

Milford Public Schools

CONFIDENTIAL: CRISIS RESPONSE/REPORTING PROCESS

(rev. 2/2020)
(Form 1 of 5; PPS-F008)

- Self-harm
- Suicidal Ideation
- Threat
- Assault/Injury

Student Name: _____ Date: _____
 School: _____ Grade: _____ D.O.B.: _____ Age: _____ Gender: _____
 Parent/Guardian _____ Primary Phone: _____ H W C
 Address: _____

Educational Placement/Services: Regular Education: _____ Special Education: _____ 504 Plan: _____
 List of Services Received: _____
 List of Community-Based Services Received: _____

Crisis Intervention Team (CIT) Members Involved:

- | | |
|--|--|
| <input type="checkbox"/> Administrator/Designee _____
<input type="checkbox"/> School Social Worker _____
<input type="checkbox"/> School Psychologist _____
<input type="checkbox"/> Other _____ | <input type="checkbox"/> School Counselor _____
<input type="checkbox"/> School Resource Officer _____
<input type="checkbox"/> School Nurse _____
<input type="checkbox"/> Other _____ |
|--|--|

Reason for Referral:

- Statement _____
- Plan _____
- Means _____
- Access _____
- Target _____

Intervention by School-Based Team Based on Level of Risk: Low Moderate High

- School nurse is made aware of the situation and is involved in decision making
- Mental health/counselor contact with student
- Parents notified
- DCF involvement considered. If appropriate, report made.
- Student supervised until released
- Student returned to class (low risk only and with parent permission)
- Discussion of home safety/supervision (access to weapons, drugs, Rx's, etc.)
- Contact with outside providers (if applicable and have consent)
- SRO/Law enforcement involvement if appropriate.

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Person Completing Form: _____ Date: _____

Levels of Risk

(Form 2 of 5; PPS-F008)

Low Level of Risk:

- Threat is vague and indirect.
- Information contained within the threat is inconsistent, implausible, lacks detail or realism.
- Available information suggests that the person is unlikely to carry out the threat or become violent.

School staff will call parent/guardian/surrogate and inform them of the incident.

Moderate Level of Risk:

- Threat is more plausible and concrete. Wording in the threat and information gathered suggests that some thought has been given to how the threat would be carried out (e.g. possible place and time).
- No clear indication that the student has taken preparatory steps (e.g. weapon seeking) although there may be ambiguous or inconclusive references pointing to that possibility. There may be a specific statement seeking to convey that the threat is not empty (e.g. "I'm serious.")
- Moderate or lingering concerns about a student's potential to act violently.

School staff will contact parent/guardian/surrogate; Contact 211 or make contact with student's current outside mental health provider; student is picked up by parent/guardian.

High Level of Risk:

- Threat is specific and plausible. There is an identified target. Student has the capacity to act on the threat.
- Information suggests concrete steps have been taken to act on the threat (e.g. acquired or practiced with weapon, has victim under surveillance).
- Information suggests a strong concern about a student's potential to act violently.
- Threats at this level almost always require immediate law enforcement intervention or hospitalization.

School staff will contact parent/guardian/surrogate. If parent/guardian is willing and able to take custody of child, release to parent/guardian. Unless safety concerns merit calling 911.

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CONFIDENTIAL

CRISIS RESPONSE/REPORTING EXIT FORM

(Form 3 of 5; PPS-F009)

- Self-harm
- Suicidal Ideation
- Threat
- Assault/Injury

Student Name: _____ D.O.B.: _____ Age: _____

School: _____ Grade: _____ Gender: _____ Date: _____

Parent/Guardian: _____ Primary Phone: _____

Address: _____

Summary of Incident: _____

Member(s) of Crisis Intervention Team (CIT) Involved:

- Administrator/Designee _____
- School Social Worker _____
- School Psychologist _____
- Other _____
- School Counselor _____
- School Resource Officer _____
- School Nurse _____
- Other _____

Checklist:

- Obtain Release of Information (if appropriate).
- A copy of "CRISIS REPORTING EXIT FORM" was given to parent/guardian.
- Provide a copy of Community Resources.

If Applicable:

- Copy of Board "SUICIDE PREVENTION AND INTERVENTION PROCEDURE" (ADM-P5141.5 a-e) given to parents.
- Parent/guardian is informed that the policy of the Milford Board of Education is to have a re-entry meeting before returning to school.

Interventions and action plan:

Action	Who	When

Child released to: _____ Date: _____
Printed Name Parent/ Guardian Signature

School Based Contact Person: _____
Name Phone Number

CONFIDENTIAL
SAFETY PLAN

(Form 4 of 5; PPS-F010)

Self-harm Suicidal Ideation Threat Assault/Injury

Name: _____

Date: _____

Safety plan established with: Student School Family

Presenting issue or concern:

Identified Strengths:

I will engage in the following coping strategies when I'm feeling _____.
(identify emotion)

Coping strategies include:

Natural and other sources of supports:

Follow-up:

Student Signature: _____

Support Staff Member: _____

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Community Mental Health Services Provider List

** This is a list of community resources available, not MBOE recommendations

Agency	Address	Phone
CT Behavioral Health	57 Cherry Street, Milford	203-271-1430
Milford Youth and Family Services	Parson's Complex, Milford	203-783-3259
Bridges	949 Bridgeport Ave, Milford	203-783-6365
Catholic Charities	203 High Street Milford	203-874-6270
Center for Counseling and Psychotherapy	63 Cherry Street, Milford	203-878-3140
Clifford Beers	93 Edwards Street, New Haven	203-772-1270
Yale Child Study Center	230 S. Frontage Road, New Haven	203-785-2513
Yale Child Conduct Clinic	314 Prospect Street, New Haven	203-432-9993
Child Guidance Center	80 Ferry Blvd, Stratford	203-378-1654
The Shoreline Center for Counseling and Family Psychotherapy	9 Business Park Dr #1, Branford	203-433-0299
Professional Psychotherapy Associates. of Milford	266 S Broad St #A, Milford	203-878-6198
Private Practitioners	Address	Phone
Darlene Chulak	74 Cherry Street, Milford	203-874-3550
Melissa Jacobs, LCSW	1129 Essex Place, Stratford	203-375-8050
Suzanne King, LCSW	202 Cherry Street, Milford	203-785-0815
Thomas Calder, LCSW	99 Cherry Street, Milford	203-458-1433
Ed Perten, MPS, LMFT	657 Orange Center Road, Orange	203-878-9190
Kim Massey, Psy.D	57 Plains Rd, Milford	203-974-2061
Jamie Perillo, LPC	1092 Main Street, Branford	203-915-1161
Jenny Noia	935 White Plains Rd Suite 204, Trumbull	203-231-2043
Amanda Romaniello	39 Sherman Court, 2nd floor, Fairfield	203-998-5721
Barbara Sarcia, LCSW	375 Mather Street, Hamden	203-288-5266
Two Rivers Counseling Tracey Ramey (Trauma Focused CBT) & Dayne Bachmann (LGBTQ)	90 Sodom Lane, Derby	475-777-4222 475-439-9639
Brian Tessier, MSW, LCSW	57 Plains Rd, Suite 1B Milford	203-883-0440
Dr. David Aversa - CT Psychiatric and Wellness Center	One Bradley Rd, Suite 905, Woodbridge	203-298-9005
Dr. Pramila Nathan	202 Cherry Street, Milford	203-876-0545
Dr. David Sasso	455 Orange Street, New Haven	203-691-7099
Substance Abuse		
Milford Prevention Council	Parson's Complex, Milford	203-783-6676