



Advanced Math and Science Academy Charter School BEHAVIORAL HEALTH EMERGENCY RESPONSE PLAN

Behavioral Incident

In case of a Behavioral incident, school staff will immediately contact the school counseling department immediately starting with the adjustment counselor. If they are not available, then refer to an individual counselor. If a staff member is in the student of concern's presence at the time of the disclosure, the staff member should escort the student to the appropriate counseling office. Students should not be sent to class or sent to report to the school counseling department on their own. Staff should notify the school counselor if the person is unable or refusing to move.

List of contacts and telephone extensions for Behavioral Health Providers/Counselors:

Upper School Adjustment counselor: Sara Pantano x 2403

Lower School Adjustment Counselor: Kerry Bergeron x2448

School Counselors

Grade 6-8 A-K: Rob Provenzano x2477

Grade 6-8 L-Z: Jillian Ehnstrom x2472

Grade 9-12 A-E Chris Dugan x 2406

Grade 9-12 F-L Lindsay Currallo X2407

Grade 9-12 M-Pi Wylie Culhane x2404 and Kate Driver x2478

Grade 9-12 PI-Z Sara Morrissey x2403

The school's behavioral health response will proceed as follows:

The school counselor, clinical staff or school psychologist will assess the condition of the person(s) to determine the category of behavioral need:

Non -life-threatening behavioral health needs (ROUTINE): These are defined as any behavioral needs that may affect the general health of a person (examples are: mild or moderate feelings of anxiety, irritability, frustration, sadness, anger, etc.).

1. The school counselor will talk with the person and discuss with the parent/guardian recommendations for further treatment, communication with community providers and make any necessary referrals.
2. The school counselor may consider calling for additional help or to coordinate care: **CareSolace (888) 515-0595** or **caresolace.com/amsa**.

Serious or in need of immediate crisis intervention (URGENT):

Signs might include inability to perform daily tasks, rapid changes in personality, mood, or behavior, signs of alcohol or substance use, history of suicide attempts or other self-harming behaviors, or significant withdrawal from friends, family members, or enjoyed activities.

The counselor or clinical staff will inform the Main Office personnel to:

1. Refer student to the adjustment counselor.
2. Have a staff member accompany the student to the counselor's office or main office. They should not be left alone.

Information Gathering

When working with a student who has expressed (or is suspected to be having) suicidal thoughts, counselor should gather as much information as possible.

Outside Screening

1. Counselor will meet with caregivers promptly and strongly suggest immediate outside screening to anyone who discloses suicidal ideation or significantly "at risk".
2. Counselor will give caregiver(s) a copy of the following documents before they leave AMSA:
 - a. Mental Health Letter to caregiver(s)
 - b. Crisis Intervention by Town
 - c. Crisis Letter (In other languages: Portuguese, Chinese, Spanish)
3. The counselor will request the caregiver(s) to follow up after the child is screened, preferably with paperwork from the outside provider that saw the child.
4. Caregiver(s) will also be notified if we receive a report from another student regarding a friend, even if the friend does not disclose suicidal ideation.
5. Counselors should strongly suggest outside counseling for the student. Continued follow up with the student and family is best practice.
6. If student discloses a recent suicide attempt, follow same procedure but require follow up from caregiver(s)- caregiver(s) need to take student for evaluation immediately and should be informed that if they do not seek medical care, we may need to file a 51A.
7. If a caregiver cannot be reached, **Advocates Mobile Crisis** can be called to come in and perform a crisis evaluation if necessary. **Advocates** is a community-based counseling services agency that does psychiatric evaluations. Advocates estimated wait time for dispatch to school/home for psychiatric assessment is about 1.5 hours. They will conduct face to face interviews with the student, staff, family, other collateral contacts (therapists, pediatricians, etc.) to determine the best course of action for the student. **The phone number for Advocates is 508-872-3333. They operate 24 hours a day, 7 days a week.**

8. In the case that the **Marlborough Police Department** needs to be called, they may choose to bring their onsite clinician, who works for Advocates, to AMSA with them. This is part of the MPD's Jail Diversion Program. Sonja Wagner is the current supervisor working for MPD and Advocates. Her phone number is 508-745-8759. Her email is SWagner@advocates.org.

Life-threatening Situation (EMERGENT):

There are certain behavioral health conditions that can cause death or harm to self and others, they may require immediate intervention, medical care, and usually hospitalization. A **behavioral emergency** is defined as a situation in which a person presents as being at imminent risk of behaving in a way that could result in serious harm or death to self or others. Examples of this category include signs of self-injury, suicidal or irrational thoughts, and increased agitation demonstrated as verbal or physical threats.

The school counselor, clinical staff will:

Inform the Main Office personnel to:

1. Call 911 using the dedicated school line and provide the location of the person.
2. Activate the medical behavioral emergency contact list for designated school and staff in their respective roles.
3. Direct designated school personnel to remain stationed at the specific location on campus where the behavioral incident is occurring and greet emergency responders upon arrival, provide updates on the situation.
4. The administrator will decide if there should be a stay in place while emergency services are on campus.
5. The school counselor will notify parent/guardian of the student or the emergency contact for faculty/staff and inform them that the person is experiencing a behavioral health emergency and is being transported to a medical facility if the information is known at the time of the call.

Response to Self-Injurious Behavior Guidelines

1. Staff refers a student with self-destructive behavior or plans to a member of the counseling department immediately starting with the adjustment counselor. If they are not available, then refer to an available school counselor. If a staff member is in the student of concern's presence at the time of the disclosure to self-harm, the staff member should escort the student to the appropriate counseling office. Students should not be sent to class or sent to report to the school counselling department on their own. Staff who become aware of a student with self-destructive behavior or plans through a 3rd party should contact school counselling right away. Some examples include students engaging in talk, threats, notes, poetry, artwork, or other communications with themes involving suicide or self-injury.

2. A member of the counseling staff will assess whether the behavior should be considered suicidal behavior, other life-threatening behavior, or "low lethality self-injury". If the behavior or plan is deemed to be suicidal or otherwise life-threatening, the counseling team will follow the **Response to Suicide Guidelines/Response to Self-Injurious Behavior Guidelines**. (This document is held within the counseling department).

If the school counselor and clinical staff are not in the building at the time of the behavioral emergency

If the school counselor and clinical staff are not in the building at the time of the behavioral emergency, the main office personnel will notify the administrator in charge. The administrator will assess the situation and direct the main office personnel to place the 911 call in the event of a potentially life-threatening situation, other steps will be taken as described above.

If the behavioral condition is later determined by the school counselor or other trained personnel determines that the behavioral condition to be minor, the EMS call will be canceled, or EMS units will clear the scene.

If the school counselor, clinical staff, or other trained personnel determines that the behavioral condition is non-life-threatening, behavioral health services can be offered on site. Main office personnel will notify the involved student's parent/guardian or the emergency contact for faculty/staff.

All faculty and staff must adhere to the following during all behavioral incidents:

1. Standard Precautions must be always followed.
2. Avoid moving the person unless there is more danger if left there.
3. Remain with the person until assistance arrives and remain calm.
4. Direct other staff to manage bystanders.

Faculty and staff who are involved in school-related activities outside of regular school hours have been trained in the medical and behavioral emergency response protocols and keep a copy of the protocols with them during all school-sponsored activities and events. The protocols identify who is to be contacted during activities outside of the regular school hours.