



Mental Health Risk Retention Group, Inc.

A Liability Insurance Company Owned by its Policyholders

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The names of the schools Paducha, Jonesboro, Columbine read like a litany of every parent's worst nightmare. Locally in Bergen County New Jersey, we have had our own violent events that occurred among school children. From serial suicides within a peer group, to threats of school destruction, to the suicide of a beloved teacher accused of sexual misconduct. As Community Mental Health Providers we are committed to reaching out and responding to crises within our community. Yet a perceptible shift in our working relationship with schools has occurred in the last several years. We have seen schools becoming acutely concerned about their liability in these violent situations, and have in turn felt them attempting to shift some of the responsibility for these cases onto CMHCs. As these issues have gained more attention both locally and nationally we have needed to struggle with the question of how we can continue to serve the community while still protect ourselves.

Two very high profile cases in New Jersey have caused additional concern regarding liability for any CMHC operating in this state. In the case of Jesse Temendequas, the convicted sex offender who raped and murdered 11 year old Megan Kanka while under the supervision of the State Penal system, the state wide community outrage caused the passage of a series of bills collectively known as Megan's Law. Among many other things, these laws now place sexually predatory offenders into the care of a CMHC, who is supposed to "monitor" their progress, and work with the legal system if recidivism seems imminent. As yet unknown are the liability ramifications for these CMHCs if the "patient/offender" attacks another victim. Another case is that of Sam Manzie, a 15-year-old boy who had been sexually abused for several months at the hands of an adult male he met via the internet. He became non-compliant with both the FBI in a sting operation to capture the offender, as well as with his family and the adolescent partial hospital from which he was receiving psychiatric treatment. The parents requested full hospitalization, but upon psychiatric screening were told it was not necessary. Two days later Manzie sexually abused and then murdered Eddie Werner, an 11-year-old neighborhood boy who came to Manzie's house, selling cookies. The resulting public outcry against the mental health system, which appeared to have allowed this troubled child to be left unsupervised within the community, was extreme in New Jersey.

Care Plus NJ, Inc. a private not for profit community mental health agency, manages the Bergen County Psychiatric Emergency Screening Program (PESP). The screening program is responsible for assessing individuals to make a determination of whether they are a danger to self or others due to mental illness. We evaluate 5000 clients annually.

Following Columbine, the community reacted strongly to the perceived increase of violent incidents in schools nationwide. In late May of 1999 Care Plus PESP began receiving a greatly increased number of calls from schools. By September of 1999 the number of these types of calls had increased by 53% over the previous year.

While our organization had provided support to schools for many years the frequency and nature of the calls began to set an alarming new tone. Schools began calling the emergency hotline regarding students who did not appear to require emergency evaluation, but rather as a matter of policy due to concern over their liability. More concerning still was the request that we provide to the school an "official" letter stating that the student had been evaluated by our psychiatrist, and that s/he posed no further threat to self or others. This policy presented a number of concerns. It overwhelmed our resources and took away attention from those cases in need of true psychiatric intervention. It also served to further stigmatize mental illness by removing children from school when they told someone they were having aggressive or self-destructive thoughts. School administrators made it quite clear to the PESP that it was *their own* liability that was giving them concern, and that students would not be allowed back into school with out "official clearance" from us or another psychiatrist.

Bergen County, like many other localities, does not possess the resources to provide immediate psychiatric evaluations to all children on demand. Wait lists are long and appointment times can be deferred for over a month. Additionally, the nature of the request from the school administrators seemed to be transferring the liability of students' future behavior onto our organization.

Care Plus's ongoing commitment to serve the community, combined with our need to protect the liability of our agency, caused us to apply to the Bergen County Youth Services Commission for a grant to initiate a model program that would address the needs of local school districts. In January, 2000 Care Plus NJ, Inc. received a grant that enabled us to partner with the Bergen County Police Youth Division, municipal police departments and the Trauma in Youth Project, to create the **Youth Violence Prevention Program**. The goal of this program is to help improve school safety by identifying youth that may be at risk for violent behavior and linking these children to needed services. The program provides formal education and professional consultation to educators to assist in the early identification of at risk youth and prevention of violent incidents.

When contacting school districts, emphasis is placed on the fact there can never be a steadfast guarantee that violent behavior can be predicted. However, there are frequently warning signs that youth may be in danger of acting out. The focus of the program is to raise awareness of some of the warning signs that can assist with early intervention on the part of the school and getting these children the help they need. A fundamental goal of this program is to provide school systems with a plan for reducing their (and our) liability by providing them with a framework within which they focus on limiting their exposure by maximizing

their adherence to a “best practices” model.

In planning the Youth Violence Prevention Program Care Plus NJ staff conducted a needs assessment consisting of key informant interviews, and focus groups at community organizations and schools. The gaps in training and preparedness were identified and a plan was created to address these needs. The program as described below is a direct result of these efforts. All services are provided to local schools at no cost to them.

- Foremost among the program’s components are workshop(s) or seminar(s) that we provide to schools within Bergen County. These workshops are tailored to the individual school’s needs in terms of content, length, medium and format. Seminars have been delivered to an entire district’s faculty, to a single school’s faculty, or to a crisis management team depending on the particular district’s preference. We have utilized monthly Faculty Meetings, district wide “In-Service Days”, and early dismissal days. Occasionally schools will pull out teachers and other staff from their regularly assigned schedules to attend these training programs. A typical seminar lasts for two hours and is attended by Teachers, members of the Child Study Team, school Nurses and Psychologists, Deans, Truant Officers and Principals. The Curriculum of these seminars vary, but usually focus on Planning, Early Warning Signs of Potentially Violent Children, a beginning definition of childhood depression, school violence prevention strategies, appropriate steps for intervention in a violent situation, and postvention suggestions.
- The staff of the Youth Violence Prevention program has actively partnered with the Office of Emergency Management. Not only does our involvement with this office of the county police department keep us up to date with current FBI and Police recommendations for best practice models, it also provides an introduction between the police and school districts in a non crisis environment. A relationship between schools and the police is fostered through this interaction and allows both to benefit from early contact.
- Educators are exposed to evidence based programs such as FAST (Families And Students Together), Multi Systemic Family Therapy, Community Cares, and Anger Management. These programs provide teachers with a variety of tools to help them manage potentially violent situations.
- Although many districts are creating their own Safety Plans, and School Safety Documents. Many of them are working in a vacuum – unaware that they are using outdated information and frequently creating unrealistic expectations of the response that they will receive from outside organizations. Many do not realize that the policies that they may be designing are in conflict with the recommendation of Bomb Squads, Fire Departments, and Police Forces. By reviewing these documents with the districts, we are able to point out areas of concern, and link the schools with the appropriate agencies so that they can utilize outside expertise.
- The Program Coordinator is an active member in the Bergen County Partnership for Community Health, a leadership organization of people in the fields of mental health, schools religion, media, government, public

health, and recreation. This group promotes the concept of “Asset Rich Children and Asset Rich Schools (a philosophy that has grown out of work done at the Search Institute, Minneapolis MN, and which focuses on the Resiliency Model of Childhood Development). The Program Coordinator acts as a liaison between this community organization and the school districts as well as to foster the involvement of this group within the schools.

- Schools are offered ongoing consultation, and can utilize the services of the program for a variety of issues. Our close involvement with the Trauma In Youth Program ([See Attachment C](#)) enables us to offer crisis intervention with trained professionals to students who are the subject of a violent attack, witness violence, or are otherwise effected by violence.
- Schools are discouraged from focusing on an “official letter” stating that a student has been evaluated and no longer poses a threat to self of others. A psychiatric evaluation can only provide a “snapshot” image of a patient’s mental status. Instead we have encouraged Principals and Directors of Guidance to work closely with parents and CMHCs to improve communication regarding treatment issues of at risk children. We have written a letter explaining to parents the importance of ongoing communication, and encouraging them to consider signing a release of information letter ([see Attachment C](#)). This will enable school personnel to have a more realistic sense of whether or not a child is able to function safely in a school setting. Appropriate communication can provide the school with vital information regarding a child’s progress in treatment, and may enable a school to intervene with an at risk child prior to a crisis developing. The letter to parents has been given to principals and has been adapted by several to use in their schools.

The Youth Violence Prevention Program is relatively new, however early results have been encouraging. Since instituting the program calls from schools to the Psychiatric Emergency Screening Program have returned to normal levels. While a first glance this might be attributed to a fading of the Columbine legacy, the concomitant growth of the Youth Violence Prevention Program suggests the need for this program and the ongoing concern that schools have over these issues. Data collected shows a consistent need for the information we are delivering. Fully 84% of participants found the program to be both useful and effective in providing them with information and tools that they need to manage school violence. Follow-up presentations have been utilized by approximately two thirds of the schools served, and ongoing contact is maintained between the Program Coordinator and Principals.

Letterhead of School District
Any Town
Bergen County New Jersey

Date

Dear Parent:

Your child is being referred to _____, [mental health clinic, psychologist etc.] We hope this organization will be able to provide your child with services that are not available in this school setting. The services that your child is about to receive are considered to be private or “confidential”. You as your child’s legal guardian are usually allowed access to information about the services that your child will be receiving. We, the school are not allowed access to this information unless you give written permission to the outside organization. This means that if you would like _____ to be able to communicate with us, you will need to give them written permission to talk to us.

You have just been given a form letter that we at [Name of School] are asking you to think about signing. This letter is called a “release” and tells _____ that they have your permission to discuss the treatment your child is receiving with us.

We believe that we will be able to help your child *best* if we can work together with the other people who are assisting him/her. Being able to communicate with these other people will let us know how we can support his or her treatment, and will let them know how your child is reacting in school.

You may change this document at any time to limit the type of thing that you will let _____ discuss with us, or the date when you want us to stop communication. You do not need to make these changes in front of us. You may also cancel the release at any time, for any reason, by notifying _____, or [a member of the child study team – varies depending of school].

You are not required to sign this document. **YOUR CHILD’S CARE WILL IN NO WAY BE AFFECTED BY WHETHER OR NOT YOU CHOOSE TO SIGN THIS DOCUMENT.** If you choose to not sign this document, your child will still receive all the care and attention that the school system and _____[the out side provider] can give while working separately.

Sincerely,

John Doe, LCSW

Child Study Team
