

Guidelines for in School Self Harm or Threats to Harm Others/Crisis Intervention

Self harm or threats to harm others are to be taken seriously by all staff members. For these reasons, administrators are asked to implement the attached guidelines set forth by the district.

Monitoring of self harm ideation is necessary in all cases. Therefore an Action Plan Form must be completed for all instances in which a student has expressed self harm ideation.

When necessary, the principal or his/her designee may remove a student from classes or from school premises for health, safety or welfare reasons whenever the principal or designee determines that it is necessary to do so. This would include students suffering from any condition that threatens his/her welfare or the safety of others. Any student who is so removed is to be released only to the student's parent, a representative of the parent or other proper authority. Including, but not limited to, law enforcement officers and medical personnel.

When a student is removed from the school for self harm ideation, the Parent Statement of Understanding will be used, in an effort to encourage the caretakers to seek professional mental health care for a student outside of the school. In these cases, failure to seek outside mental health consultation may constitute neglect and the school is legally obligated to report the situation to the Children Youth and Families Department. The State of New Mexico defines "neglect of a child as one who is without proper parental care and control of subsistence, education, mental or other care or control necessary for the child's wellbeing".

**LOS LUNAS SCHOOLS
Mental Health Professional Referral**

From: _____ (school)

Contact Person: _____ Date: _____

_____ (student) has threatened/attempted self harm or harm others. Please complete the form below so that the parent/guardian may confirm that a mental health assessment by a licensed independent level mental health professional was completed. Thank you for your assistance.

For Psychiatrist, Licensed Independent Social Worker, Licensed Professional Clinical Counselor, Licensed Psychologist, Psychiatric Nurse Practitioner or Clinical Nurse Specialist:

____ The student has been evaluated.

____ The student has been referred for additional mental health services at _____

MENTAL HEALTH PROFESSIONAL:

Name: (print): _____ License Type: _____

Signature: _____ Date: _____

Comments: _____

Note: Please make sure the School Release of Information form is completed and signed so that information can be exchanged between the mental health agency and the school.

To be completed by School Nurse, Social Worker or Counselor:

Form received on _____ By _____

NO SELF HARM CONTRACT

I, _____ PROMISE (COMMIT) THAT I WILL NOT HARM OR INJURE MYSELF IN ANY MANNER WITHOUT FIRST TALKING WITH SOME RESPONSIBLE, CARING AND SUPPORTIVE PERSON.

FURTHERMORE, SHOULD I BECOME DEPRESSED OR FEEL HOPELESS AT ANY TIME OF DAY OR NIGHT, I WILL CONTACT SOMEONE WITH WHOM I CAN TALK. I ACKNOWLEDGE THAT I HAVE RECEIVED TELEPHONE NUMBERS, NAMES AND ADDRESSES OF PROFESSIONAL PERSONS AND ORGANIZATIONS THAT CAN BE REACHED 24 HOURS A DAY.

IMPORTANT PEOPLE IN MY LIFE WITH WHOM I CAN TALK AND WILL CONTACT ARE:

NAME	RELATIONSHIP	PHONE#
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	_____
STUDENT'S SIGNATURE	DATE	TIME

_____	_____
WITNESS	TITLE

LOS LUNAS SCHOOLS
Parent Statement of Understanding/Crisis Intervention

Regarding _____ (student name)

of _____ (school)

Date _____

Authorized personnel asked me to seek help for _____ (student) within 24 hours from a mental health professional licensed by the State of New Mexico at the independent level. If I do not, I understand that my child's school may consider this a failure to provide appropriate mental health care in which case the school will be obligated to notify the Division of Children, Youth and Families.

I also understand that my child may be suspended from attending school or any extra curricular activity until appropriate mental health care has been received and the child possesses no self harm tendencies or a threat to harm others.

Signature of referring school staff _____

Signature of Parent/Guardian _____

Note: The State of New Mexico defines "neglect: of a child as one who is without proper parental care and control of subsistence, education, medical or other care or control necessary for the child's wellbeing.

Note: Mental health professional licensed by the state of New Mexico includes psychiatrists, psychologists, Licensed Independent Social Worker (LISW), Licensed Professional Clinical Counselor (LPCC), Psychiatric Nurse Practitioner or Clinical Nurse Specialist.

Revised October 12, 2011

SUICIDE CRISIS INTERVENTION RESOURCES

Presbyterian – Anna Kaseman Hospital

Counseling Office: 291-2544 Contact Person: Stephanie

Psychiatrist Office: 291-5300 No specific contact person.

UNM Mental Health – Children’s Psychiatric Hospital

Contact for Student Crisis Intervention: 272-2890

Contact for Adult Crisis Intervention: 272-2800

Lovelace Hospital – Mental Health Department

Crisis Intervention #: 342-8400

Contact: Triage nurse onsite. There is no specific person as it changes periodically.

Director/Manager is Sheryl Moss (can be reached via “Crisis Intervention” number.

- Each of these facilities specified that they will talk to us regarding the student’s risk assessment information **only proceeding** initial conversation with parent.
- Insurance coverage: All facilities will accept their specific Managed Care Organization insurance as well as New Mexico Salud.
- Any person in need of indigent funding: all facilities claimed they would triage over the phone and direct to facility able to help them. They mainly refer to Children’s Psychiatric hospital at UNM.

**LOS LUNAS SCHOOLS
AUTHORIZATION FOR REQUEST/RELEASE OF INFORMATION**

Date: _____

Name of Student: _____ DOB: _____

Address: _____

Telephone Home: _____ Work: _____ Emergency: _____

I hereby authorize the release of records for the following area indicated:

Mental Health Evaluation

FROM: _____

TO: Los Lunas School District
PO Drawer 1300
Los Lunas, NM 87031

Person requesting records _____

Requested records will be used for determination of student's mental health capacity for normal educational attendance. This authorization shall remain in effect for one year from the date of signature unless revoked in writing by the student or the student's parent, guardian, or conservator.



I hereby consent to the release of the records indicated above.

(Person giving consent)

(Date)

Check one below:

_____ Parent _____ Guardian _____ Court appointed _____ Conservator

*****THE PERSON GIVING SIGNATURE TO THIS RELEASE HAS THE RIGHT TO RECEIVE A COPY OF THIS AUTHORIZATION.*****