



Student Mental Health Protocol

Model Policy Guidance
70 O.S. § 24-159

This protocol template was prepared in collaboration with the Oklahoma Department of Mental Health and Substance Abuse Services.



OKLAHOMA
Education

State Superintendent of Public Instruction
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Statement of Purpose

This model policy guidance is provided to school districts in accordance with the provisions of the [Student Mental Health Protocol](#) at 70 O.S. § 24-159. Local school districts and school boards may use this policy guidance as a model or develop their own policies that comply with its requirements. Districts may develop their own policy using the language below

[District Name] supports student health and wellness protocols to include mental health supports. It is the policy of [District] to align access to mental health support by providing community resources for students and guardians focused on mental health treatment options and crisis response intervention. It is also the policy of the [District] to provide mental health and crisis response training to school personnel. This process will involve consistent collaboration between [District] and community mental health partnerships. This policy shall extend to all schools in [school district name].



Definitions

Mental Health

Includes emotional, psychological, and social well-being and affects how individuals think, feel, and act. Mental health also determines how individuals handle stress, relate to others, and make healthy choices. (Information obtained from [CDC, 2021](#).)

Mental Health Crisis

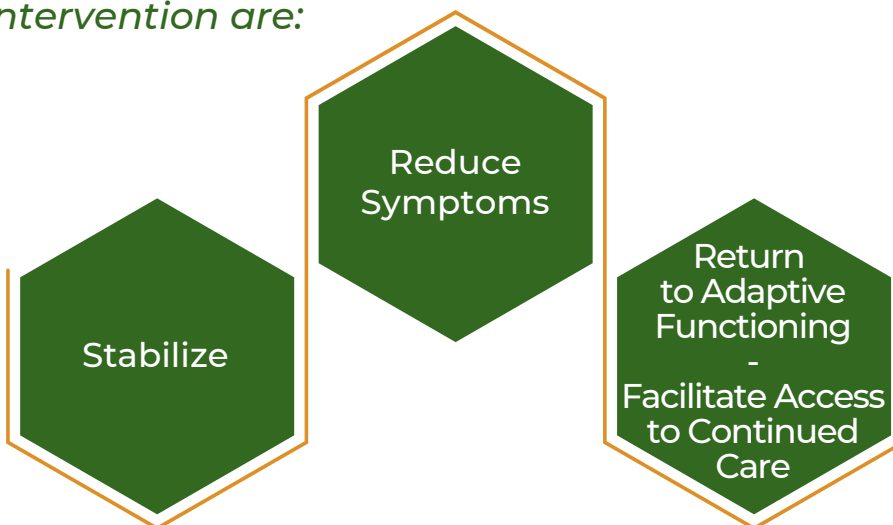
Any situation in which a person's behavior or verbalized distress puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community. The 988 Mental Health Lifeline operates 24/7, offering anyone who dials 9-8-8 access to mental health crisis services.

Crisis Response

Refers to the advance planning and actions taken to address natural and manmade disasters, crises, critical incidents, and tragic events. Of course, in an emergency, it is always best to call 911.

Crisis Intervention

Can mitigate adverse reactions, facilitate coping and planning, assist in identifying and accessing available support, normalize reactions to a crisis, and assess capacities and need for further support or referral to the next level of care. *The three main goals of crisis intervention are:*



Privacy Requirements

All district/site protocols must comply with the privacy requirements of the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

The Family Educational Rights and Privacy Act

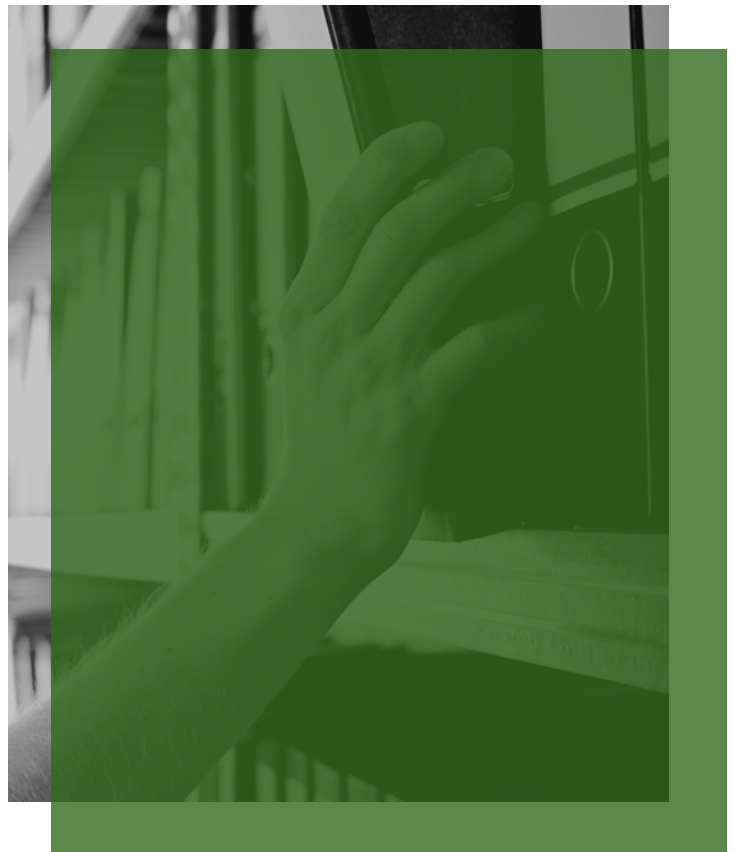
(FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the students when they reach the age of 18 or attend a school beyond the high school level.

HIPAA

Also known as Public Law 104-191, HIPAA has two main purposes: to provide continuous health insurance coverage for workers who lose or change their job and to ultimately reduce the cost of health care by standardizing the electronic transmission of administrative and financial transactions. Other goals include combating abuse, fraud, and waste in health insurance and health care delivery, and improving access to long-term care services and health insurance.

The HIPAA Privacy Rule establishes national standards to protect individuals' medical records and other individually identifiable health information (collectively defined as "protected health information") and applies to health plans,

health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The rule requires appropriate safeguards to protect the privacy of protected health information and sets limits and conditions on the uses and disclosures that may be made of such information without an individual's authorization. The rule also gives individuals rights over their protected health information, including rights to examine and obtain a copy of their health records, to direct a covered entity to transmit an electronic copy of their protected health information in an electronic health record to a third party, and to request corrections. The Privacy Rule is located at 45 CFR [Part 160](#) and Subparts A and E of [Part 164](#).



Recognize Warning Signs

Signs of a mental health crisis episode may not always be apparent in a student/child. Keeping the following warning signs in mind, teachers, principals, and other staff members can begin to identify the need for intervention.

Abusive Behavior

Often a student in mental distress will show abusive behavior to themselves and others. This may include self-harm, substance abuse, physical abuse, etc.

Inability to Perform Daily Tasks

This can include even the most simple tasks such as bathing, brushing teeth and/or hair, and putting on clean clothes.

Increased Agitation

Children showing signs of increased agitation may use verbal threats, be violently out of control, destroy property, and more.

Isolation

Children and young adults in mental health crisis tend to isolate themselves from family and friends at school and at work.

Loses Touch with Reality (Psychosis)

Psychosis encompasses the following behaviors: showing signs of confusion, having strange ideas, thinking they're someone they're not, not understanding what people are saying, hearing voices, and seeing things that aren't there.

Paranoia

Paranoia manifests in suspicion and mistrust of people or their actions without evidence or justification.

Rapid Mood Swings

Increased energy levels, the inability to stay still, pacing, sudden depression and withdrawal, and becoming suddenly happy or calm after a period of depression may be indicative of a student in crisis.

Other warning signs may include:

- Changes in school performance
- Pulling away from people and things
- Having low or no energy
- Having unexplained aches and pains, such as constant stomachaches or headaches
- Feeling helpless or hopeless
- Excessive smoking, drinking, or drug use, including prescription medications
- Eating or sleeping too much or too little
- Worrying a lot of the time - feeling guilty but not sure why
- Having difficulty readjusting to home or work life
- Thinking about suicide
- Inability to perceive changes in their own feelings, behavior, or personality (lack of insight or anosognosia)



Safeguard Student Health and Safety

It is important to establish a culture of support and safety to enhance student health and prevent barriers to effective crisis response. Districts can assist with this process by fostering healthy relationships built on a foundation of trust, respect, and care in schools. These safeguards help to positively affect student-teacher relationships, increase engagement for students and families, and improve two-way communication between all parties. A culture of safety and support works to replace fear, uncertainty, and punishment as motivators with belonging, connectedness, and willingness to change.

Every school employee with reason to believe any student under the age of 18 years is a victim of abuse or neglect is required by law to report the matter *immediately* to the Oklahoma Department of Human Services (OKDHS) and local law enforcement. ([70 O.S. § 1210.163](#); [10A O.S. § 1-2-101](#)). The OKDHS Hotline number is [1-800-522-3511](tel:1-800-522-3511), and the online reporting link is www.OKHotline.org. Districts are encouraged to develop a streamlined process for documenting calls placed to OKDHS. The Oklahoma State Department of Education (OSDE) has created a [Child Abuse Reporting Form](#) template for the initial report to OKDHS and an [investigation form](#) schools may use if an investigative entity comes to the school to speak with the identified student

Beginning with the 2022-2023 school year, pursuant to [Maria's Law](#), all schools are required, as part of any health education curriculum, to include instruction in mental health, with an emphasis on the interrelation of physical and mental well-being. School districts may enter into agreements with nonprofit entities and other community partners to assist with or provide mental health education to students if the nonprofits and community partners are approved by the Oklahoma State Department of Education (OSDE) and the Oklahoma Department of Mental Health and Substance Abuse Services.



Response Procedures

What to Do in a Mental Health Crisis

Steps all staff should take when addressing warning signs or managing student disclosures:

- Assess the situation.
 - Is the person in danger of hurting themselves, others, or property?
 - Do you need emergency assistance?

Call 988 to engage with trained crisis counselors for help with suicidal, substance use, and/or a mental health crisis.

Immediately call 911 for emergency assistance if the student requires medical attention.

- Talk to the student in a safe space. All staff members' responses should be calm, supportive, and non-judgmental.
 - Keep voice calm.
 - Listen to the student.
 - Ask questions, but do not push.
 - Express support and concern.
 - Ask how you can help.
 - Gently announce actions before initiating them.
- Walk with student to [insert school personnel, i.e., School Counselor, LMHP, School Administrator] *note - student should have adult supervision at all times.
- [Designated school staff] should follow district safety protocol and refer the student for crisis services at [insert certified community behavioral health clinic].
- Immediately following the incident, appropriate staff member/s should document steps taken on the mental health referral packet.
 - Referral Form
 - Parent/Guardian Notification Form
 - Student Re-entry Plan
- If a student is out for an extended time (more than two school days), a caregiver/student/counselor meeting should be held a minimum of 24 hours in advance of the student's return to school.

Remember

A person experiencing a mental health crisis may not always clearly communicate their thoughts, feelings, needs, or emotions. They may also find it difficult to understand what others are saying. It's important to empathize and connect with the person's feelings, stay calm, and try to de-escalate the crisis. Seek outside assistance from your local Certified Community Behavioral Health Clinic for additional support.

Student Return to Learn Guidelines

Whenever possible, the school counselor should meet with the student's parent or guardian and the student to discuss re-entry to the school day after an extended physical health absence, behavioral health assessment, or extended hospitalization.

1. The school counselor should request a meeting with the student and their parent or guardian.
2. This group should discuss and document a re-entry procedure and what would help to ease the transition back into the school environment (e.g., whether or not the student will be required to make up missed work, the nature of check-in/check-out visits, etc.), address any concerns the student or parents/guardians may have.
3. All accommodations should be documented.
4. A designated staff person should periodically check in with the student to help with readjustment to the school community and address any ongoing social or academic concerns.
5. The school counselor should periodically check in with parents/guardians to update progress or concerns.
6. The counselor should meet with the student's faculty to share information about curriculum and social concerns prior to the student's return.
7. The school counselor should be available to teachers to discuss any concerns they may have regarding the student after re-entry.



Community Resources

Certified Community Behavioral Health Clinics (CCBHC)

In accordance with 70 O.S. § 24-159, [District name] will collaborate with [CCBHC] to provide mental health crisis responses. [District name] will communicate with [CCBHC] in the event that mental health crisis services are needed. The district may also utilize the 988 Mental Health Lifeline.

988 Suicide and Crisis Lifeline

The 988 Mental Health Lifeline is a three-digit number for the national Mental Health Lifeline. The 988 Mental Health Lifeline operates 24/7 and offers services for mental health crisis calls. Operators are licensed and certified health crisis specialists who answer calls, connect to, and dispatch local services and mobile crisis teams.

Mobile Crisis Response

The Youth Mobile Response and Stabilization System is a mobile intervention service for children, youth, and young adults experiencing behavioral health emergencies.

Resources:

Memorandum of Understanding (MOU) between district and CCBHC

- [MOU template](#) (ODMHSAS)
- [MOU template](#) (OSDE)



Guardian Notification

Guardians will be notified by school personnel to streamline and assist with mental health crisis response efforts. The following steps may be helpful:

1. The parents/guardians on file should be contacted by a designated school professional (Administrator, School Counselor, School Social Worker, School Resource Officer, or other school personnel).
2. Arrange for parents/guardians to come to the school.
3. Meet with parents/guardians directly and review the [Emergency Student Crisis Notification](#).
4. Provide parents/guardians with a copy of the form and all collateral referrals and/or contact resources.
5. Discuss with parents/guardians the [school re-entry](#) process upon release from a medical professional and the importance of [Consent for Release of Confidential Information](#).

Schools shall notify parents and guardians in accordance with [70 O.S. § 24-100.7](#) and [70 O.S. § 24-15](#).

Resources:

- A. [Emergency Student Crisis Notification](#)
- B. [Provider List](#) (district-developed list of local mental health providers/resources)
- C. [School Re-entry Plan](#)
- D. [Safety Plan](#)
- E. [Consent for Release of Confidential Information](#)



Mental Health Partnerships

[District Name] will request that the local school board obtain a signed working agreement with each identified mental health provider outlining all obligations under the protocol and a strategy for regularly reviewing its effectiveness using anonymous, nonidentifiable data.

[District Name] will provide a statement/plan on dissemination of Oklahoma Prevention Needs Assessment (OPNA) survey data and other mental health data.

[District Name] will submit the latest mental health crisis protocol and CCBHC working agreements to the State Department of Education (OSDE); all revisions and updates to the protocol and working agreements will be submitted to the OSDE.

[District Name] and partnering mental health provider/s to conduct a joint review of the protocol and related working agreements every two years and consider any updates to better meet student needs. Requires districts and providers to include information collected from the OPNA survey, or an approved alternative survey, as part of the review process.

The Oklahoma Prevention Needs Assessment refers to the biennial mental health prevention survey of public school students in grades six, eight, ten, and twelve managed by the Department of Mental Health and Substance Abuse Services (ODMHSAS). ODMHSAS shall maintain the Oklahoma Prevention Needs Assessment and provide technical assistance for schools in survey administration, reporting, planning, and development of school mental health prevention and intervention strategies informed by the survey results. If a school or school district chooses to administer an alternative survey or assessment tool to fulfill the purpose, it may apply for a waiver through ODMHSAS.

Beginning in the 2022-23 school year, and biennially thereafter, [District Name] will administer, the OPNA, or an alternative survey supported by ODMHSAS, for the purpose of providing direction to schools, school districts, and communities to effectively improve the lives of students regarding a variety of issues with a focus on alcohol, tobacco, other drug use, mental health, academic failure, and violence.



District Training: What Educators Should Know

Effective district training meets the following components:



In accordance with Student Mental Health Protocol [70 O.S. § 24-159](#), [District] is committed to providing school administrators, teachers, support employees, and school-based mental health providers ready access to and regular training on the mental health protocol.

In accordance with the Suicide Awareness and Prevention Act, [70 O.S. § 24-100.7](#), [District] board of education shall provide district-wide training to all staff on a biennial basis addressing suicide awareness and prevention. As a core element, this training requirement should include evidence-based approaches. The Department of Mental Health and Substance Abuse Services shall make available, at no cost to the districts, curriculum for staff that addresses suicide awareness and prevention. The training program may be combined with any other training addressing bullying prevention provided by the school district.

In accordance with the Oklahoma Teacher Preparation Act, [70 O.S. § 6-194.3](#), [District] board of education shall require a training program for teachers which shall emphasize the importance of recognizing and addressing the mental health needs of students. The program shall be completed the first year a certified teacher is employed by a school district, and then once every third academic year.



Other Requirements

Reporting Procedures to the Oklahoma State Department of Education

In order to assist the State Department of Education with compliance efforts pursuant to the [Student Mental Health Protocol](#) at 70 O.S. § 24-159, each school district shall submit the latest protocol and working agreements to the State Department of Education, which shall share the protocols and agreements with the Department of Mental Health and Substance Abuse Services. These agencies may require revisions to ensure compliance with applicable laws, regulations, and established evidence-based practices.



Oklahoma Student Mental Health Legislation Table

Title	Legislation	Overview
Mental Health Training	70 O.S. § 24-100.7	Directs the development and dissemination of information, training and resources regarding mental health needs of students.
Mental Health Protocol	70 O.S. § 24-159	Requires public school districts to maintain a protocol for responding to students in mental health crises and requires districts to provide written notification to parents regarding their right to opt their student out of the OPNA student survey.
Mental Health Education Standards	70 O.S. § 11-103.9b	Requires that all schools, as part of any health education curriculum, include instruction in mental health, with an emphasis on the interrelation of physical and mental well-being.
Student In-Patient Disclosure	70 O.S. § 3-169	Optional disclosure by parent to school officials prior to or at enrollment regarding previous (in the past 24 months) emergency mental health inpatient (acute, residential, or crisis) support from a mental health/behavioral health facility.
Student ID Cards	70 O.S. § 24-100.10	Requires that school districts and charter schools serving students in grades 7 through 12 that issue student identification cards to print the telephone number of the National Suicide Prevention Lifeline (call or text 988) and the Crisis Text Line (text HOME to 741741) on one side of the cards.
OPNA	70 O.S. § 24-158	Requires schools to administer, in cooperation with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), the Oklahoma Prevention Needs Assessment (OPNA) survey or comparable survey instrument on a biennial basis.
Suicide Prevention	70 O.S. § 24-100.7	Requires school district boards of education to adopt suicide awareness and drug abuse policies, train and provide curriculum to staff, and provide XX training to students in grades X through XX.
Child Abuse Prevention	70 O.S. § 1210.163	Requires every school employee having reason to believe that any student under the age of 18 years is a victim of abuse or neglect shall report the matter immediately to the Department of Human Services and local law enforcement.



Relevant Documents and Resources

Prevention Resources

- [ODMHSAS School-based Prevention](#)
- [Multi-tiered System of Support for Bullying Prevention](#)
- [Oklahoma School Safety and Bullying Prevention Act](#)
- [OSDE Bullying Prevention Training Request Form](#)
- [Sample Bullying Harassment Investigation Form](#)
- [Sample Interview Form](#)
- [Sample Reporting Form](#)

School Climate

- [School Climate Best Practices](#)

Mental Health and Crisis Response

- [ODMHSAS Network of Care](#)
- [Certified Community Behavioral Health Clinics](#)
- [Child Abuse and Neglect Guidance](#)
- [Companion Guide - NAMI](#)
- [Confidentiality Agreement](#)
- [Consent for Release of Confidential Information](#)
- [Counselor Process for Responding to Suicide](#)
- [Emergency Student Crisis Notification Form](#)
- [Mental Health Crisis Signs](#)
- [OKDHS Hotline](#)
- [Oklahoma Comprehensive School Counseling Framework](#)
- [Safety Threat Assessment](#)
- [School Re-Entry Plan](#)
- [Suicide Information Sheet](#)
- [Suicide Prevention Resources](#)
- [Warning Signs and Risk Factors for Emotional Distress](#)



Mental Health Crisis Protocol R INSTRUCTION

Organization Oklahoma State Department of Education
 DATE 2023

		RUBRIC				District	Policy	Score
COMPONENTS	OBJECTIVES	1 Fails to Meet Standard	2 Below Standard	3 Meets Standards	4 Exemplary			
A	Statement of Purpose							
	District statement aligning to supporting mental health/MH Crisis Response							
	Privacy Requirements HIPAA & FERPA							
	Mandatory Reporting statement/plan Guardian							
	Notification/Engagement Communication of Policy/Staff Training							
	Community Resources							
	Reporting MH Crisis Procedures							
	Chain of Command outlined							
	Re-entry Plan/ Return to Learn outlined							
	Mental Health Partnership Response Plan							
	MOU's with Community Partners							
B	Prevention and Intervention							
C	Response Procedures							
D	Working Agreements							
		10	20	30	40			