

Category: **STUDENTS**

Issued: 4/28/09

Number: **A-755**

Subject: SUICIDE PREVENTION/INTERVENTION

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SUMMARY OF CHANGES

This regulation updates and supersedes A-755 dated September 5, 2000.

Changes:

This regulation has been revised to:

- Reflect the current Department of Education organization
- Clarify the responsibilities of the School's Suicide Prevention Liaison
- Clarify the responsibilities of the Crisis Team
- Clarify the online reporting requirements
- Clarify the schools' responsibilities with respect to the provision of intervention and follow up measures
- Require that the School Crisis Intervention Plan be included as part of the school's Consolidated School and Youth Development Plan
- Provide a link to the New York State Office of Mental Health
- Require that an information card regarding Mental Health and Social Services for New York City Youth be distributed to all school staff

ABSTRACT

This regulation supersedes and replaces Chancellor's Regulation A-755 dated September 5, 2000. The number of suicides and attempted suicides among school aged youth has increased by alarming rates in recent years. This regulation focuses on the role of the school in dealing with potential or actual suicidal behavior and provides guidelines to assist each school in the development of a School Crisis Intervention Plan. It is the responsibility of every staff member to report knowledge of any potential suicide to the principal or designated liaison whether or not the student has requested that the information be kept confidential. Only School Based Mental Health Programs (SBMHP) trained mental health staff such as guidance counselors, psychologists, social workers, and psychiatrists are to provide appropriate counseling services. This staff is crucial in the formation of the school crisis response/prevention education/intervention team. The persons designated by the principal, e.g. the assistant principal, guidance counselor, social worker, mental health worker, must report suicidal behavior to the parent* and complete a Department of Education "On-line Occurrence Report".

INTRODUCTION

Students often give clues of their intent to commit suicide to peers, teachers and other personnel. It is important, therefore, that all school personnel (pedagogical and non-pedagogical) be made aware of behavioral manifestations which may suggest suicidal tendencies. All suicide related behaviors must be taken seriously.

I. ADMINISTRATION

The principal of each elementary, intermediate, junior high school, high school, and citywide Special Education Program shall:

- A. Designate a staff member to serve as the school's School Suicide Prevention Liaison. He/she serves as the school's liaison to the Senior Youth Development Director or designee at the Integrated Service Center and/or the Youth Development Coordinator of the Children First Network (CFN) as appropriate on all matters related to suicide prevention education/intervention. The liaison is responsible for completing the suicide report in the DOE's "Online Occurrence Reporting System" (OORS). He/she also serves as a member of the school's "Crisis Team" (see Section I.B below)
- B. Establish a school crisis response/prevention education/intervention team ("Crisis Team"). The Crisis Team may be part of an already existing pupil personnel or comprehensive health team. The Crisis Team must include the school's designated suicide liaison and school based mental health workers. The Crisis Team is a multidisciplinary team which may also include the school principal, the designated suicide liaison, guidance counselors, teachers, school based support team members, Substance Abuse Prevention and Intervention Specialists (SAPIS), health resource coordinators, school nurses, School Based Mental Health Providers (SBMHP) personnel and other staff members who have an understanding and working knowledge of suicide issues.
- C. Ensure that the school's suicide prevention/intervention plan is fully implemented.
- D. Ensure that the Suicide Reference Guide - Warning Signs of Suicide Risk and Procedure for Action (Attachment No. 1) and the "Mental Health and Social Services for NYC Youth" (Attachment No. 2) are distributed to all school staff.

* The term "parent," whenever used in this regulation, shall mean the student's parent(s) or any person(s) or agency in a parental or custodial relationship to the student or any individual designated by the parent to act in *loco parentis*, or the student, if he/she is an emancipated minor or has reached 18 years of age.

- E. Ensure that the Suicide Reference Guide, the list of Crisis Team members and intervention procedures are prominently posted.
- F. Identify a service provider(s) from the New York State Office of Mental Health, if necessary, at: <http://www.omh.state.ny.us/omhweb/licensing/bic/locatebic1.asp>.

II. **PREVENTION THROUGH EDUCATION**

The goal of suicide prevention through education is to heighten awareness of the school community (pedagogical/non-pedagogical personnel, parents, students, etc.) of the warning signs of, or the factors which may contribute to suicidal behavior, and to enable them to access appropriate prevention/intervention services. Warning signs and symptoms must be interpreted cautiously, in conjunction with other factors and each individual circumstance. See the Suicide Reference Guide on some of the symptoms and warning signs (Attachment No. 1).

A. Crisis Team Responsibilities

Each School Crisis Team must:

1. Develop a School Crisis Intervention Plan which establishes the steps the school will take to provide intervention and support services to students who exhibit suicide-related risk behaviors. The plan must:
 - a. Address prevention-education/intervention and post-intervention (follow up) measures and activities;
 - b. Include a timeframe for implementation;
 - c. Include the names of staff involved in the implementation of the plan and their respective roles and responsibilities; and
 - d. Be included as part of the school's "Consolidated School and Youth Development Plan".
2. Conduct an Orientation Session for school personnel within the first two months of the beginning of every school year. The Orientation Session must include a presentation of the school's suicide prevention-education/intervention plan to the entire school community. It may be conducted at administrative conferences, pupil personnel meetings, teacher conferences and meetings for non-pedagogical staff and parents.
3. Facilitate or conduct Teacher Training/Professional Development for all school staff. This training should focus on the immediate referral of attempted suicide and/or suicidal behavior to the principal or designated school liaison. In addition, pertinent information must be provided to staff on suicidal risk factors, risk taking behavior, identifiable indicators, referral procedures, follow-up strategies, and sensitizing staff to the special needs of potentially suicidal students.
4. Provide a variety of developmentally appropriate Student Awareness activities for all students to help them develop an understanding of the finality of death, and responsible concern for self and others by seeking help, when appropriate.
5. Coordinate organizational assistance within the community, establish liaisons with mental health agencies and hospitals, and train parent and community groups to become familiar with appropriate prevention-education/intervention strategies. This training should be part of the school's comprehensive health program. The team shall encourage participation of community agencies/groups in training sessions. It is recommended that the team meet periodically with hospital/agency staff to ensure ongoing communication, training and optimal collaboration.
6. Inform community mental health agencies and hospitals of the school's suicide prevention-education/intervention component. The crisis team shall develop and utilize a detailed community resource and reference list with an indicated liaison in each agency and/or hospital. The resource list should be updated annually.

III. INTERVENTION PROCEDURES

Every staff member must report knowledge of any suicide attempt or potential suicide to the principal or designated liaison whether or not the student has requested that the information be kept confidential.

A. Suicide Attempts

1. Intervention measures

When a staff member has knowledge of a suicide attempt, the following steps must be taken:

- a. The staff member must summon assistance and inform the principal/designee.
- b. The staff member must ensure that the student is not unattended under any circumstance.
- c. The staff member must ensure that appropriate first aid procedures are administered.
- d. The staff member must contact 911 immediately so that the student can be transported and admitted to the nearest hospital.
- e. The principal/designee must notify the parent and summon him/her either to the school or to the hospital involved. If the student must be removed to the hospital and the parent has not arrived, a member of the school staff must accompany the student to the hospital. If the parent does not arrive by the end of the staff member's school day, the staff member must contact the principal/designee.

2. Post-Intervention/Follow Up Procedures

The principal/designee must take the following steps after the suicide to support the student and the parent:

- a. Communicate on an ongoing basis with the parent and the SBMHP or an outside treatment service provider to ensure appropriate school support.
- b. Continue to provide appropriate instruction. No student may be excluded from school pending a "medical clearance" or an "authorization to return to school".
- c. Provide appropriate school guidance and counseling services upon the student's return to school. This may include, but is not limited to:
 - i. maintaining contact with the student and family;
 - ii. communicating with the SBMHP, hospitals and mental health agencies;
 - iii. helping the student adjust and cope with school stressors;
 - iv. adjusting the school program where appropriate; and/or
 - v. integrating school services with outside sources of help.
 - vi. If the incident creates an impact on the larger school community, the crisis team should be called to assist staff and students in coping with the situation.

B. Suicidal Behavior

1. Warning Signs

The situation is to be regarded as life threatening whenever a student verbalizes or writes a detailed suicide plan of action or whenever a student exhibits a combination of any of the following behavioral patterns:

- Severe and persistent bereavement
- Previous self-injuring behavior

- Total withdrawal/isolation
- Feeling of hopelessness
- Chronic depression
- Chronic substance abuse
- Deteriorating school functioning
- Loss of reality boundaries
- Lack of emotions/inappropriate affect
- Rage/anger

2. Intervention Measures

The following steps must be taken when any staff member becomes aware of suicidal behavior:

- a. The staff member must immediately inform the principal/designee.
- b. The staff member must contact 911 where appropriate.
- c. The principal/designee must contact the parents and make them aware of the serious and potentially dangerous nature of the situation and assist in developing an immediate plan of action to follow, i.e., referral to the SBMHP, location of a nearby hospital, mental health agency or other appropriate support services.
- d. If the student has indicated access to the means for attempting a suicide, the parent must be informed about appropriate preventative measures. In addition, the parent should be counseled on “means restrictions,” limiting the child’s access to the mechanism for carrying out the suicide attempt (i.e. dangerous weapons or medicine/drugs).

3. Post Intervention/Follow-Up Activities

The principal/designee must have ongoing communication with the parent and the treatment service provider to ensure appropriate school support. The principal/designee must work with the crisis team to assess the risk to the child and provide appropriate interventions and services. The Suicide Reference Guide – Procedures for Action Suicide Reference Guide (Attachment No. 1) shall be used to guide school personnel working with students that may be at risk of suicide.

C. Suicidal Ideation

1. Intervention Measures

When a student expresses general thoughts or feelings about suicide and exhibits some of the warning signs or indicators listed on the Suicide Reference Guide – Warning Signs of Suicide Risk (Attachment No. 1), the following steps must be taken:

- a. The situation must be assessed by the crisis team to determine appropriate interventions and services.
- b. Any staff member becoming aware of such behavior must notify the principal/designee immediately.
- c. The principal/designee must make the student’s parent aware of the potentially dangerous nature of the situation.

2. Post Intervention Follow Up Measures

The crisis team must develop a plan of action, in collaboration with the parent, to:

- arrange for a designated member of the crisis team meet with the student on a regular basis to offer ongoing support and monitor student’s progress;

- conduct follow-up within the school and/or follow-up with the treatment service provider to determine what additional measures should be taken, if any;
- refer the student to the SBMHP or an outside mental health screening program, depression screening program or mental health agency;
- encourage the student and family to participate in ongoing therapeutic intervention; and/or
- communicate with the suicide prevention, education and intervention team to review student progress on a regular basis and determine the outcome of their interventions.

IV. **FOLLOW UP PROCEDURES**

In the aftermath of a student suicide attempt or death by suicide, follow-up procedures should be established to assist staff, students, and family in coping with the situation. The following follow-up activities should be incorporated in each school plan:

- A. A staff conference open to all school personnel should be held as soon as possible following a suicide to:
 1. Eliminate rumors surrounding the suicide;
 2. Develop a plan for dealing with the suicidal incident in individual classroom groupings (to permit open discussion and facilitate identification of other at-risk students and avoid imitation suicides);
 3. Consider a memorial service; and
 4. Address the grief reaction of students, staff and the entire school community.
- B. School mental health workers, crisis team members and/or community-based organizations should conduct small group sessions with students and staff to alleviate anxiety and help resolve the feelings that follow such an incident.
- C. In consultation with the principal, provide family members with a referral to outside resources for continuing support services.

V. **REPORTING PROCEDURES**

A. On-line Occurrence Reports

All school staff members must report any deaths by suicide, attempted suicides and expressions of suicidal intentions occurring in and out of school to the Department of Education as follows:

1. The school staff member must immediately notify the principal/designee.
2. The principal/designee must immediately notify the Senior Youth Development Director/designee at the Integrated Service Center and/or the Youth Development Coordinator of the CFN Network, as appropriate by telephone.
3. The principal/designee must immediately notify the Department of Education's Emergency Information Center of the incident by calling (718) 935-3210.
4. The principal/designee must complete an On-line Occurrence Reporting System Report (OORS) Suicide Report within one school day. The DOE OORS Report may be accessed at: <http://erceo.nycenet.edu>.
5. The principal/designee must complete an OORS follow-up report within ten (10) days.

The Office of School and Youth Development provides a help desk to assist with any technical questions regarding the filing of an OORS report. The help desk is available from 8:00 AM to 6:00 PM Monday through Friday. To contact the help desk, dial (718) 935-5004 and ask for the OSYD Web Support.

- B. Reports to the New York State Central Register for Child Abuse and Maltreatment (see Chancellor's Regulation A-750, Report of Suspected Child Abuse and Maltreatment).
1. All staff members are mandated reporters for child abuse and maltreatment. The staff member who has first-hand information must personally and immediately make an oral report to the New York State Central Register (SCR) for Child Abuse and Neglect at 1-800-635-1522 when:
 - a. A student exhibits potentially suicidal behavior and the school has reasonable cause to suspect that the child has been abused or maltreated.
 - b. The parent refuses to cooperate with the school or to take alternative preventive measures and the student is still at risk.
 2. Immediately after making the oral report to SCR, the staff member must inform the principal/designee who must then complete the LDSS 2221 A within 48 hours. Copies of the form may be obtained at:
<http://schools.nyc.gov/StudentSupport/NonAcademicSupport/ChildAbuse/default.htm>
(Refer to Chancellor's Regulation A-750 - Reports of Suspected Child Abuse and Maltreatment).

VII. **TECHNICAL ASSISTANCE**

The Office of School and Youth Development (OSYD) through the Senior Youth Development Directors or designees at the Integrated Services Center and/or the Youth Development Coordinator of the CFN Network can provide assistance with this regulation, in developing suicide prevention and intervention plans, conducting professional development and identifying educational materials on suicide prevention and intervention. For technical assistance, contact the Office of School and Youth Development at the number listed below.

VIII. **INQUIRIES**

Inquiries pertaining to this regulation should be addressed to:

Telephone:	Office of School and Youth Development <i>Suicide Prevention and Intervention</i> N.Y.C. Department of Education 52 Chambers Street - Room 218 New York, NY 10007	Fax:
212-374-0805		212-374-5751

SUICIDE REFERENCE GUIDE

WARNING SIGNS OF SUICIDE RISK

This reference guide is to alert you to the typical indicators of risk for suicide or self-injury among children and adolescents.

This list is not exhaustive. Please note that a child may have one or more indicators and may not be at risk for suicide. However, the continued presence of an indicator, or the presences of several indicators in combination, should alert school personnel to the possibility of suicide risk. All indications of suicidality need to be taken seriously and the principal /designee should be alerted immediately.

BEHAVIORAL INDICATORS
<ul style="list-style-type: none"> • Previous suicide attempts • Verbal or written statements expressing suicidal tendencies • Self-destructive behavior, e.g., self-inflicted burns, cuts, reckless or dangerous behavior • Use of drugs and/or alcohol • Isolation/withdrawal • School failure/truancy • Deteriorating school functioning • Neglect of personal welfare or appearance • Running away from home • Disciplinary crisis, e.g., suspension, arrest • Unusual or prolonged crying • Giving away personal belongings • Inappropriately saying goodbye • Changes in normal behavior, e.g., arguments or fights • Eating disorders/change in eating habits

EMOTIONAL INDICATORS
<ul style="list-style-type: none"> • Depression • Strong and persistent bereavement concerns • Loss of reality boundaries, hearing voices • Loss of emotions/apathy/inappropriate affect • Panic attacks, anxiety disorder • Low self-esteem, extensive self-criticism • Feelings of hopelessness • Exposure to violence or trauma

PERSONAL CIRCUMSTANCES
<ul style="list-style-type: none"> • Serious illness - self or family member • Unwanted pregnancy • Sexual identity concerns • Recent humiliating event • Family problems: child abuse or neglect, sexual abuse, domestic violence, homelessness, divorce, separation from family members, substance abuse or mental illness in family, institutionalized parent and family stress

Please consult Chancellor's regulation A-755 for additional information
[Additional Resources in Suicide Prevention and Intervention](#)

The Samaritans	1-212-673-3000
New York City Youth Line	1-800-246-4646
Safe Horizon	1-212-577-7700/7777
LifeNet	1-212-352-2400
Lifeline	1-800-273-TALK
Covenant House	1-800-999-9999

SUICIDE PREVENTION GUIDE – PROCEDURES FOR ACTION

PREVENTION	SUICIDE ATTEMPTS
<p>The goal of the school-based suicide prevention team is to provide orientation and sensitivity for the total school community. The Suicide Prevention Team will:</p> <ul style="list-style-type: none"> • Present the school's suicide prevention component to the entire school community • Conduct training for staff members, review indicators, assess risk and needs • Devise a variety of activities for students to help them develop an increased awareness of self, understanding of the finality of death, and concern for self and others • Provide training workshops for parents and community groups to become familiar with appropriate prevention strategies • Coordinate organizational linkages within the community • Establish liaison with mental health agencies and hospitals • Generate a detailed, up-to-date community resource list for quick reference 	<p>When a student has made a suicide attempt, the situation is to be regarded as life threatening and assistance must be summoned immediately. <u>Under no circumstances should the student be left alone.</u></p> <ul style="list-style-type: none"> • Summon assistance immediately within the school • Immediately notify the principal or designee • Ensure that appropriate first aid procedures are followed and are administered by the medical aide or other trained staff • Call 911 to request an ambulance • Monitor student until ambulance arrives • Notify and summon parent/guardian to school or to hospital involved • Have staff member accompany student to the hospital and remain with student until the parent/guardian arrives • Notify the Emergency Information Center (718) 935-3210 • Communicate with parent/guardian in supportive role; refer to appropriate mental health agency • Complete an On-line Occurrence Report
LADDER OF REFERRAL	SUICIDAL BEHAVIOR
<p align="center">Staff (pedagogical or non-pedagogical) ▼ Principal or Designee ▼ Member of Crisis Team (Principal, Social Worker, SBST, Psychologist, Guidance Counselor, SAPIS/SPARK, Dean) ▼ Parent, Hospital or other Medical Facility ▼ ISC Senior Youth Development Director/Designee and/or Youth Development Coordinator of the Children First Network</p>	<p>The situation is to be regarded high risk whenever a student verbalizes or writes a detailed suicide plan of action in conjunction with a pattern of behavioral and emotional indicators.</p> <ul style="list-style-type: none"> • Immediately notify the principal or designee • Where appropriate, contact 911 • Principal or designee calls and notifies parent of the serious and potentially dangerous situation • Make appropriate referrals to treatment service provider • Ensure that appropriate school support services are provided to student and family • Follow up case with service provider in order to determine disposition of the case • Principal or designee maintains communication with family • Notify the Emergency Information Center (718) 935-3210 • Complete an On-line Occurrence Report
FOLLOW-UP	SUICIDAL IDEATION
<ul style="list-style-type: none"> • Notify the ISC Senior Youth Development Director/Designee and/or the Youth Development Coordinator of the Children First Network • Make appropriate referrals to treatment service provider • Follow up case with hospital involved in order to determine disposition of the case • Ensure that appropriate school support services are provided (adjustment to academic program, in-house counseling, notification to student's subject classes, etc.) • Communicate with parent/guardian <p>When it is believed that the suicidal condition is a possible consequence of suspected child abuse and neglect, a report must be filed with the New York State Central Register Hotline: 1-800-635-1522. (See Chancellor's Regulation A-750)</p>	<p>When a student expresses general thoughts or feelings about suicide and exhibits various indicators, the situation is to be regarded as moderately dangerous.</p> <ul style="list-style-type: none"> • Immediately notify the principal or designee • Where appropriate, contact 911 • Principal or designee calls and notifies parent of the serious and potentially dangerous situation • The crisis team develops a plan that advocates for the student, the provision of services, meets with the student regularly, and monitors the progress • Refer the student to an outside mental health agency • Encourage student and family to participate in on-going therapeutic interventions • Notify the Emergency Information Center (718) 935-3210 • Complete an On-line Occurrence Report

It is the responsibility of every staff member to report knowledge of any potential suicide to the principal or designated liaison whether or not the student has requested that the information be kept confidential. Only trained mental health staff are to provide appropriate counseling services.

MENTAL HEALTH & SOCIAL SERVICES FOR NYC YOUTH



- Toll-free and confidential Mental Health Information and Referral Line with access to Mobile Crisis Team
- Staffed by trained Social Workers 24 hours, 7 days per week, 365 days per year
- **1-800-LIFENET**

Mobile Crisis

- Provide evaluation and short term (3-4 sessions) mental health services to clients that either refuse or cannot go to ER for assessment
- Will see a client in crisis within 24-48 hours of request and make 4 follow-up visits
- Have the ability to facilitate hospitalization for individuals in an acute crisis (involuntary hospitalization through the court)
- There are 24 teams citywide; 17 teams have child serving capacities.
- Referrals can be made directly to Crisis Teams through **1-800-LIFENET**

Families on the Move, Inc. (FOTM)

- Up-to-date information and State-of-the-Art care and treatment
- Support to children and youth with emotional, behavioral and/or mental health challenges and their families
- Advocacy in the public forum comprehensive, coordinated, community-based, culturally-competent and family-driven services
- Training and educational forums to increase awareness and skills.
- State-wide resource: **212-837-7905**

Children's Single Point of Access (CSPOA) 1-888-277-2658

- Children's SPOA is designed to improve access to intensive mental health services by creating a single point of entry to refer, link, and coordinate services for family and youth who need high end services. Such services include:
 - Case management
 - Home and community-based waiver
 - Children's ACT team
 - Community residence
 - Family-based treatment

Parent's Resource Center

- Provide parent-to-parent support
- Specially trained staff who are aware of problems families have in raising children with emotional/behavioral difficulties
- Provide education, support, and advocacy to parents
- There is one Parent Resource Center in each borough:
 - **Manhattan:** Janet Rosa
212-410-1798
 - **Bronx:** Wanda Greene
718-220-0456 ext. 226
 - **Queens:** Lorraine Jacobs
718-651-1960
 - **Brooklyn:** Terri Johnson
718-290-8100 ext. 141
 - **Staten Island:** Deborah Miller
718-698-5307

Online Resource for Youth

The Health Department has a new online **MySpace** campaign to engage teens dealing with depression, drugs and violence, and encourages them to seek help.

Posted on the popular networking website **MySpace**, *NYC Teen Mindspace* can be accessed through:

www.myspace.com/nycteen_mindspace

For more information about school-based support for mental and behavioral health, contact:

Scott Bloom, LCSW
Director of School Mental Health Services
Office of School Health
SBloom5@schools.nyc.gov or 212-374-6846

Helpful Phone Numbers & Hotlines

AIDS Hotline NYC
212-614-5552

Child Abuse Reporting NYS
800-635-1522

Children's Single Point of Access (CSPOA)
888-277-2658

Coordinated Children's Service Initiate
212-920-5334

Crime Victim's Board
718-923-4325

Domestic Violence Hotline
800-942-6906

Drug Abuse Hotline
800-522-5353

Families on the Move
212-837-7905

Food and Hunger Hotline
212-533-6100

Immigrant Hotline (NYC)
718-899-4000

LifeNet
800-LIFENET
Spanish
877-AYUDESE
Asian
877-990-9585
Deaf/Hearing Impaired
212-982-5284

NYC DYCD Youthline
800-246-4646

Runaway Hotline
212-619-6984

Teen Pregnancy Hotline (PCAP)
800-522-5006

**ADOLESCENT SKILL
 CENTER LOCATIONS**

- BRONX:**
 Mental Health Assoc. of NYC (MHA)
- Career Development Center: 718-742-6181 (14-18 years old)
 - Adolescent Skills Center South: 718-292-7800 (16-21 years old)
 - Adolescent Skills Center West: 718-329-8796 (16-21 years old)
- Riverdale Mental Health Assoc.
- Bronx WAVE (Work, Achievement, Values & Education) (17-24 years old)
 - Handle It! Career Program (17-24 years old) 718-432-8099
- BROOKLYN:**
 Brooklyn Bureau of Community Service
- Adolescent Employment & Education Program (16-21 years old): 718-566-0305
- MANHATTAN:**
 International Center for Disabled (ICD)
- Youth Employment Services: 212-585-6043
- QUEENS:**
 The Child Center of NY
- JobNet Youth Program (16-21 years old): 718-206-9670
- PSCH, Inc.**
- Adolescent Skills Center (16-21 years old): 718-762-3834
- STATEN ISLAND:**
 Staten Island Mental Health Society
- SafeTYnet9 Youth Achieving Independence: 718-984-6218



**Resources for Youth with Mental Health
 and Behavior Disorders**

Adolescent Skill Centers

- Provides adolescents (15-21 years old) with emotional and behavioral disorders educational remediation, GED prep and vocational training, coaching and placement
- Provides internships and opportunities for paid employment
- Teaches adolescents life management skills such as budgeting, socialization, etc.
- Referrals to be made directly to Skill Centers (*locations on the left*)

NY City & State Websites

NYC School-Based Mental Health Programs:

- <http://schools.nyc.gov/Offices/Health>
- <http://www.nyc.gov/html/doh/html/scah/scah-sbmhc.shtml>

Clinic Plus:

- <http://bi.omh.state.ny.us/clinicplus/index>

NY Office of Mental Health's School-Based Mental Health:

- http://www.omh.state.ny.us/omhweb/EBP/children_sbmh.htm

Information for Professionals



The focus of the national community is bridging the differences across education and mental health to support youth. To pursue that work with our partners in the community, 10 practice groups have been created.

The practice groups are: Education: An Essential Component of Systems of Care; Connecting School Mental Health and Positive Behavior Supports; Learning the Language: Promoting Effective Ways for Interdisciplinary Collaboration; Child Welfare and School Mental Health; Family-School-Community Partnerships; Improving School Mental Health for Youth with Disabilities; Mental Health-Education Training and Workforce; Connecting School Mental Health with Juvenile Justice and Dropout Prevention; Quality and Evidence-Based Practice; Youth Involvement and Leadership.

Technical Assistance Centers give information on training, education, resources, and overall support.

- <http://mentalhealth.samhsa.gov/publications/allpubs/KEN95-0010/default.asp>

Online Resources & Web Pages

SchoolMentalHealth.org: provides comprehensive information for clinicians, administrators, families, and students

- <http://www.schoolmentalhealth.org>

UCLA's Center for School Mental Health: lots of info including events, training materials, printable resources, and a technical assistance center

- <http://smhp.psych.ucla.edu>

The Center for Health and Health Care in Schools: educates on mental health in schools

- <http://www.healthinschools.org>

National Institute of Mental Health: offers info about diagnoses of children and youth

- <http://www.nimh.nih.gov/health/topics/child-and-adolescent-mental-health/index.shtml>

The American Psychological Association's Help Center: printable info for parents and educators

- <http://apahelpcenter.org>

For more information about school-based support for mental and behavioral health, contact: Scott Bloom, LCSW

Director of School Mental Health Services
 Office of School Health
 SBloom5@schools.nyc.gov or 212-374-6846