Children (death, divorce, deployment, etc)*, Main: 1-847-952-1770, <http://www.rainbows.org>
- Raymond J. Lesniak RECOVERY HIGH SCHOOL, Contact: Ms. Syreeta McClain (coordinator) 908-737-5431, Email: [smcclain@ucvts.tec.nj.us](mailto:smcclain@ucvts.tec.nj.us), <http://eshrecoveryschool.org/>
- ReachOut: Get Through Tough Times (*Facts and Information for families and teens – website available in English and Spanish*), 1- 800-448-3000, <http://us.reachout.com/>
- S.A.F.E. Alternatives – Self Abuse Finally Ends, Phone: 1-800-DONTCUT (1-800-366-8288), Email: [info@selfinjury.com](mailto:info@selfinjury.com), <http://www.selfinjury.com/>
- Screening for Mental Health <http://www.mentalhealthscreening.org>
- 2<sup>nd</sup> FLOOR, NJ Youth Helpline, 1-888-222-2228 (24/7, text or call), <http://www.2ndfloor.org/>
- Sesame Workshop –Children’s Grief , Email only via weblink: <http://www.sesameworkshop.org/contact-us/>, <http://www.sesameworkshop.org/what-we-do/our-initiatives/when-families-grieve/>
- Self-Injury and Recovery Program at Cornell University, Phone: 1-607-255-6179, Email: [self-injury@cornell.edu](mailto:self-injury@cornell.edu), <http://www.selfinjury.bctr.cornell.edu>
- Society for the Prevention of Teen Suicide, Contact via phone(732-410-7900) or online form at <http://www.sptsusa.org/contact-us/>, <http://www.sptsusa.org>

- St. Joseph's Psychiatric Emergency Services – 703 Main St., Paterson, NJ – 973-754-2230
- St. Joseph's Regional Medical Center – Outpatient Mental Health Clinic @ 56 Hamilton St., Paterson, NJ 07505, 973-754-4765, <https://www.stjosephshealth.org/clinical-focuses/behavioral-health-services/item/1332-outpatient-mental-health-clinic>
- St. Mary's Hospital Adolescent Partial Care Program (AWARE), 973-470-3176, <http://www.smh-nj.org/>
- Substance Abuse and Mental Health Services Administration (SAMHSA) National Center for Trauma-Informed Care (NCTIC), Phone: 866-254-4819, Email: [nctic@nasmhpd.org](mailto:nctic@nasmhpd.org), <http://www.samhsa.gov/nctic>
- Suicide Prevention Resource Center (SPRC), 877-438-7772, <http://www.sprc.org>
- The Compassionate Friends (*child grief*), 1-877-969-0010 <http://www.compassionatefriends.org>
- The Jason Foundation, Phone: 1-888-881-2323, Email: [contact@jasonfoundation.com](mailto:contact@jasonfoundation.com), <http://jasonfoundation.com>
- Trevor Project, 1-866-488-7386, <http://www.thetrevorproject.org>  
The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning youth.
- Training Institute for Suicide Assessment and Clinical Interviewing <http://www.suicideassessment.com>
- Traumatic Loss Coalitions for Youth, 732-235-2810, <http://ubhc.rutgers.edu/tlc>
- UCLA Center for Mental Health in Schools, <http://smhp.psych.ucla.edu>
- Wayne Counseling and Family Services Center, 973-694-1234, <http://waynecounselingcenter.org>
- YouthBuild @ Great Falls, 973-345-5516 ext. 19, <http://www.njcdc.org/~njcdc/what-we-do/page.php? Early-Childhood-Youth-Development-Great-Falls-YouthBuild-6>

# PLEASE USE THE TWO RESOURCES BELOW WHEN ACCESSING INFORMATION ON SUICIDE

1). ***After a Suicide: A Toolkit for Schools*** addresses Objective 4.2 of the National Strategy for Suicide Prevention: Increase the proportion of school districts and private school associations with evidence-based programs designed to address serious childhood and adolescent distress and prevent suicide.

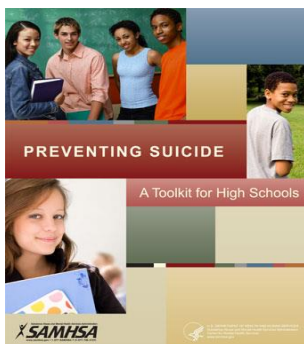


## After a Suicide: A Toolkit for Schools

This toolkit is designed to assist schools in the aftermath of a suicide (or other death) in the school community. It is meant to serve as a practical resource for schools facing real-time crises to help them determine what to do, when, and how. The toolkit reflects consensus recommendations developed in consultation with a diverse group of national experts, including school-based personnel, clinicians, researchers, and crisis response professionals. It incorporates relevant existing material and research findings as well as references, templates, and links to additional information and assistance.

<http://www.sprc.org/webform/after-suicide-toolkit-schools>

2). ***Preventing Suicide: A Toolkit for High Schools*** aims at reducing the risk of suicide among high school students by providing school administrators, principals, mental health professionals, health educators, guidance counselors, nurses, student services coordinators, teachers and others guidelines for identifying teenagers at risk and resources for taking appropriate actions to provide help.



## Preventing Suicide: A Toolkit for High Schools

This toolkit represents the best available evidence and expert opinion on preventing suicide among high school students. It provides schools with recommended steps and accompanying tools to guide them in creating and implementing strategies and programs that prevent teen suicide and promote behavioral health among their students.

***A Toolkit for High Schools*** will help schools and their partners:

- Assess their ability to prevent suicide among students and respond to suicides that may occur.
- Understand strategies that can help students who are at risk for suicide.
- Understand how to respond to the suicide of a student or other member of the school community.
- Identify suicide prevention programs and activities that are effective for the needs of individual schools.
- Respond to the needs and cultures of each school's students.
- Integrate suicide prevention into activities that fulfill other aspects of the school's mission such as preventing the abuse of alcohol and other drugs.

<http://store.samhsa.gov/product/SMA12-4669>