

# **Lookeba Mental Health Protocol Guidance Document**

Lookeba Public Schools supports student health and wellness protocols to include mental health supports. It is the policy of Lookeba Public Schools 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 Lookeba Public Schools to provide mental health and crisis response training to school personnel. This process will involve consistent collaboration between Lookeba and community mental health partnerships. This policy shall extend to all schools in Lookeba-Sickles district.

## **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: Stabilize, reduce symptoms, and return to adaptive functioning.

## **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.

## **Recognizing 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. Recognize Warning Signs MENTAL HEALTH CRISIS PROTOCOL TEMPLATE 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) 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. 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 simplest 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. 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.

## **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, and the online reporting link is [www.OKHotline.org](http://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? 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 Mrs. Burns or Mr. Stover \*note - student should have adult supervision at all times. Mr. Stover or Mrs. Burns should follow district safety protocol and refer the student for crisis services at Red Rock Behavioral Center 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.

## **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**

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

## **Mobile Crisis Hotline**

The Youth Mobile Response and Stabilization System is a mobile intervention service for children, youth, and young adults experiencing behavioral health emergencies. Community Resources Certified Community Behavioral Health Clinics (CCBHC)

## **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: 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). Arrange for parents/guardians to come to the school. Meet with parents/guardians directly and review the Emergency Student Crisis Notification. Provide parents/guardians with a copy of the form and all collateral referrals and/or contact resources. 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. 1. 2. 3. 4. 5. 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 Schools shall notify parents and guardians in accordance with 70 O.S. § 24-100.7 and 70 O.S. § 24-15.

## **Mental Health Partnerships**

Lookeba 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. Lookeba will provide a statement/plan on dissemination of Oklahoma Prevention Needs Assessment (OPNA) survey data and other mental health data. Lookeba 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. Lookeba 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, Lookeba 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 Teachers should know**

In accordance with Student Mental Health Protocol 70 O.S. § 24-159, Lookeba 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, Lookeba 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, Lookeba 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.