

**PATERSON PUBLIC SCHOOLS**



*Paterson – A Promising Tomorrow  
Together We Can*

***SUICIDE  
CRISIS  
INTERVENTION  
MANUAL***

**School Year  
2024-2025**

# TABLE OF CONTENTS

## INTRODUCTION

- [Board Policy #5350 – Pupil Suicide Prevention](#)
- [Board Regulation #5350 – Pupil Suicide Prevention](#)
- Crisis Intervention Manual – Introduction

## SECTION 1: SUICIDE

	Page
1) Level I – At-Risk Behaviors.....	1,2
2) Level I – Communications Chart At-Risk Behaviors .....	3,4
3) Level II – Written or Verbal Intent .....	5,6
4) Level II – Communications Chart - Written or Verbal Intent.....	7,8
5) St. Joseph’s Crisis Procedures ( <i>Reference Sheet</i> ).....	9
6) Level III – Attempted Suicide (School in Session) .....	10
7) Level III – Communications Chart - (School in Session) Attempted Suicide.....	11
8) Level III – Attempted Suicide (School not in Session) .....	12
9) Level III – Communications Chart - (School not in Session) Attempted Suicide.....	13

## SECTION 2: SUDDEN DEATH

1) School in Session .....	14
2) Communications Chart (School in Session) .....	15
3) School Not in Session .....	16
4) Communications Chart (School Not in Session).....	17

## SECTION 3: CHILD ABUSE

1) Child Abuse (physical and sexual).....	18
2) Reporting to DCP&P.....	19
3) Passaic County Prosecutor’s Office Child Abuse “Do’s and Don’ts.....	20

## SECTION 4: CHAIN of COMMAND

4) Communication Chart - Chain of Command.....	21
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## SECTION 5: APPENDICES

A. Crisis Information Form.....	23
B. Suicide Questionnaire.....	24-27
C. Medical Information Form.....	28
D. Notice of Potential Harm to Self and Others (Eng.) .....	29
E. Notice of Potential Harm to Self and Others (Sp.) .....	30
F. Permission for Release of Medical Information (Eng.) .....	31
G. Permission for Release of Medical Information (Sp.) .....	32

H. Verification of Medical Intervention – Personal Physician.....33  
 I. Student Post Care Plan (Eng.) .....34-35  
 J. Student Post Care Plan (Sp.) . . . . .36-37  
 K. Sample Templates – Notification of Death.....38-40

**SECTION 6: RESOURCES**

Resources.....41-47

<p><b>District Crisis Team</b></p> <ul style="list-style-type: none"> <li>• Mrs. Tamisha McKoy, Director of Guidance &amp; Counseling K-12</li> <li>• Mrs. Kimler Williamson, Supervisor of Nursing &amp; Medical Services</li> <li>• Mrs. Laurel Olson, Supervisor of Student Support Services</li> <li>• Mrs. Alicia Pavone, Director of Special Education Services</li> </ul>
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A **Building Crisis Team** shall consist of the following:

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

# POLICY

## PATERSON BOARD OF EDUCATION

PUPILS  
5350/Page 1 of 3  
Student Suicide Prevention  
M

### 5350 STUDENT SUICIDE PREVENTION

The Board of Education recognizes that depression and self-destruction are problems of increasing severity among students. Students under severe stress cannot benefit fully from the educational program and may pose a threat to themselves or others.

The Board directs all school district staff members to be alert to a student who exhibits warning signs of self-destruction or who threatens or attempts suicide. Any such warning signs or the report of such warning signs from another student or staff member shall be taken with the utmost seriousness and reported immediately to the Principal or designee.

The Principal or designee shall immediately contact the parent(s) of the student exhibiting warning signs of suicide to inform the parent(s) the student will be referred to the Building Crises Team according to the District Crises Manual, for a preliminary assessment. Based on the recommendation of the Building Crises Team, the parent(s) may be required to obtain medical or psychiatric services for the student. In the event the parent objects to the recommendation or indicates an unwillingness to cooperate in the best interests of the student, the Principal or designee will contact the New Jersey Department of Children and Families, Division of Child Protection and Permanency to request intervention on the student's behalf.

In the event the student is required to obtain medical or psychiatric services, the parent(s) will be required to submit to the Principal or Designee a written medical clearance from a licensed medical professional, selected by the parent(s) and approved by the Building Crises Team, indicating the student has received medical intervention, does not present a risk to themselves or others, and is cleared to return to school. The written medical clearance may be reviewed by a Board of



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# POLICY

## PATERSON BOARD OF EDUCATION

PUPILS  
5350/Page 2 of 3  
Student Suicide Prevention  
M

Education healthcare professional before the student is permitted to return to school. The parent(s) shall be required to authorize their healthcare professional(s) to release relevant medical information to the school district's healthcare professional, if requested.

Any school district staff member, volunteer, or intern with reasonable cause to suspect or believe that a student has attempted or completed suicide, shall immediately report the information to the Principal or designee or their immediate supervisor who will immediately report it to the Superintendent or designee. The Superintendent or designee shall promptly report it online to the New Jersey Department of Children and Families, or as otherwise required by the Department of Children and Families in accordance with N.J.S.A. 30:9A-24. In accordance with N.J.S.A. 30:9A-24i, any person who reports an attempted or completed suicide shall have immunity from any civil or criminal liability on account of the report, unless the person has acted in bad faith or with malicious purpose.

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:9C-3 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 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.

The Superintendent or Designee shall prepare and disseminate guidelines to assist school district staff members in recognizing the warning signs of a student who may be contemplating suicide, to respond to a threat or attempted



# POLICY

PATERSON  
BOARD OF EDUCATION

PUPILS  
5350/Page 3 of 3  
Student Suicide Prevention  
M

suicide, and to prevent contagion when a student commits suicide.

N.J.S.A. 18A:6-111; 18A:6-112  
N.J.S.A. 30:9A-23; 30:9A-24  
N.J.A.C. 6A:9C-3 et seq.

Adopted: 31 October 2002  
Revised: 17 August 2011  
Revised: 18 November 2015  
Revised: 30 November 2016  
Revised: 29 August 2018



# REGULATION

## PATERSON SCHOOL DISTRICT

STUDENTS  
R5350/Page 1 of 7  
Student Suicide Prevention  
M

### R5350 STUDENT SUICIDE PREVENTION

The following are guidelines to assist school district staff members in recognizing the warning signs of a student who may be contemplating suicide, to respond to a threat or attempted suicide, and to prevent contagion when a student commits suicide.

#### A. Recognition of Warning Signs of Suicide

All school district staff members and support staff members shall be alert to any warning signs a student may be contemplating suicide. Such warning signs may include, but are not limited to, a student's:

1. Overt suggestion, regardless of its context, that he/she is considering or has considered suicide or has worked out the details of a suicide attempt;
2. Self-mutilation;
3. Obsession with death or afterlife;
4. Possession of a weapon or possession of other means of suicide or obsession with such means;
5. Sense of hopelessness or unrelieved sadness;
6. Lethargy or despondency, or, conversely, a tendency to become more impulsive or aggressive than usual;
7. Drop in academic achievement, slacking off of energy and effort, or inability to focus on studies;
8. Isolation from others by loss of friends, withdrawal from friends, lack of companionship, or family disintegration;





# REGULATION

## PATERSON SCHOOL DISTRICT

STUDENTS  
R5350/Page 2 of 7  
Student Suicide Prevention  
M

9. Preoccupation with nonexistent physical illness;
  10. Loss of weight, appetite, and/or sleep;
  11. Substance abuse;
  12. Volatile mood swings or sudden changes in personality;
  13. Prior suicide attempt(s);
  14. Anxiety or eating disorder;
  15. Involvement in an unhealthy, destructive, or abusive relationship; and
  16. Depression due to being a victim/target of harassment, intimidation, bullying, or mistreatment by others.
- B. Response to the Warning Signs of Suicide
1. Any indication of suicide, whether personally witnessed or received by a report from another, shall be taken seriously and immediately reported to the Principal or designee. Upon receiving such report, the Principal will ensure the student is supervised by school staff members until the Building Crisis Team is assembled and the risk level is determined.
  2. The Principal or designee shall immediately contact the parent(s) of the student exhibiting warning signs of suicide to inform the parent(s) that the student will be referred to the Building Crisis Team for an intervention, in accordance with C. below.
  3. If the threat of suicide is immediate and serious, the Principal will contact local law enforcement and the Superintendent of Schools or designee.



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# REGULATION

## PATERSON SCHOOL DISTRICT

STUDENTS  
R5350/Page 3 of 7  
Student Suicide Prevention  
**M**

- C. Intervention(s) and Recommendation(s)
1. The Building Crisis Team will immediately meet with the student to complete an intervention.
  2. The Crisis Intervention Team will make a recommendation(s), based on the intervention, to the Principal or designee regarding the student's risk level of suicide.
  3. The Case Manager will immediately meet with the parent(s) to review the findings of the intervention. Based on the recommendation(s) of the Building Crisis Team, the student may be:
    - a. Permitted to remain in school:
      - (1) If the student remains in school after the intervention, the Case Manager will designate a school staff member to follow-up with the student on any recommendations of the Building Crisis Team.
    - b. Referred to the Child Study Team for further evaluation (if student is classified);
    - c. Removed from the school and released to the parent(s) and will be required to obtain medical or psychiatric services before the student may return to school:
      - (1) The parent(s) will be required to submit to the Principal or designee a written medical clearance from a licensed medical professional selected by the parent(s) and approved by the Building Crisis Team, indicating the student has received medical services, does not present a risk to



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# REGULATION

## PATERSON SCHOOL DISTRICT

STUDENTS  
R5350/Page 4 of 7  
Student Suicide Prevention  
**M**

himself/herself or others, and is cleared to return to school. The Principal or designee will not act unreasonably in withholding approval of the medical professional selected by the parent(s). The written medical clearance may be reviewed by a Board of Education healthcare professional before the student is permitted to return to school.

(2) The parent(s) shall be required to authorize their healthcare professional(s) to release the student's relevant medical information to the school district's healthcare professional, if requested.

d. Required to comply with the recommendation(s) outlined in C.3.a., b., and/or c. above, and/or any other recommendation(s) of the Principal or designee to ensure the student's safety and the safety of others.

4. In the event the parent(s) objects to the recommendation(s) or indicates an unwillingness to cooperate with the school district regarding their child, the Principal or designee will contact the New Jersey Department of Children and Families, Division of Child Protection and Permanency to request intervention on the student's behalf.

### D. Response to Attempted Suicide by a Student

1. Any school district staff member, volunteer, or intern with reasonable cause to suspect or believe a student has attempted suicide, shall immediately report the information to the Principal or designee or their immediate supervisor.



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# REGULATION

## PATERSON SCHOOL DISTRICT

STUDENTS  
R5350/Page 5 of 7  
Student Suicide Prevention  
**M**

2. A Principal or designee or supervisor who receives a report of a student who has attempted suicide will immediately report it to the Superintendent or designee, who shall promptly report it online to the New Jersey Department of Children and Families, or as otherwise required by the Department of Children and Families.
  3. The school district staff member who witnesses a suicide attempt on school grounds, at a school sponsored event, or on a school bus shall immediately contact local law enforcement and emergency medical services, as appropriate.
- E. Response to Suicide Committed by a Student
1. Any school district staff member, volunteer, or intern with reasonable cause to suspect or believe a student has committed suicide, shall immediately report the information to the Principal or designee or their immediate supervisor.
  2. A Principal or designee or supervisor who receives a report that a student has committed suicide will immediately report it to the Superintendent or designee, who shall promptly report it online to the New Jersey Department of Children and Families, or as otherwise required by the Department of Children and Families.
  3. The Principal of the school the student attended will assemble school staff members as soon as possible, prior to the opening of school, to provide school staff members information, plans for the school day, and guidelines for handling the concerns of students.
  4. The Principal of the school the student attended will use the Building Crisis Team (including Child Study



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# REGULATION

## PATERSON SCHOOL DISTRICT

STUDENTS  
R5350/Page 6 of 7  
Student Suicide Prevention  
M

Team members) to assist school staff members in dealing with any issues that arise due to the situation and to assist students in the loss with as little interruption of the educational program as possible.

5. The Building Crisis Team (including Child Study Team members) will assist teachers in responding to the needs of students. Students who were close to the victim shall be offered special counseling services and parents will be notified of available community mental health services.
6. School staff members shall be especially alert to warning signs of contemplated suicide among the victim's peers.
7. All Principals in the school district will be promptly informed when a student enrolled in the district commits suicide. The district, with the approval of the Superintendent, may provide support and services to school staff members and students as needed with as little interruption of the educational program as possible.
8. The Principal of the school the student attended may, with the approval of the Superintendent, provide any additional support and services that will assist school staff members and students in the loss.

### F. Prevention of Suicide Contagion

1. School staff members, under the direction of the Principal or designee, shall attempt to prevent suicide contagion by:
  - a. Avoiding the glorification or romanticization of suicide;



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# REGULATION

## PATERSON SCHOOL DISTRICT

STUDENTS  
R5350/Page 7 of 7  
Student Suicide Prevention  
**M**

- b. Helping students recognize that suicide is irreversible and permanent and does not truly resolve problems;
- c. Encouraging students to report to a teaching staff member when a fellow student suggests suicide.
- d. Discussing ways of handling depression and anxiety without resorting to self-destruction; and
- e. Implementing any other strategies to prevent suicide contagion.

Issued: 17 June 2009  
Reissued: 09 November 2016  
Reissued: 29 August 2018



## INTRODUCTION

# **SUICIDE CRISIS INTERVENTION MANUAL**

The Paterson Public School District is committed to addressing the needs of the students when a suicide crisis occurs. It is essential that unpredictable and life-threatening situations be assessed for intervention and given immediate attention and action, as suicide crisis is considered a medical emergency. The Paterson Public School District understands the need for suicide crisis team intervention when an incident occurs. Teams will be prepared and accessible to intervene when necessary.

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. Sudden Death – School in Session/School Not in Session
5. Child Sexual Abuse (Developed by the Passaic County Prosecutor's Office)

The *Suicide Crisis Intervention Manual* will provide guidance for both students and school staff when necessary. 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.

### **THE STUDENT IS TO BE KEPT UNDER CONTINUOUS ADULT SUPERVISION IN BOTH IN PERSON AND REMOTE SETTINGS!**

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

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

**Building Suicide Crisis Team members shall review this manual with staff annually at a faculty meeting.**

**ALL SCHOOL STAFF CAN ACCESS THE MANUAL ON THE DISTRICT'S WEBSITE, UNDER THE STUDENT SUPPORT SERVICES AND GUIDANCE DEPARTMENT PAGES.**

**THE SCHOOL NURSE SHALL NOT BE ASKED TO FULFILL THE ROLE OF THE PRINCIPAL'S DESIGNEE OR TO ACCOMPANY THE STUDENT TO A MEDICAL FACILITY.**



# 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.

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

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

## Suicide Crisis Procedures Level 1 - At Risk Behaviors -

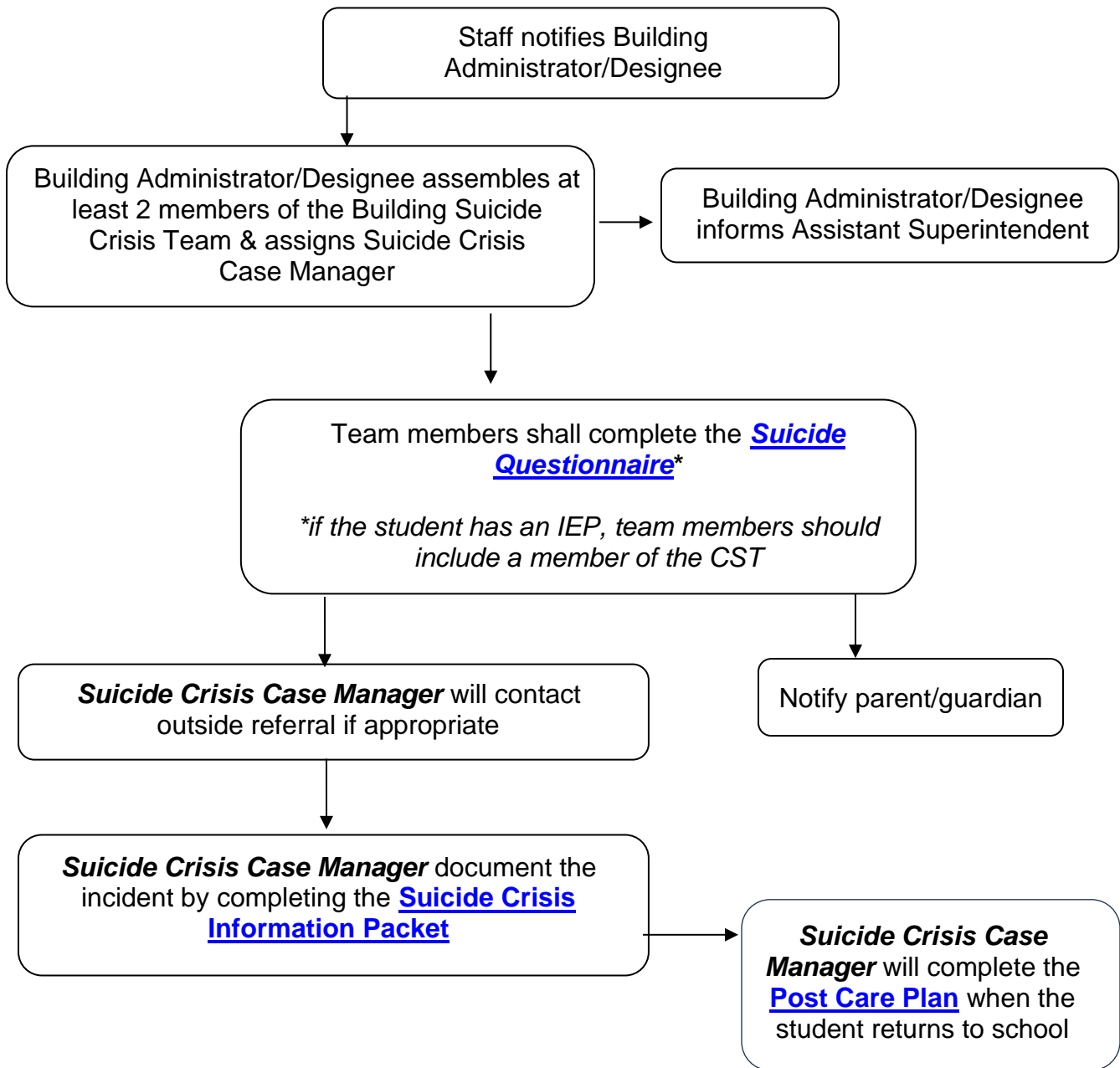
	In-Person	Remote
<b>STEP #1</b>	Staff member(s) shall notify the Building Administrator/ Designee immediately and receive confirmation they are aware of suicide crisis	The first person whom this information is shared with must contact the Building Administrator/ Designee and the Parent/Guardian immediately and receive confirmed that they are aware of the suicide crisis
<b>STEP #2</b>	Building Administrator/Designee assembles at least two (2) members (no more than three (3) – never one (1) person alone) of the <b>Building Suicide Crisis Team</b> (when present in building). The Building Administrator/ Designee shall make the determination: <ol style="list-style-type: none"> <li>1) who will be the Suicide Crisis Case Manager*, and</li> <li>2) to select the Suicide Crisis Team Members</li> </ol>	The Building Administrator/ Designee will contact a minimum of two persons from the Building Suicide Crisis Team to facilitate the crisis and initiate remote crisis intervention  The Building Administrator/Designee shall make the determination who will be the Suicide Crisis Case Manager*
<b>STEP #3</b>	Team Members will assess the level of risk by interviewing the student in a confidential location, using the <a href="#">Suicide Questionnaire</a> to determine whether it proceeds to Level II or III, or whether the child needs an additional referral, <a href="#">including outside referrals</a> , individual counseling and or/Child Study Team intervention (CST Case Manager)	Building Administrator/Designee will schedule a Google Meet with the chosen team members. The meeting will be utilized to discuss the incident and assign a team member to interview the student and another to record the responses utilizing the <a href="#">Suicide Questionnaire</a> .
<b>STEP #4</b>	Suicide Crisis Case Manager* will fill out the <a href="#">Suicide Crisis Information Packet</a> via Google Form ( <a href="https://forms.gle/wUUwaGjiX5FesVBQ8">https://forms.gle/wUUwaGjiX5FesVBQ8</a> )	The team will schedule a Google Meet to interview the student, immediately following the interview, the team will determine if the suicide crisis is Level I, II or III  Suicide Crisis Case Manager* will fill out the <a href="#">Suicide Crisis Information Packet</a> via Google Form ( <a href="https://forms.gle/wUUwaGjiX5FesVBQ8">https://forms.gle/wUUwaGjiX5FesVBQ8</a> )
<b>STEP #5</b>	Suicide Crisis Case Manager* will follow-up with the student and parent/guardian within 3 business days	Suicide Crisis Case Manager* will follow-up with the student and parent/guardian within 3 business days
<b>STEP #6</b>	When Suicide Crisis Case Manager* meets with student for the first time after crisis intervention, a <a href="#">Post Care Plan</a> should be filled out and kept separate from the student's academic records.	When Suicide Crisis Case Manager* meets with student for the first time after crisis intervention, a <a href="#">Post Care Plan</a> should be filled out and kept separate from the student's academic records.
<p><b>IN ANY SUICIDE CRISIS – IN PERSON AND REMOTE – IF THE STUDENT IN-CRISIS HAS AN IEP, CRISIS TEAM MEMBERS SHOULD INCLUDE A MEMBER OF THE CHILD STUDY TEAM (CST)</b></p> <p><b>IF TRANSMITTING INFORMATION VIA EMAIL, ALWAYS REMEMBER TO ONLY IDENTIFY STUDENT WITH THEIR INITIALS AND ID#.</b></p>		

\*

*A Suicide Crisis Case Manager is the staff member who will follow up with the student and crisis case following the intervention*

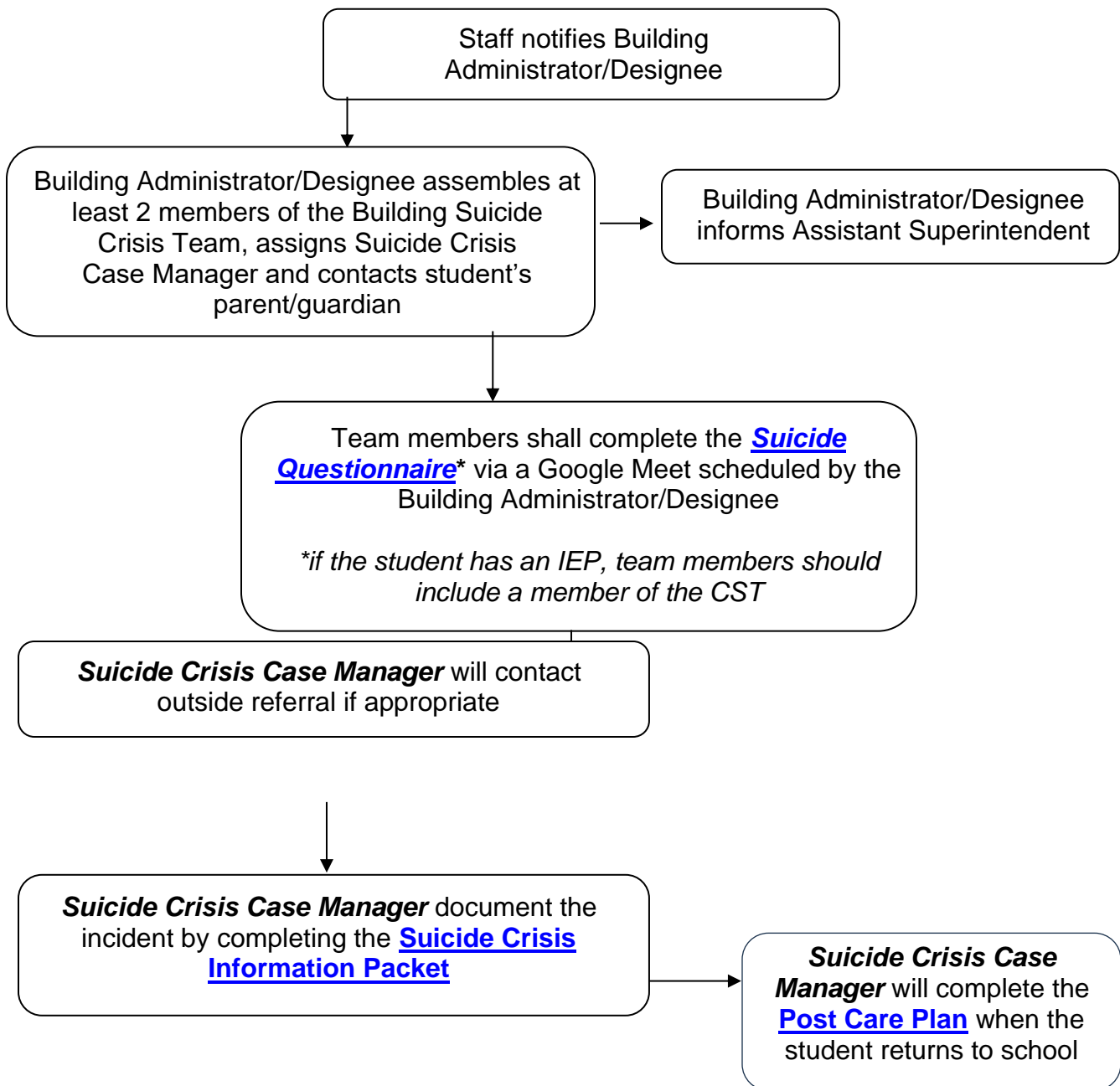
# COMMUNICATIONS CHART

## Level I – At Risk Behaviors



# COMMUNICATIONS CHART (REMOTE)

## Level I – At Risk Behaviors



# SUICIDE

## Level II – Written or Verbal Intent

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

<b>Suicide Crisis Procedures</b> <b>Level 2</b> <i>- Written or Verbal Intent -</i>		
	In-Person	Remote
<b>STEP #1</b>	Staff member(s) shall notify the Building Administrator/ Designee immediately and receive confirmation they are aware of the suicide crisis	The first person whom this information is shared with must contact the Building Administrator/ Designee and the Parent/Guardian immediately and receive confirmed that they are aware of the suicide crisis
<b>STEP #2</b>	Building Administrator/Designee assembles at least two (2) members (no more than three (3) – never one (1) person alone) of the Building Suicide Crisis Team (when present in building). The Building Administrator/designee shall make the determination: <ol style="list-style-type: none"> <li>1) who will be the Suicide Crisis Case Manager*, and</li> <li>2) to select the Suicide Crisis Team Members</li> </ol>	The Building Administrator/ Designee will contact a minimum of two persons from the Building Suicide Crisis Team to facilitate the crisis and initiate remote crisis intervention  The Building Administrator/Designee shall make the determination who will be the Suicide Crisis Case Manager*
<b>STEP #3</b>	Team Members will assess the level of risk by interviewing the student in a confidential location, using the <a href="#">Suicide Questionnaire</a> to assess the incident for a Level II (if not Level I, follow Level I crisis intervention procedures)  If Level II, Suicide Crisis Case Manager* will contact guardian to come to the school.** Once the guardian arrives, Passaic Cty. Mobile Crisis Unit (973) 754-2230 or Perform Care (877) 652-7624 should be called to determine if child should go to hospital or if crisis unit will be dispersed to school.	Building Administrator/Designee will schedule a Google Meet with the chosen team members. The meeting will be utilized to discuss the incident and assign a team member to interview the student and another to record the responses utilizing the <a href="#">Suicide Questionnaire</a> .
<b>STEP #4</b>	Suicide Crisis Case Manager* will fill out the <a href="#">Suicide Crisis Information Packet</a> via Google Form ( <a href="https://forms.gle/wUUwaGjiX5FesVBQ8">https://forms.gle/wUUwaGjiX5FesVBQ8</a> )	The team will schedule a Google Meet to interview the student, immediately following the interview, the team will determine if the crisis is Level I, II or III.  Suicide Crisis Case Manager* will fill out the <a href="#">Suicide Crisis Information Packet</a> via Google Form ( <a href="https://forms.gle/wUUwaGjiX5FesVBQ8">https://forms.gle/wUUwaGjiX5FesVBQ8</a> )
<b>STEP #5</b>	Suicide Crisis Case Manager* will follow-up with the student and parent/guardian within 3 business days	Suicide Crisis Case Manager* will follow-up with the student and parent/guardian within 3 business days

<b>STEP #6</b>	When Suicide Crisis Case Manager* meets with student for the first time after crisis intervention, a <a href="#">Post Care Plan</a> should be filled out and kept separate from the student's academic records.	When Suicide Crisis Case Manager* meets with student for the first time after crisis intervention, a <a href="#">Post Care Plan</a> should be filled out and kept separate from the student's academic records.
<p style="text-align: center;"><b>IN ANY SUICIDE CRISIS – IN PERSON AND REMOTE – IF THE STUDENT IN CRISIS HAS AN IEP, CRISIS TEAM MEMBERS SHOULD INCLUDE A MEMBER OF THE CHILD STUDY TEAM (CST)</b></p> <p style="text-align: center;"><b>IF TRANSMITTING INFORMATION VIA EMAIL, ALWAYS REMEMBER TO ONLY IDENTIFY STUDENT WITH THEIR INITIALS AND ID#.</b></p>		

\*

*A Suicide Crisis Case Manager is the staff member who will follow up with the student and crisis case following the intervention*

\*\*

*If the student needs 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.*

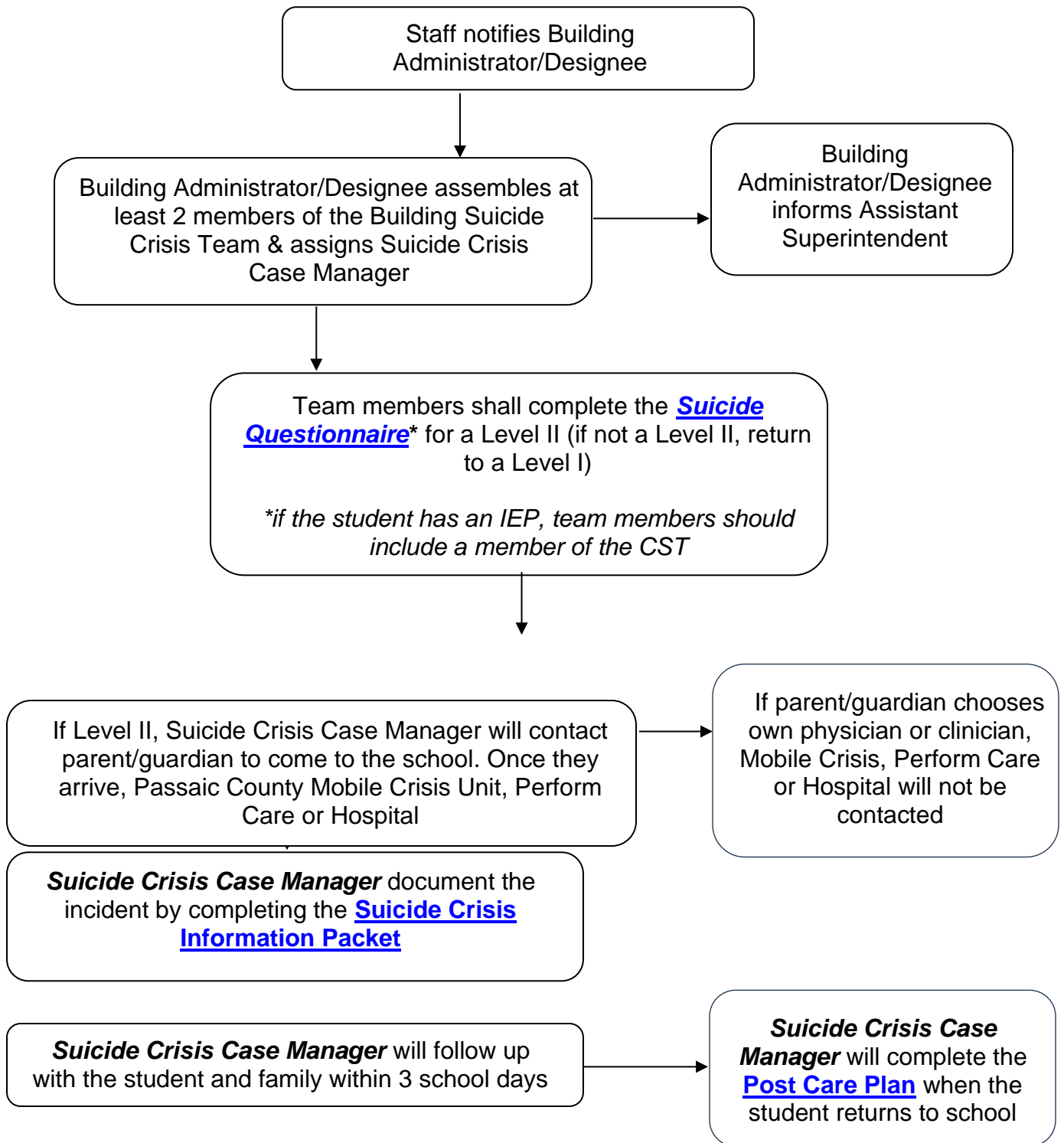
*In the event that a parent/guardian cannot be reached, the Building Administrator/Designee shall contact the Communications Division of the Paterson Police Department at (973) 321-1111 and request to speak to a Shift Supervisor and explain the situation and the need for parent/guardian notification.*

*If the parent/guardian is contacted and refuses to follow the recommendation for medical assistance **or the police cannot make contact, a Building Suicide Crisis Team Member** shall contact the Division of Child Protection & Permanency (DCPP – 800-652-2873 [800-NJ ABUSE]) (formerly DYFS) immediately.*



# COMMUNICATIONS CHART

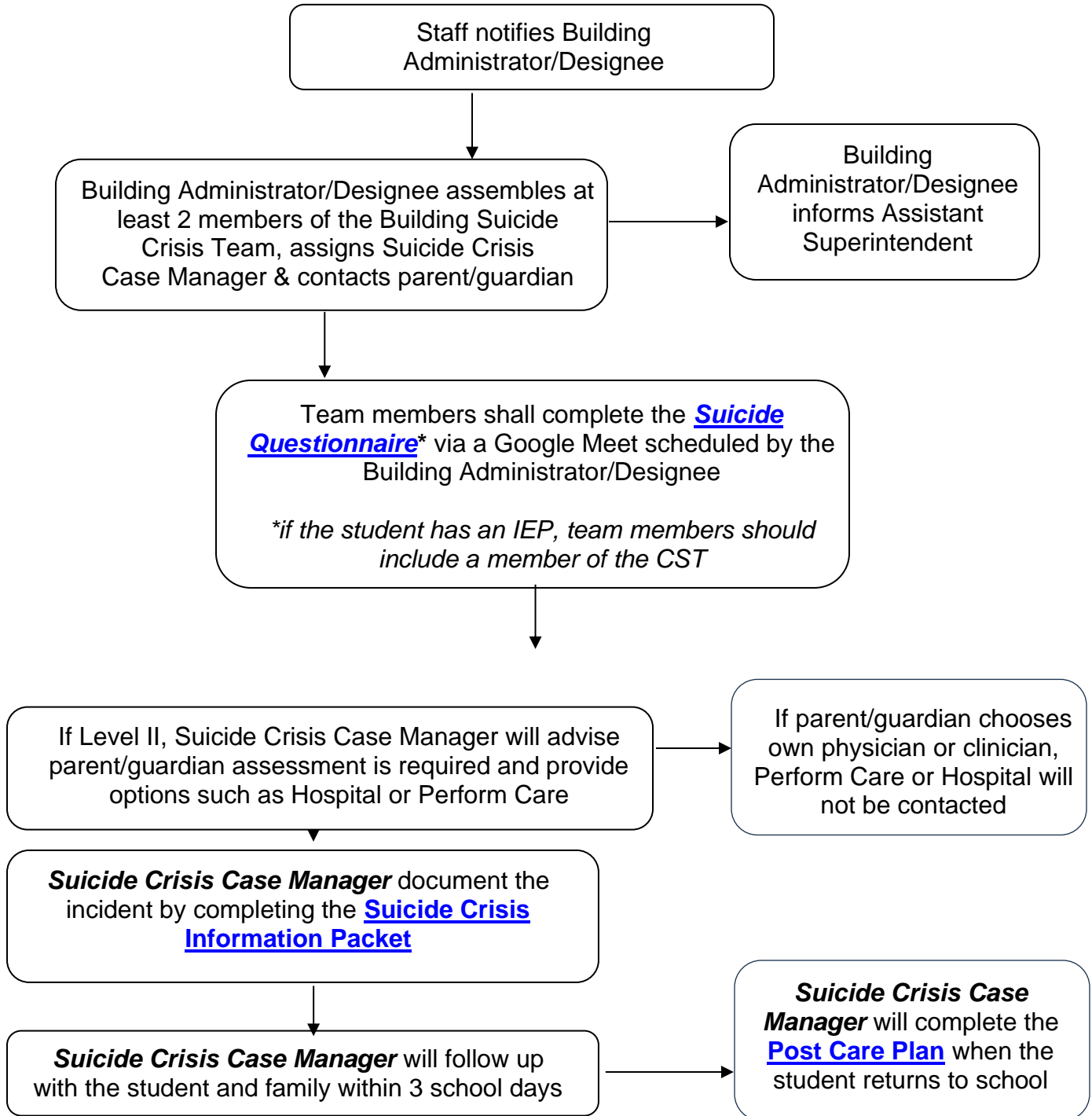
## Level II – Written or Verbal Intent



**PARENT MUST PRESENT TO THE SUICIDE CRISIS CASE MANAGER AND NURSE DOCUMENTATION OF THE ASSESSMENT/APPOINTMENT FOR STUDENT TO RETURN**

# COMMUNICATIONS CHART (REMOTE)

## Level II – Written or Verbal Intent



**PARENT MUST PRESENT TO THE SUICIDE CRISIS CASE MANAGER AND NURSE DOCUMENTATION OF THE ASSESSMENT/APPOINTMENT FOR STUDENT TO RETURN**

# **ST. JOSEPH'S CRISIS PROCEDURES**

## **Reference Sheet**

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

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

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

### **II. Be prepared to share the following as applicable:**

- 1) Your name, position, school and phone number**
- 2) The child's name, date of birth, age, grade, address, phone number**
- 3) Medical information on the child – known medical concerns or medication(s) the child is taking**
- 4) The family name (person having custody of the child)**
- 5) The person reporting the incident must speak directly with the hospital staff**
- 6) The person reporting the incident must write exactly what happened**
- 7) Inform the hospital if the child is coming by ambulance**
- 8) Fax the Crisis Information Form & Suicide Questionnaire Form to St. Joseph's Hospital 973-754-3721 OR email receipt copies of virtual crisis form and virtual suicide questionnaire directly to student and/or guardian who may show the hospital upon arrival**

### **III. Working with the family:**

- 1) Complete all crisis forms, including a written statement of the incident**
- 2) Provide copies of all completed forms to the hospital:**
  - a. Copies may be faxed to Passaic County Mobile Crisis Unit @ St. Joseph's Hospital at 973-754-3624, or**
  - b. Virtual copies may be emailed directly to the student and/or guardian to show upon arrival at the hospital**
- 3) Direct the family to the Emergency Department Entrance**
- 4) Tell the family that the wait may be long**

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

Remind the family that for the child to return to school, the Paterson Public School District requires that documentation of a medical assessment 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 the student 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. The Building Administrator/designee will also contact DCPD (1-877-652-2873) and explain the situation.
3. The Building Administrator/Designee contacts their Assistant Superintendent.
4. **The Building Administrator/Designee in consultation with the Assistant Superintendent will decide if the Urgent Crisis Team needs to be present at the school site.** The Assistant Superintendent will notify the **District Crisis Team**, who will contact the *Urgent 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 Suicide Crisis Case Manager\* for the student in question as soon as the Building Administrator/Designee is notified of the suicide attempt. The Suicide Crisis Case Manager\* will obtain information from parent/guardian regarding hospital admission. Parent/Guardian shall provide documentation to the Building Administrator/Designee for re-admittance into school. Building Administrator/Designee forwards documentation to Suicide Crisis Case Manager\*.
7. All communication and actions taken will be documented by the Building Administrator/Designee including documentation maintained by the Suicide Crisis Case Manager\*. Copies of all documentation will be forwarded to the School Counselor. These files shall be kept separate from 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.

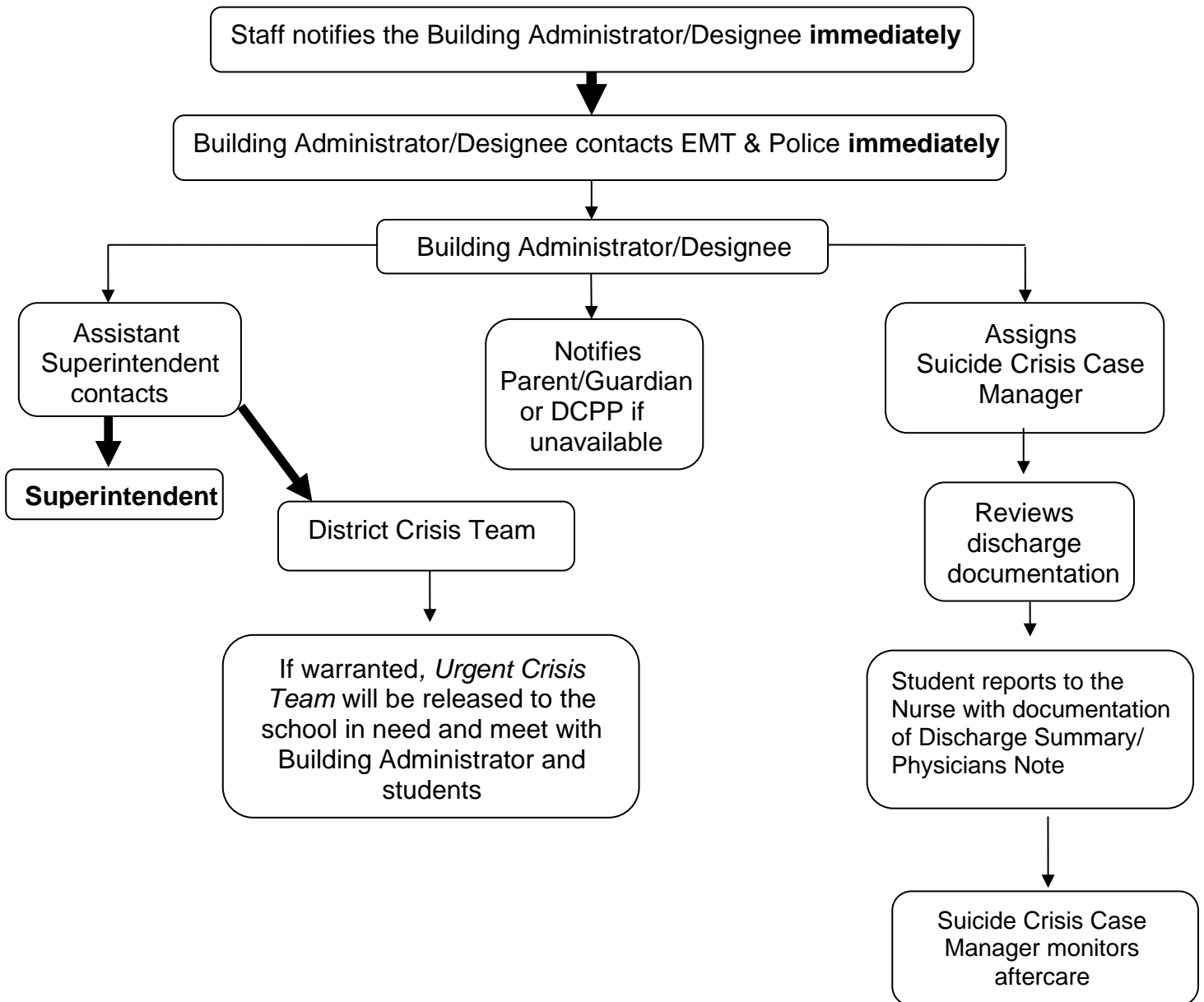
**(Steps 1-6 shall be done in the same day)**

**\*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.**

*\* A Suicide Crisis Case Manager is the staff member who will follow up with the student.*

# 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 *Urgent Crisis Team* needs to be present at the school site. The Assistant Superintendent will notify the District Crisis Team.
4. The Building Administrator/Designee appoints a **Suicide Crisis Case Manager\*** for the student in question as soon as the Building Administrator/Designee is notified of the suicide attempt. The **Suicide Crisis 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 assessment 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 **Suicide Crisis Case Manager\***. Copies of all documentation will be forwarded to the Nurse. These files shall be kept separate from the student’s permanent record. When a suicide crisis is identified, all statements will be held as confidential as possible. To protect the students’ privacy **DO NOT** transmit confidential information via email.
7. The parent/guardian will sign a *Release of Information Form* for the medical facility to provide feedback to the school.

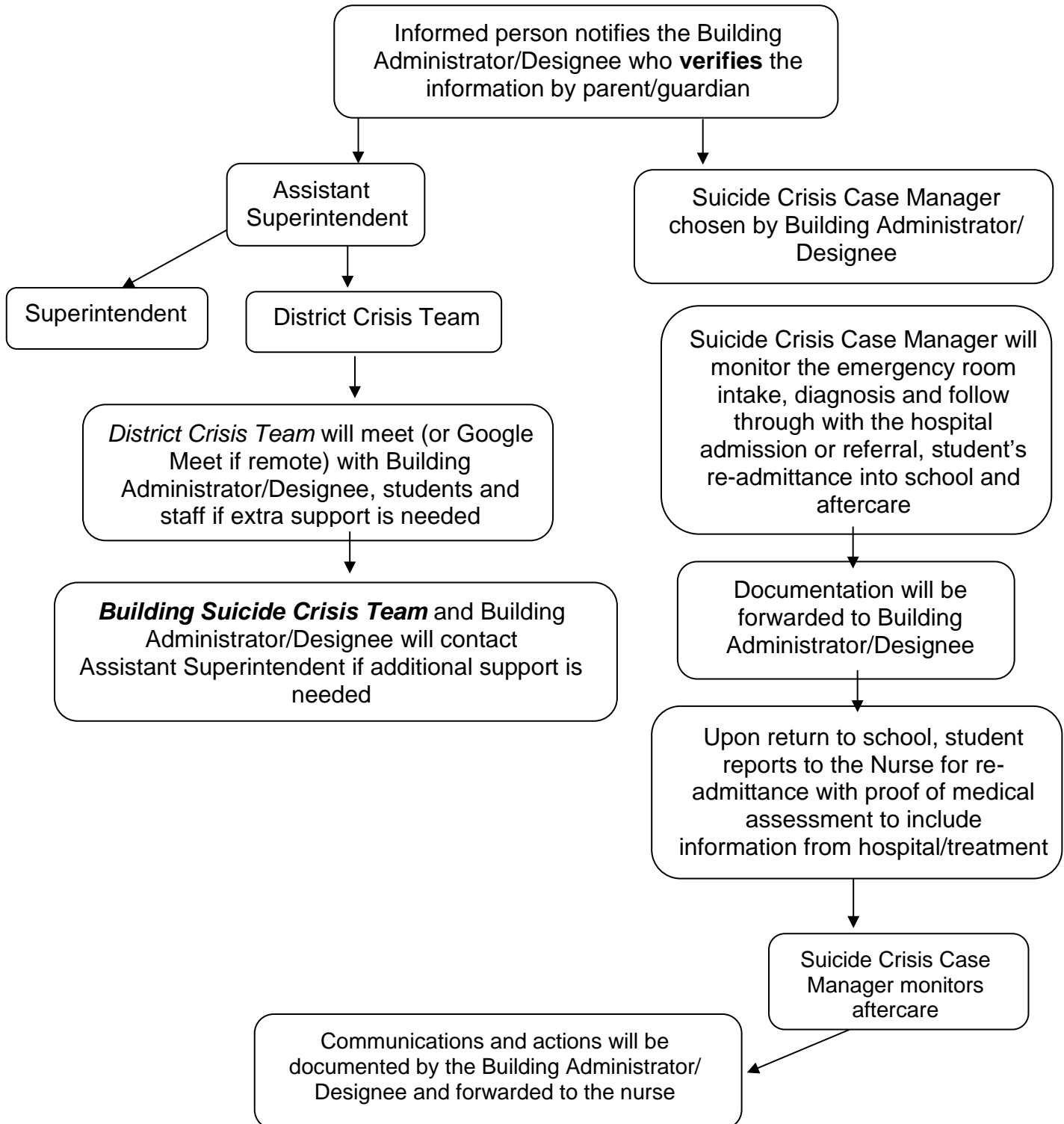
\* A *Suicide Crisis Case Manager* is the staff member who will follow up with the student



# COMMUNICATIONS CHART

## Level III – Attempted Suicidal Act

### School Not in Session & Remote Settings



# Sudden Death

## School in Session

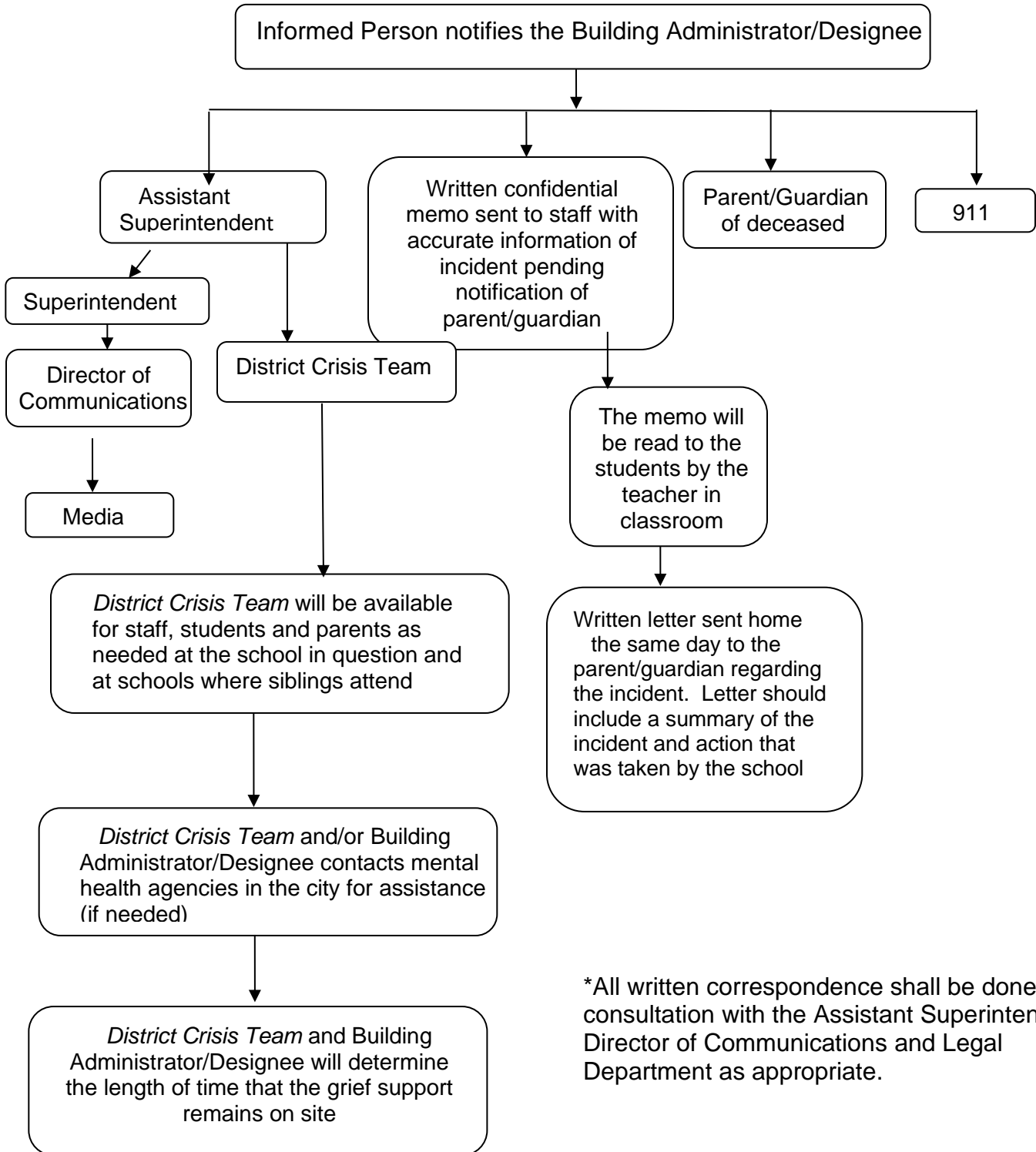
1. The informed person notifies the Building Administrator/Designee or person in charge and calls 911.
2. The Building Administrator/Designee contacts the parent/guardian of the deceased to confirm death, then notifies Assistant Superintendent.
3. The Assistant Superintendent shall notify the District Crisis Team for support and next steps.
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 grief support services are needed.

\*All written correspondence shall be done in consultation with the Assistant Superintendent, Director of Communications and Legal Department as appropriate.

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

# Communications Chart

## Sudden Death – School in Session



# Sudden Death

## School Not In Session

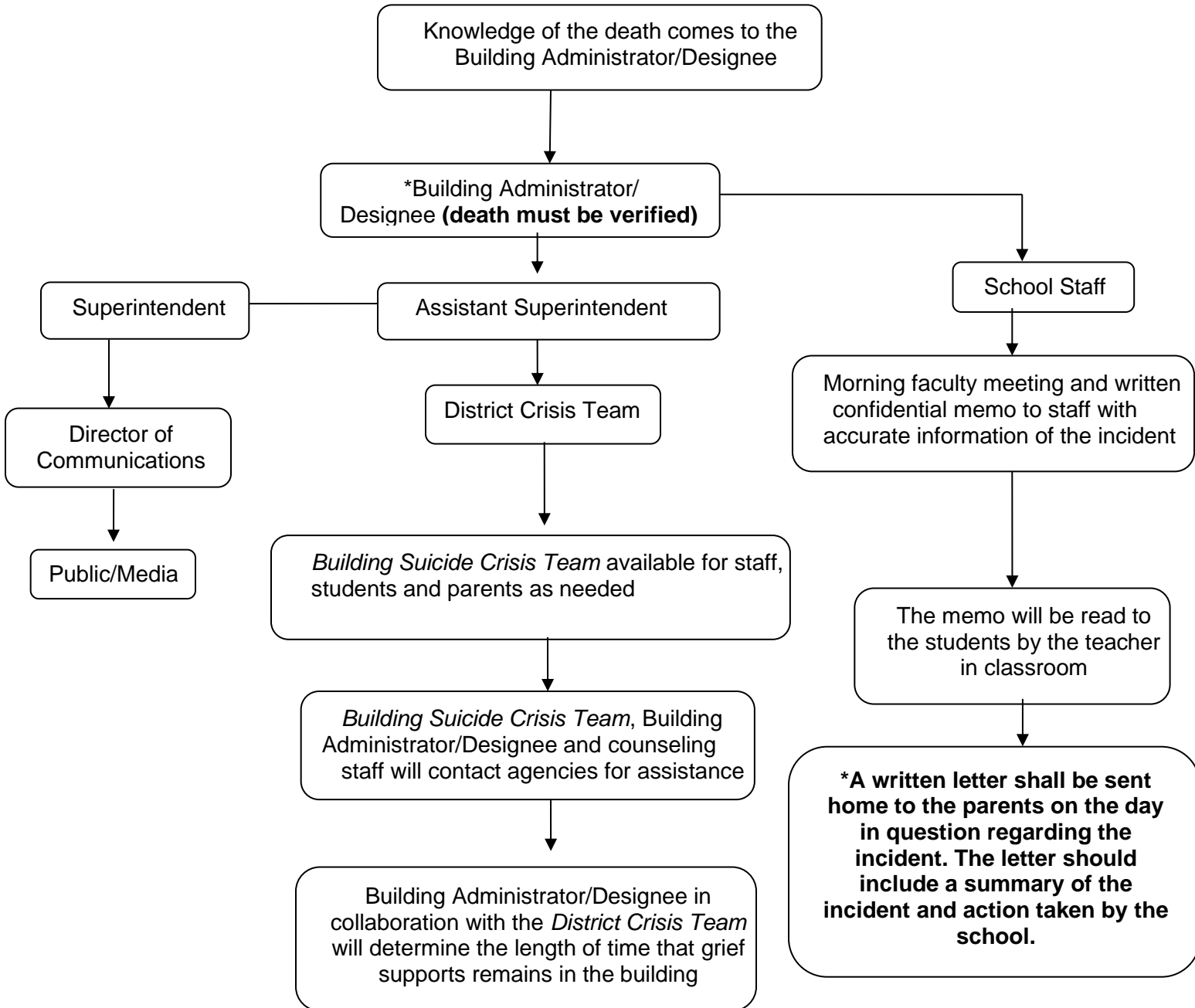
1. The informed person notifies the Building Administrator/Designee
2. The Building Administrator/Designee verifies the death (**before further steps are taken be sure, death is verified**).
3. The Building Administrator/Designee notifies the Assistant Superintendent. The Building Administrator/Designee conducts an early morning faculty meeting on the first school day, if possible, and 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 District Crisis Team.
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, in collaboration with the *District Crisis Team*, will determine the length of time that grief support remains in the building.

\*All written correspondence shall be done in consultation with the Assistant Superintendent, Director of Communications, and Legal Department 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, Director of Communications and Legal Department as appropriate.

# Child Abuse (Physical and Sexual)

In New Jersey, any person having reasonable cause to believe that a child has been subjected to abuse or acts of abuse should immediately report this information to the local police department, along with the Passaic County Prosecutor's Office Special Victims Unit (PCPO-SVU) at and the Division of Child Protection and Permanency (DCP&P) at **1-877 NJ ABUSE (1-877-652-2873)**.

**A reminder that a concerned caller does not need proof to report an allegation of child abuse or neglect!**

Below, staff can find two New Jersey Statutes regarding child abuse. To read the full statutes, enter the statute numbers below in the "simple search" bar on the [New Jersey Legislature website](#).

## **9:6-8.10. REPORTS OF CHILD ABUSE**

Any person having reasonable cause to believe that a child has been subjected to child abuse or acts of child abuse shall report the same immediately to DCF's Child Protection and Permanency (CP&P) by telephone or otherwise. Such reports, where possible, shall contain the names and addresses of the child and his parent, guardian, or other person having custody and control of the child and, if known, the child's age, the nature and possible extent of the child's injuries, abuse or maltreatment, including any evidence of previous injuries, abuse or maltreatment, and any other information that the person believes may be helpful with respect to the child abuse and the identity of the perpetrator.

## **9:6-8.13. PERSON MAKING REPORT; IMMUNITY FROM LIABILITY; ACTION FOR RELIEF FROM DISCHARGE OR DISCRIMINATION**

Anyone acting pursuant to this act in the making of a report under this act shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed. Any such person shall have the same immunity with respect to testimony given in any judicial proceeding resulting from such report.

A person who reports or causes to report in good faith an allegation of child abuse or neglect pursuant to section 3 of P.L.1971, c. 437 (C. 9:6-8.10) and as a result thereof is discharged from employment or in any manner discriminated against with respect to compensation, hire, tenure or terms, conditions or privileges of employment, may file a cause of action for appropriate relief in the family part of the Chancery Division of the Superior Court in the county in which the discharge or alleged discrimination occurred or in the county of the person's primary residence.

If the court finds that the person was discharged or discriminated against as a result of the person's reporting an allegation of child abuse or neglect, the court may grant reinstatement of employment with back pay or other legal or equitable relief.

## **9:6-8.14. VIOLATIONS INCLUDING FAILURE TO MAKE REPORT; DISORDERLY PERSON**

Any person knowingly violating the provisions of this act including the failure to report an act of child abuse having reasonable cause to believe that an act of child abuse has been committed, is a disorderly person.

As part of our Suicide Crisis Intervention Manual, the district has included documents on the following two pages to address child abuse reports. Please review and familiarize yourself with the PCPO's Child Abuse Disclosure Do's and Don'ts along with the DCP&P Referral Form.

***NOTE: The DCP&P Referral form is not a required form, however, may assist you with documentation purposes for your own records.***



# DCP&P Referral

By law, all staff are required to report to DCP&P (NJ Dept. of Child Protection & Permanency) any suspicions you may have concerning abuse to any student you may come in contact with during the course of your workday.

**The telephone # is: 1-877-652-2873 / 1-877-NJ ABUSE**

Please have in hand the following information.

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

Student's Date of Birth: \_\_\_\_\_

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

Student's Address: \_\_\_\_\_

Student's Telephone Number: \_\_\_\_\_

Student's Homeroom Teacher: \_\_\_\_\_

Suspected Abuse/Neglect: \_\_\_\_\_

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

After calling, please "log" the call with your supervisor and/or school administration using the form below:

Person reporting the incident: \_\_\_\_\_

**Date of call: \_\_\_\_\_ Time of call: \_\_\_\_\_ Agent#: \_\_\_\_\_**

**\*\*\*\*\*AFTER THE DCP&P CALL, PLEASE CONTACT\*\*\*\*\***

**Passaic County Prosecutor's Office (PCPO) Special Victims Unit (SVU) at 973- 837-7680.**

**You must speak to an actual person to make a report. VOICEMAIL MESSAGES ARE NOT ACCEPTABLE AS A REPORT.**

**Date of call: \_\_\_\_\_ Time of call: \_\_\_\_\_ PCPO SVU rep.: \_\_\_\_\_**

**Please see the back of this form for Do's and Don'ts as well as additional information regarding contacting SVU.**

Based on the guidelines established by the State of New Jersey,

**YOU SHOULD NOT ASSUME THE RESPONSIBILITY OF ASSESSING IF A CONCERN OR SUSPICION GRANTS AN ABUSE OR NEGLECT CASE.**

The Agent answering the claim will take the information provided and make the decision if it grants an abuse or neglect case.

IF IT **DOES NOT** LOOK, FEEL, OR SOUND RIGHT TO **YOU** and you have suspicions or concerns for the welfare of a child, you can call the hotline (**1-877-652-2873 / 1-877-NJ ABUSE**) and they will make the determination.



**Passaic County Prosecutor's Office**  
**Child Abuse Disclosure**  
**Do's & 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

**WHAT TO DO:**

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

DCPP State Central Registry  
1-877-NJABUSE  
1-877-652-2873

**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 Dave Hammer (973)837-7682, Sergeant Kristen Salotico (973)837-7661, or Chief Assistant Prosecutor Jennifer Fetterman (973)881-4811.

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

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

**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.

**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.***

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

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

**WHAT NOT TO DO:**

**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. It is only appropriate to ask additional questions if DCPP or Law Enforcement is requesting you to do so.

**DO NOT** Contact the parent or caretaker until discussing the issue with DCPP or the PCPO.

**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 DCPP.*

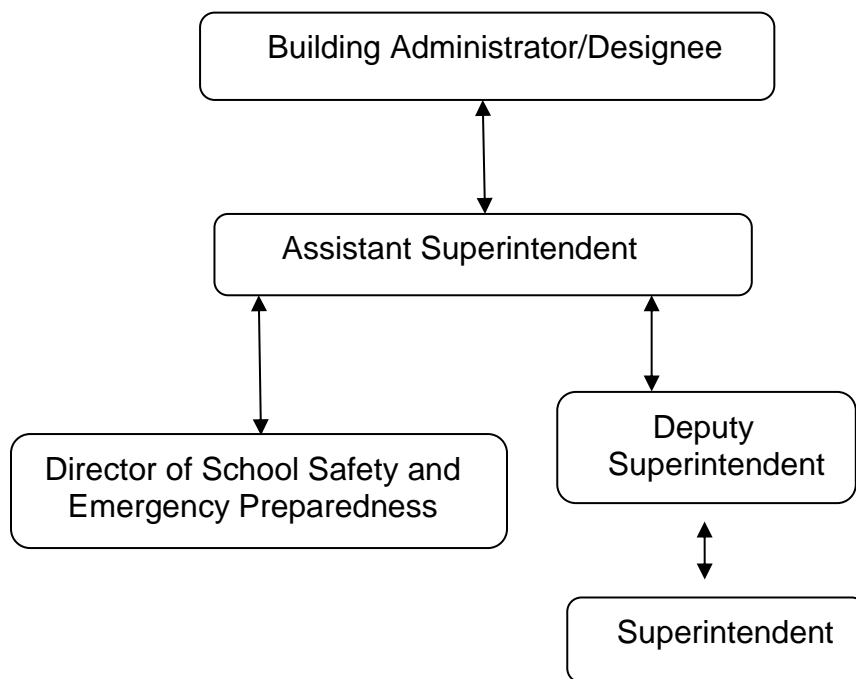
**DO NOT** Inform the alleged offender of the accusation or the identity of the complaining or implicated child. Contact DCPP or the PCPO SVU for advice on dealing with the offender if he/she is within the school.

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

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

# Chain of Command

If a crisis arises that does not correspond to the previously mentioned suicide crisis situations (ie. Behavioral Threat Assessment, Community Disturbance, Violence), refer to this flowchart





# **APPENDICES**

**Paper versions of the Crisis Packet and Suicide Questionnaire should ONLY BE USED if there is a problem with Internet or computer within the district.**

## **CRISIS INFORMATION FORM**

Please complete this form after each Level I, Level II and/or Level III suicide ideation or attempt. This form must be given to the School Counselor, School Nurse and CST (if appropriate) to place a copy in an envelope marked confidential and placed in the student's file.

**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)	_____
<b>SUICIDE CRISIS TEAM MEMBER'S TITLE AND SIGNATURE</b>	

**SUICIDE QUESTIONNAIRE**

In conjunction with St. Joseph’s Hospital and  
the National Institute of Mental Health ASQ Toolkit  
(Revised 11/18/2020)

Today’s date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Please complete this questionnaire to the best of your ability. You should have this information available if you must 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 themselves. 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.** The student must always remain under adult supervision. If the student refuses to answer questions, please indicate so on the questionnaire.

**Section I: Background and History**  
Crisis Team Member filling out this form should answer all questions in this section.

1) Please write a brief summary as to why this student was referred:

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---

2) Please ask the student if they are experiencing any of the following (circle confirmed student responses):

- 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 changes
- l. Other changes in behavior noted by school personnel
- m. Change in status of household

## **Section II: Assess the Student**

Crisis Team Member filling out this form should write YES or NO when asking the questions below.

### **Symptoms**

- 1) **Depression:** "In the past few weeks, have you felt so sad or depressed that it makes it hard to do the things that you would like to do?" \_\_\_\_\_
- 2) **Anxiety:** "In the past few weeks, have you felt so worried that it makes it hard to do the things that you would like to do or that you feel constantly agitated/on-edge?" \_\_\_\_\_
- 3) **Impulsivity/Recklessness:** "Do you often act without thinking?" \_\_\_\_\_
- 4) **Hopelessness:** "In the past few weeks, have you felt hopeless, like things would never get better?" \_\_\_\_\_
- 5) **Isolation:** "Have you been keeping to yourself more than usual?" \_\_\_\_\_
- 6) **Irritability:** "In the past few weeks, have you been feeling more irritable or grouchier than usual?" \_\_\_\_\_
- 7) **Substance Use:** "In the past few weeks, have you used drugs or alcohol?" \_\_\_\_\_  
**If yes, ask "What was used and how much?"** \_\_\_\_\_
- 8) **Sleep Patterns:** "In the past few weeks, have you had trouble falling asleep or staying asleep? For example, you wake up in the middle of the night or earlier than usual in the morning?" \_\_\_\_\_
- 9) **Appetite:** "In the past few weeks, have you noticed changes in your appetite? Have you been less hungry or more hungry than usual?" \_\_\_\_\_

### **Social Support & Stressors**

- 1) **Support Network:** "Is there a trusted adult you can talk to?" \_\_\_\_\_  
**If yes, ask "Who?"** \_\_\_\_\_
- 2) **Prior or Current Licensed Supports:** "Have you ever seen a therapist/counselor?" \_\_\_\_\_  
**If yes, ask "Who, when, and what for?"** \_\_\_\_\_
- 3) **Family Situation:** "Are there any conflicts at home that are difficult to handle?" \_\_\_\_\_  
**If yes, ask "Could you describe what is happening?"** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4) **School Functioning:** "Do you ever feel so much pressure at school (academic or social) that you can't take it anymore?" \_\_\_\_\_

If yes, ask "Could you describe what is happening?" \_\_\_\_\_

\_\_\_\_\_

5) **Bullying:** "Are you being bullied or picked on?" \_\_\_\_\_

If yes, ask "Could you describe what is happening?" \_\_\_\_\_

\_\_\_\_\_

### Section III: Suicide Screening

Crisis Team Member filling out this form should circle YES or NO when asking the questions below.

1) In the past few weeks, have you wished that you were dead? **YES || NO**

2) In the past few weeks, have you felt that you or someone close to you would be better off dead? **YES || NO**

3) In the past week, have you had thoughts about killing yourself? **YES || NO**

4) Have you ever tried to kill yourself? **YES || NO**

If yes, how and when? \_\_\_\_\_

\_\_\_\_\_

5) Are you having thoughts of killing yourself right now? **YES || NO**

### Next Steps

Consider all the answers provided specifically for Section III.

- If student answers "NO" to all questions 1 – 5, screening is complete. No suicide intervention is necessary, **however**, clinical judgment can always override a negative screen
  - (i.e., the responses in sections I and II are alarming enough to make you, as a suicide crisis team member, want a deeper assessment on the student.)
- If the student answers "YES" to any of questions 1-5, or refuses to answer, they are considered a **positive screen (requiring a formal assessment)**.

If the student screen is positive for a suicide assessment, the student should be referred for a psychological evaluation. Psychological evaluations can be performed by:

Perform Care 1-877-652-7624 <a href="http://www.performcarenj.org">www.performcarenj.org</a>	Family therapist
NJ Licensed Clinician (LPC, LSCW, Psy-D, Psychiatrist)	St. Joseph's Mobile Crisis 973-754-2230
Psychologist	St. Joseph's ER Services 973-754-2230 (for imminent danger, including active suicidal event where a medical a medical professional is warranted)



## **Section IV: Additional Script (if needed)**

Crisis Team Member may utilize the scripting below when working with the student and guardian.

### **Say to parent/guardian if present for Crisis Intervention:**

“National safety guidelines recommend that we screen all students for suicide risk when we are alerted about a situation. We ask these questions in private, so I am going to ask you to step out of the room for a few minutes. If we have any concerns about your child’s safety, we will let you know.”

### **Once parent/guardian steps out, say to student:**

“Now I’m going to ask you a few more questions.” Administer the PPS Suicide Questionnaire and any other questions you want to ask in private (e.g. domestic violence, neglect, etc.).

### **If student screens positive, say to student:**

“These are hard things to talk about. Thank you for telling me. I’m going to share your answers with St. Joseph’s Crisis, and they will further speak with you.”

### **If student screens positive, say to parent/guardian, if waiting:**

“We have some concerns about your child’s safety that we would like to further evaluate. It’s really important that he/she/they spoke up about this. Based upon [student’s name]’s responses to our questionnaire, I’m going to talk to St. Josephs Crisis, and they will further evaluate your child for safety.”

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**

90 DELAWARE AVENUE  
PATERSON, NEW JERSEY 07503-1804

**NOTICE OF POTENTIAL HARM TO SELF**

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: \_\_\_\_\_

90 DELAWARE AVENUE  
PATERSON, NEW JERSEY 07503-1804

**AVISO DE DAÑO POTENCIAL A  
A MÍ MISMO / O OTROS**

Fecha: \_\_\_\_\_ Escuela: \_\_\_\_\_ Grado \_\_\_\_\_

Estudiante: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

Padre: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Dirección: \_\_\_\_\_

\_\_\_\_\_, me informó que  
mi hijo \_\_\_\_\_ ha estado haciendo  
declaraciones con implicaciones potencialmente mortales. Me han informado que  
necesito hacer lo siguiente:

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

- He aceptado seguir estas recomendaciones. Entiendo completamente estas recomendaciones y la razón por la que fueron hechas.
- No he aceptado seguir estas recomendaciones. Entiendo completamente estas recomendaciones y la razón por la que se hicieron.

**El incumplimiento de las recomendaciones anteriores podría dar lugar a una notificación a la División de Protección y Permanencia Infantil (DCPP).**

Firma del Padre / Tutor: \_\_\_\_\_

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

90 DELAWARE AVENUE  
PATERSON, NEW JERSEY 07503-1804

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

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

\_\_\_\_\_  
School Nurse (Print)

\_\_\_\_\_  
School

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

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

\_\_\_\_\_  
(Print Student's Name)

**Please send medical records and information to:**

\_\_\_\_\_  
School

\_\_\_\_\_  
Address Paterson, New Jersey (Zip Code) \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Copy - Hospital/Medical Provider    Copy - Nurse    Copy - School Counselor

**PERMISO DEL PADRE/MADRE PARA OBTENER U OTORGAR INFORMACION MÉDICA**

Fecha \_\_\_\_\_

\_\_\_\_\_  
Enfermera de la Escuela (Imprenta)

\_\_\_\_\_  
Escuela

\_\_\_\_\_  
Teléfono

\_\_\_\_\_  
Facsímile

Yo doy permiso a la enfermera de la escuela, \_\_\_\_\_, para dar u otorgar registro

Doy permiso a la enfermera de la escuela, \_\_\_\_\_, para obtener u otorgar registro  
(Imprenta)

Médico o información de mi hijo/hija \_\_\_\_\_  
(Nombre del estudiante)

Por favor envíe los registros médicos o la información a la:

\_\_\_\_\_  
Escuela

\_\_\_\_\_  
Dirección Paterson, New Jersey \_\_\_\_\_  
Codigo postal

\_\_\_\_\_  
Firma del Padre/Madre/Guardián

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del Padre/Madre/Guardián

\_\_\_\_\_  
Fecha

90 DELAWARE AVENUE  
PATERSON, NEW JERSEY 07503-1804

**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



## Student Post Care Plan

After a crisis intervention, all students should have a safety/post care follow up plan in place, reviewed together with their crisis case manager. Please fill out all the steps below, provide a copy of the document to the student for their records, and keep the original with the student’s files, separate from their academic records.

<b>Step One:</b> <b>Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing</b>	
<i>Spoken script to student:</i> <i>What are some of those early or initial thoughts, feelings or behaviors that lead to suicidal thinking.</i>	
1)	
2)	
3)	
<b>Step Two:</b> <b>Internal Coping Strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity)</b>	
<i>Spoken script to student:</i> <i>What are some distraction activities that you can do by yourself?</i>	
1)	
2)	
3)	
<b>Step Three:</b> <b>People and social settings that provide distraction</b>	
<i>Spoken script:</i> <i>Who can you call or where can you go to provide distraction when you feel a crisis coming?</i>	
Person 1:	Phone:
Person 2:	Phone:
Place #1:	Place #2:



<b>Step Four:</b>		
<b>People whom I can ask for help</b>		
<i>Spoken script:</i>		
<i>Who can you call for help? Who can you tell you're feeling suicidal? Who can take you to the hospital?</i>		
Person 1:	Phone:	
Person 2:	Phone:	
Person 3:	Phone:	
<b>Step Five:</b>		
<b>Professionals or agencies I can contact during a crisis</b>		
<i>Spoken script to student:</i>		
<i>What is your therapist's phone number (and emergency number – maybe a 24/7 hotline they have or cell number)? What about your doctor? Do you know your local hospital information? How about hotlines?</i>		
Therapist Name:	Phone#:	Emergency#:
Doctor Name:	Phone#:	Emergency#:
Local Hospital:	Hotlines:	
<b>St Joseph's University Medical Center</b>	1) <b>Suicide Prevention Lifeline: 800-273-</b>	
<b>Emergency Crisis Services</b>	TALK(8255)	
<b>703 Main Street</b>	2) <b>Crisis Text Line: Text HOME to 741741</b>	
<b>Paterson, NJ 07503</b>	3)	
<b>973-754-2230</b>	4)	
	5)	
<b>Step Six:</b>		
<b>Making Your Environment Safe</b>		
<i>Spoken script to student:</i>		
<i>What are some ways you can make your environment safer? (i.e. locking up medications/have parent hold on to medications, having family locking up and/or remove all sharp objects and lethal weapons [guns])</i>		
1)		
2)		
3)		

As of today, \_\_\_\_\_, I, \_\_\_\_\_, hereby agree to abide by the terms  
(today's date) (write student's name)

of my post care plan. I understand that with my signature below, I agree to participate in better supporting my mental health and will do my best to follow the post care plan. Should following my post care plan be difficult or it becomes hard to manage, I promise to reach out to my Crisis Case Manager or School Counselor.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Suicide Crisis Case Manager

\_\_\_\_\_  
 School Year



## Plan de cuidados posteriores del estudiante

Después de una intervención de crisis, todos los estudiantes deben tener un plan de seguridad y seguimiento posterior, examinado junto con su encargado de casos de crisis. Rellene todos los pasos que se indican a continuación, entregue una copia del documento al estudiante para su archivo, y conserve el original en el expediente del alumno, separado de su expediente académico.

### Primer paso:

**Señales de alerta (pensamientos, imágenes, estado de ánimo, situación, comportamiento) que indiquen que se puede estar gestando una crisis**

*Texto hablado con el estudiante:*

*¿Cuáles son algunos de esos pensamientos, sentimientos o comportamientos tempranos o iniciales que conducen a pensamientos suicidas?*

- 1)
- 2)
- 3)

### Segundo paso:

**Estrategias internas de afrontamiento: Cosas que puedo hacer para olvidarme de mis problemas sin contactar con otra persona (técnicas de relajación, actividades físicas).**

*Texto hablado con el estudiante:*

*¿Qué actividades para distraerte puedes hacer tú solo?*

- 1)
- 2)
- 3)

### Tercer paso:

**Personas y entornos sociales que producen distracción**

*Texto hablado:*

*¿A quién puedes llamar o dónde puedes ir para distraerte cuando presientas que se acerca una crisis?*

Persona 1:

Teléfono:

Persona 2:

Teléfono:

Lugar #1:

Lugar #2:

<b>Cuarto paso: Personas a las que puedo pedir ayuda</b>		
<i>Texto hablado:</i> <i>¿A quién puedes pedir ayuda? ¿A quién puedes decirle que te sientes que deseas suicidarte? ¿Quién puede llevarte al hospital?</i>		
Persona 1:	Teléfono:	
Persona 2:	Teléfono:	
Persona 3:	Teléfono:	
<b>Quinto paso: Profesionales u organismos con los que puedo contactar durante una crisis</b>		
<i>Texto hablado con el estudiante:</i> <i>¿Cuál es el número de teléfono de tu terapeuta (y el número de emergencias, tal vez una línea directa 24/7 que tengan o un número de móvil)? ¿Y el de su médico? ¿Conoces la dirección de tu hospital? ¿Y las líneas directas?</i>		
Nombre del Terapeuta:	Teléfono #:	Emergencia #:
Nombre del médico:	Teléfono #:	Emergencia #:
Hospital local: <b>St Joseph's University Medical Center Emergency Crisis Services 703 Main Street Paterson, NJ 07503 973-754-2230</b>	Líneas directas: <b>1) Línea de prevención del suicidio: 800-273-TALK(8255) 2) Línea de texto para crisis: Enviar texto HOME al 741741 3) 4) 5)</b>	
<b>Sexto paso: Seguridad en el entorno</b>		
<i>Texto hablado con el estudiante:</i> <i>¿Cuáles son algunas de las formas en que puede hacer que su entorno sea más seguro? (por ejemplo, guardar bajo llave los medicamentos/que los padres guarden los medicamentos, que la familia guarde bajo llave y/o retire todos los objetos punzantes y armas letales [pistolas])</i>		
1)		
2)		
3)		

A partir de hoy, \_\_\_\_\_, yo, \_\_\_\_\_,  
(Fecha de hoy) (Nombre del estudiante)

por la presente me comprometo a cumplir las condiciones de mi Plan de cuidados posteriores (*Post Care Plan*). Entiendo que con mi firma abajo, estoy de acuerdo en participar en un mejor apoyo a mi salud mental y haré todo lo posible para seguir el Plan de cuidados posteriores. mental y haré todo lo posible por seguir el plan de cuidados posteriores. En caso de que me resulte difícil seguir mi plan de cuidados difícil de manejar, prometo comunicarme con mi Administrador de Casos de Crisis (*Crisis Case Manager*).

\_\_\_\_\_  
Firma del estudiante

\_\_\_\_\_  
Administrador de Casos de Crisis

\_\_\_\_\_  
Año escolar

## **SAMPLE TEMPLATE – STAFF NOTIFICATION OF DEATH**

Date: [DATE]  
To: All Staff  
From: [NAME OF SCHOOL] Crisis Team  
Re:

The recent death of [INSERT NAME] (*has OR is expected to make*) a significant impact on our entire school community. Our crisis team has been mobilized to respond to this tragic event.

On [DATE], [NAME OF DECEASED] <sup>1</sup> We expect a variety of reactions to this loss from our students, parents, and members of our staff. Some of these reactions may be mild, others may be more intense.

To effectively assist all members of our school community, an emergency staff meeting will be held at [TIME] on [DATE] in the [INSERT PLACE (SUCH AS THE CAFETERIA OR OTHER LARGE AREA)]. At that time, our crisis team will provide further details and answer questions. We will also discuss how to present the information to our students. In the meantime, please refer all inquiries from outside sources to [NAME OF THE MEDIA OR COMMUNICATION COORDINATOR].

With students, you can acknowledge that this death has occurred. However, please avoid discussion of any details; simply tell students that the school staff will provide information to everyone shortly. Please refer any student who appears to be in crisis or having significant difficulty to [NAME OF COUNSELING SERVICES COORDINATOR]. As this tragedy has also affected our staff, we encourage you to also seek assistance from [Name of Appropriate Administrator], if desired.

Emergency Staff Meeting  
Time:  
Date:  
Location:

If you have any questions or concerns before the meeting, please contact [Principal's Name].

## **SAMPLE TEMPLATE – PARENT NOTIFICATION OF DEATH**

[DATE]

Dear Parent,

It is with deep regret that we inform you about a recent loss to our school community. This loss is sure to raise many emotions, concerns, and questions for our entire school, especially our students.

Our school [AND, IF APPLICABLE, NAME OF SCHOOL DISTRICT] has a Crisis Intervention Team made up of professionals trained to help with the needs of students, parents, and school personnel at difficult times such as this. At our school [OR INSERT NAME OF ALTERNATIVE SCHOOL], we have counselors available for any student who may need or want help or any type of assistance surrounding this loss. We encourage you, as parents, to also feel free to use our resources.

We have enclosed some information that may be useful to you in helping your child at home. If you would like additional information or need assistance, please do not hesitate to contact [NAME OF COMMUNICATIONS COORDINATOR OR COUNSELING SERVICES COORDINATOR] at [PHONE NUMBER AND/OR EMAIL].

We are saddened by the loss to our school community and will make every effort to help you and your child as you need.

Sincerely,

[NAME OF THE SIGNER AND TITLE. THIS LETTER IS USUALLY SIGNED BY THE PRINCIPAL, SUPERINTENDENT, OR CRISIS TEAM COORDINATOR.]

## **SAMPLE TEMPLATE – STUDENT NOTIFICATION OF DEATH**

THIS INFORMATION SHOULD BE GIVEN TO TEACHERS AND OTHER STAFF TO READ TO STUDENTS AT A DESIGNATED TIME TO SHARE WITH THE ENTIRE STUDENT BODY (E.G., HOMEROOM OR FIRST/SECOND PERIOD).

It is with sadness that I tell you about a loss to our school family. On [DATE], [NAME OF DECEASED].

I understand that many of you may have upsetting feelings and questions about [NAME OF DECEASED]'s death. I will try to answer any questions that I can. If you would like, we will take the remainder of this class period to talk about what has happened. At times like this, it is okay to have many different feelings, including sadness, anger, and disbelief. It is okay to cry. Together, we can talk about whatever you may be feeling or want to talk about. If I cannot answer your questions, or you would like to talk to someone privately, there are support rooms now available [LOCATION OF SUPPORT ROOM(S)]. Anyone who would like to go to talk to someone in the support rooms may do so now. I will give you a pass.

[DETERMINE WHICH STUDENTS WOULD LIKE TO LEAVE FOR A SUPPORT ROOM. ASK THE REMAINING STUDENTS IF THEY HAVE ANY QUESTIONS OR COMMENTS THEY WOULD LIKE TO SHARE. TAKE TIME TO ANSWER AND TO TALK AS THE STUDENTS' DESIRE.

## CRISIS RESOURCES (revised August 2024)

- ACCESS Outpatient Services @ St. Joseph's Hospital (for Deaf and Hard of Hearing), Voice 973-754-5595, or Videophone 973-870-0683 <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>
- Association for Pet Loss and Bereavement, Email: info@apl.org, <http://www.aplb.org>
- Child Trauma Academy, Phone: 1-866-943-9779, <http://www.childtrauma.org>
- Circle of Care (Passaic County CMO), 973-942-4588, <https://www.circleofcarecmo.org/>
- Comfort Zone Camp, [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* at 100 Hamilton Plaza, 973-523-6090, and 2) *Passaic North* at 201 Willowbrook Blvd, 973-826-1082
- Dougy Center for Grieving Children, 1-866-775-5683, <http://www.dougy.org/>
- Good Grief, Inc., Phone: 908-522-1999, <http://www.good-grief.org>
- Half of Us (mental health diagnoses information), <http://www.halfofus.com>
- Imagine – A Center for Coping with Loss, Phone: 908-264-3100, <http://www.imagenj.org>
- Lighthouse Pregnancy Resource Center – 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 – 973-571-4100, <http://www.mhanj.org>
- Mental Health Association in Passaic County. Phone: 973-478-4444 [www.mhapassaic.org](http://www.mhapassaic.org)
- Mental Health Clinic of Passaic: Ida Gurtman Therapeutic Children's Program (2 ½ to 6 years old), 2 locations: Passaic (973-777-1403) and Paterson/Clifton (973-473-2775 x108), <https://mhcp.org/childrens-therapeutic-partial-care-day-program>
- Mom 2 Mom helpline (for moms of children and adults with developmental disabilities, part of Rutgers UBHC), 1-877-914-6662, <http://mom2mom.us.com/>
- M & S Psychotherapy and Counseling LLC, 1157 Main Street, Clifton, NJ, Phone: 973-341-9869, <https://mnspych.com/>

- National Alliance for Grieving Children, Phone: 1-866-432-1542, <http://www.childrengrieve.org>
- National Alliance on Mental Illness – NJ (NAMI-NJ), Phone: 732-940-0991, Email: info@naminj.org, <http://www.naminj.org/>
- National Center for Post-Traumatic Stress Disorder -Veterans Crisis Line, 1-800-273-8255, <http://www.ptsd.va.gov>, [ncptsd@va.gov](mailto:ncptsd@va.gov)
- National Center For School Crisis & Bereavement, Children’s Hospital Los Angeles #53, 4650 Sunset Blvd, Los Angeles, CA 90027, 877-536-2722, [info@schoolcrisiscenter.org](mailto:info@schoolcrisiscenter.org), <http://www.schoolcrisiscenter.org/>
- National Child Traumatic Stress Network (NCTSN), email: [info@nctsn.org](mailto:info@nctsn.org), <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) – Free downloadable/printable mental health brochures, <http://www.nimh.nih.gov/health/publications/index.shtml>
- National Human Trafficking Resource Center, Phone: 1-888-373-7888, [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, <http://www.loveisrespect.org/>
- NJ Children’s System of Care (**PerformCare**), 1-877-652-7624, <http://www.performcarenj.org>
- NJ Division of Mental Health and Addiction Services (NJDMHAS), 800-382-6717, <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, <http://www.njmentalhealthcares.org>
- NJ Youth Resource Spot, <http://njyrs.org/>
- Passaic County Children’s Mobile Crisis Unit – 973-754-2230
- 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 (through PreventionLinks), 732-381-4100, <https://preventionlinks.org/recoveryhs/>
- S.A.F.E. Alternatives – Self Abuse Finally Ends, Phone: 1-800-DONTCUT (1-800-366-8288), <http://www.selfinjury.com/>
- 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 , 212-595-3456 Email via weblink: <https://www.sesameworkshop.org/contact-us>, <https://www.sesameworkshop.org/what-we-do/social-impact-initiatives>
- Self-Injury and Recovery Program at Cornell University, Phone: 1-607-255-6179, Email: 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 Services, <https://www.stjosephshealth.org/clinical-focuses/behavioral-health-services/item/1332-outpatient-mental-health-clinic>
- St. Mary’s Hospital Adolescent Partial Care Program, 973-470-3176, <https://www.smh-nj.com/our-services/behavioral-health/>
- Suicide Prevention Lifeline, 800-273-8255 (TALK), <https://suicidepreventionlifeline.org/>
- Suicide Prevention Resource Center (SPRC), <http://www.sprc.org>
- The Compassionate Friends (*child grief*), 1-877-969-0010, <http://www.compassionatefriends.org>
- The Jason Foundation (Youth Suicide Prevention), Phone: 1-888-881-2323, Email: contact@jasonfoundation.com, <http://jasonfoundation.com>
- Trevor Project (Suicide & Crisis Intervention LGBTQIA+). 1-866-488-7386, <http://www.thetrevorproject.org>
- Training Institute for Suicide Assessment and Clinical Interviewing, [shea@suicideassessment.com](mailto:shea@suicideassessment.com), <http://www.suicideassessment.com>
- Traumatic Loss Coalitions for Youth, 732-235-2810, <https://ubhc.rutgers.edu/education/trauma-loss-coalition/overview.xml>
- 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 (GED and Certifications), 973-910-8792 ext. 19, <https://www.njcdc.org/what-we-do/page.php?Youth-Development-Great-Falls-YouthBuild-6>

# Grief Programs in New Jersey

Retrieved from <https://nacg.org/find-support/>  
(Updated August 2024)

## **The Alcove Center for Grieving Children & Families**

950 Tilton Road, Suite 108  
Northfield, NJ 08225  
(609) 484-1133  
<http://www.thealcove.org>

## **Comfort Zone Camp**

110B Meadowlands Parkway, Suite 301  
Secaucus, NJ 07094  
(201) 867-2077  
<http://www.comfortzonecamp.org>

## **Common Ground Grief Center**

67 Taylor Avenue  
Manasquan, NJ 08736  
Phone: 732-606-7477  
<http://www.commongroundgriefcenter.org>

## **Good Grief, Inc.**

38 Elm Street  
Morristown, NJ 07960  
(908) 522-1999  
<http://www.good-grief.org>

## **Imagine, A Center for Coping with Loss**

24208 Lyons Avenue  
Newark, NJ 07112  
(908) 264-3100 x 108 (program director)  
<http://www.imaginenj.org/newark/>

## **Lisa Athan, M.A.**

Executive Director of Grief Speaks  
15 Cayuga Court  
Springfield, NJ 07081  
(973) 912-0177  
<http://www.griefspeaks.com>

## **Paterson Public Schools – Healing Hub**

<https://www.paterson.k12.nj.us/domain/121>

## **American & NJ Self-Help Group Clearinghouses**

673 Morris Avenue, Suite 100  
Springfield, NJ 07081  
(800) 367-6274  
(973) 571-4100  
<http://www.njgroups.org>

## **Griefwork Center, Inc.**

PO Box 5177  
Kendall Park, NJ 08824  
(732) 422-0400  
<http://griefworkcenter.com>

## **Kids Connect/Parents Connect Bereavement Groups**

**The Wellness Community of Central New Jersey**  
3 Crossroads Drive  
Bedminster, NJ 07921  
(908) 658-5400  
<http://www.cancersupportcnj.org>

## **Sudden Unexplained Death in Childhood Program**

101 Eisenhower Parkway  
Suite 100  
Roseland, NJ 07068  
(800) 620-7832  
[www.sudc.org](http://www.sudc.org)

## **My Sister's Kids**

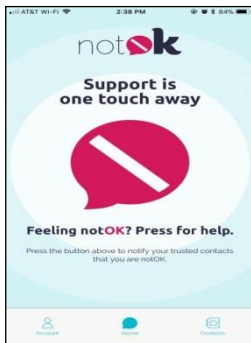
Peer support for Children, Teens & Families  
1800 E. Broad St.  
Malaga, NJ 08328  
(609) 364-8320  
[www.mysisterskids.org](http://www.mysisterskids.org)

# Mental Health Phone Applications

As the prevalence of mental illnesses like depression and anxiety continues to grow, clinicians have turned to mobile applications as tools for aiding their patients' treatment. These apps can be especially helpful for teenagers and young adults suffering from mental illness due to their frequent use of technology as a means of communication.

The apps can be helpful as a way to engage people who may be unwilling or unable to attend face-to-face therapy, and they can also provide support in between sessions. Experts believe that these apps will work best when used in conjunction with medication and/or in-person therapy. Read through the slideshow to learn more about some of the best apps that can be used by patients to improve their mental health.

**Three apps below are available on Apple iOS systems and Android.** Please be sure to check your app store and search terms like “mental health” or “suicide prevention” to browse.



## notOK

When you can't think of the right words, the notOK App™ takes the guesswork out of getting the help and support you need through immediate support from your friends, family, or peer network.

Simply open the app, tap the notOK™ button and a text message along with your current GPS location will be sent to your pre-selected contacts. **(ages 13+)**



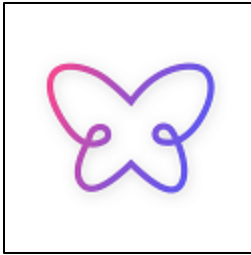
## TalkLife

Sometimes life is rough but you're not alone. TalkLife™ is a peer-support community that values research, evidence and impact to make sure you get the best help possible. It is a safe social network where you can talk about your worries and how you are really feeling at any time of the day or night, for issues like: self-harm, depression, anxiety, stress, eating disorders, bullying or suicidal feelings. There are no judgements or bullying; there's just people who understand what you're going through. **(ages 17+)**



## Calm

The app is designed to reduce anxiety, improve sleep, and help you to feel happier. Calm focuses on the four key areas of meditation, breathing, sleep, and relaxation, with the aim of bringing joy, clarity, and peace to your daily life. The app delivers meditations that can help you to destress, as well as breathing programs, music, and sounds from nature to relax your mind and body and promote better sleep. Calm is the perfect app if you are new to meditation, but it also offers programs for more advanced users. Meditation sessions are available in lengths of 3–25 minutes, to fit in with your schedule. **(ages 3+)**



### Trill Project

Trill is a safe space to express all the thoughts, hopes, insecurities, wishes, questions, or ideas you have that you may not be ready to publicly share. Usernames are assigned based on your color of choice, so Trill is completely anonymous. You can easily change your color choice as needed to generate a new identity. Our moderators and proprietary machine learning work hand in hand to ensure our community remains a positive, supportive place. **(ages 17+)**



### MindShift®

MindShift® is anxiety getting in the way of your life? MindShift® CBT uses scientifically proven strategies based on Cognitive Behavioral Therapy (CBT) to help you learn to relax and be mindful, develop more effective ways of thinking, and use active steps to take charge of your anxiety. A new feature, the Community forum, now enables you to find and offer peer-to-peer support. **(ages 13+)**



### Breath, Think, Do with Sesame

Laugh and learn as you help a Sesame Street monster friend calm down and solve everyday challenges. This bilingual (English and Spanish), research-based app helps your child learn Sesame's "Breathe, Think, Do" strategy for problem-solving. Tap and touch to help the monster friend take deep breaths, think of plans, and try them out! Your child will enjoy silly animations and playful interactions as she is exposed to important emotional vocabulary, a calm breathing technique, personalized encouragement, and more! **(ages 2-5)**



### Chill Panda

Play your way to a calmer day. Family friendly relaxation, breathing exercise and activity app. Baby Pandas grow up fast! Chill Panda is excited to go out into the world but feels worried about exploring alone! Chill Panda heads to the beautiful island of Chill Ville near the sea where it's said that a very calm and wise panda lives. Help Chill Panda manage fear and worry. So that nothing can stop Panda from having fun! **(ideal for children under 8)**

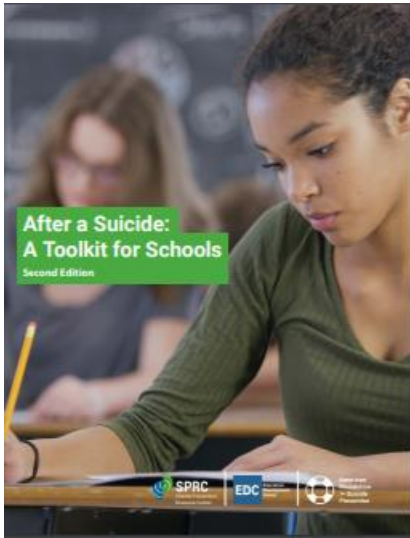


### Positive Penguins

Positive Penguins app is a resilience-building app. The app has a simple 5-minute guided meditation for children to learn to sit, relax and let go of the thoughts as they come into their heads. There is also a strategy for children to understand that an event or situation happened that created an emotion in them - this emotion is not right or wrong, rather information – once they understand this. The app is designed to help children understand why they feel a certain feeling and behave in a productive way. **(ages 9-12)**

# **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.

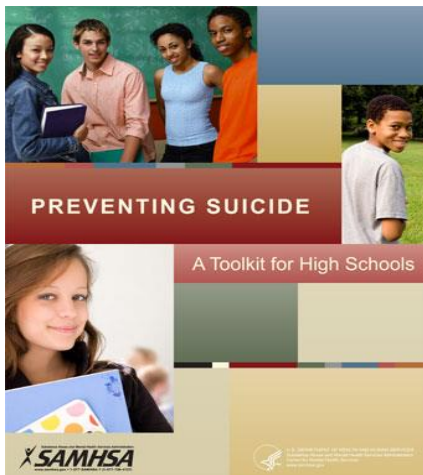


## **After a Suicide: A Toolkit for Schools Second Edition**

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.

[PDF Version](#) or [Flipbook Version](#)

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.

[PDF Version](#) and [PDF Flyer](#)