

New Lima Student Mental Health

70 O.S. § 24-159

*This protocol was prepared in accordance with the
of Mental Health and Substance*



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Statement of Purpose

This policy is for New Lima Public Schools in accordance with the provisions of the [Student Mental Health Protocol](#) at 70 O.S. § 24-159.

New Lima supports health and wellness protocols to include mental health supports. It is the policy of New Lima 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 New Lima to provide mental health and crisis response training to school personnel. This process will involve consistent collaboration between New Lima and community mental health partnerships. This policy extend to all schools in the New Lima 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

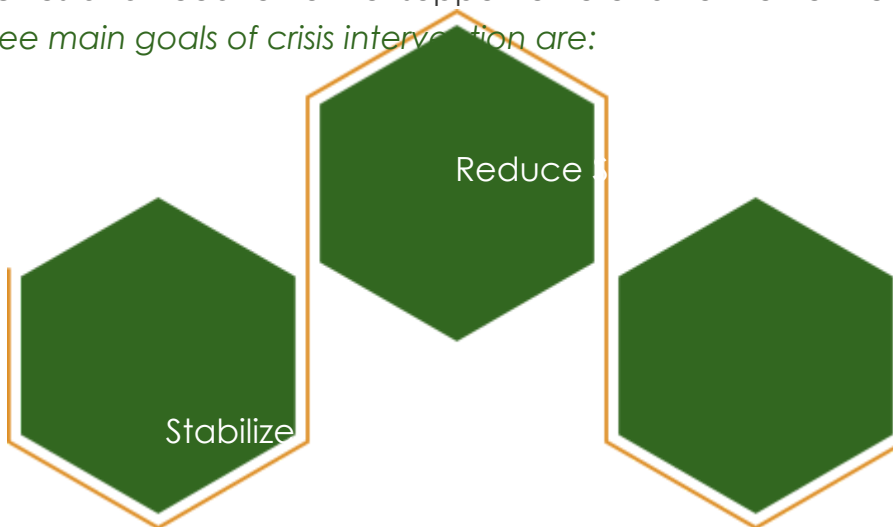
Any situation in which a person's behavior or verbalized distress puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community. The 988 Mental Health Lifeline operates 24/7, offering anyone who dials 9-8-8 access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



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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.

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](#).

HIPAA

Also known as Public Law 104-191, HIPPA 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,



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

rd Student Health and

establish a culture of support and safety to enhance student barriers to effective crisis response. Districts can assist with ering healthy relationships built on a foundation of trust, n schools. These safeguards help to positively affect ationships, increase engagement for students and families, ay communication between all parties. A culture of safety o replace fear, uncertainty, and punishment as motivators nconnectedness, and willingness to change.

mployee with reason to believe any student under the age of 18 abuse or neglect is required by law to report the matter Oklahoma Department of Human Services (OKDHS) and ent. ([70 O.S. § 1210.163](#); [10A O.S. § 1-2-101](#)). The OKDHS [800-522-3511](#), and the online reporting link is . Districts are encouraged to develop a streamlined enting calls placed to OKDHS. The Oklahoma State _____ cation (OSDE) has created a [Child Abuse Reporting Form](#) tial report to OKDHS and an [investigation form](#) schools may ve entity comes to the school to speak with the identified

2022-2023 school year, pursuant to [Maria's Law](#), all schools rt of any health education curriculum, to include instruction ith an emphasis on the interrelation of physical and mental districts may enter into agreements with nonprofit entities ity partners to assist with or provide mental health ents if the nonprofits and community partners are approved tate Department of Education (OSDE) and the Oklahoma ntal 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 the counselor's office. *note - student should have adult supervision at all times.

- ◆ 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.

stay calm, and try to de-escalate the crisis. seek outside assistance from your local Certified Community Behavioral Health Clinic for additional support.

Return to Learn Steps

After the health assessment, 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 health absence, behavioral health assessment, or extended absence.

The school counselor should request a meeting with the student and the parent or guardian.

The school counselor should discuss and document a re-entry procedure and what the student needs for the transition back into the school environment (e.g., whether the student will be required to make up missed work, the nature of the student's absence, etc.), address any concerns the student or the parent or guardian may have.

All re-entry plans should be documented.

The designated staff person should periodically check in with the student to monitor the student's adjustment to the school community and address any social or academic concerns.

The school counselor should periodically check in with the student to update progress or concerns.

The school counselor should meet with the student's faculty to share the student's academic curriculum and social concerns prior to the student's re-entry.

The school counselor should be available to teachers to discuss any concerns they may have regarding the student after re-entry.

Community Resources

Focus Mental Health Services

In accordance with 70 O.S. § 24-159, New Lima will collaborate with Focus Mental Health Services to provide mental health crisis responses. New Lima will communicate with Focus Mental Health Services 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.

Parental Notification

Students should be notified by school personnel to streamline and assist with crisis response efforts. The following steps may be helpful:

Parents/guardians on file should be contacted by a school professional (Administrator, School Counselor, School Nurse, School Resource Officer, or other school personnel). Encourage parents/guardians to come to the school.

Meet with parents/guardians directly and review the [Student Crisis Notification](#).

Provide parents/guardians with a copy of the form and all collateral information and contact resources.

Explain to parents/guardians the [school re-entry](#) process upon release and the importance of [Consent for Release of Information](#).

Notify parents and guardians in accordance with [70 O.S. § 24-15](#).

[Student Crisis Notification](#)

(district-developed list of local mental health providers/resources)

[Re-entry Plan](#)

[Consent for Release of Confidential Information](#)

Mental Health Partnerships

New Lima will request that the New Lima 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.

New Lima will provide a statement/plan on dissemination of Oklahoma Prevention Needs Assessment (OPNA) survey data and other mental health data.

New Lima will submit the latest mental health crisis protocol and Focus Mental Health Services 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.

New Lima 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.

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.

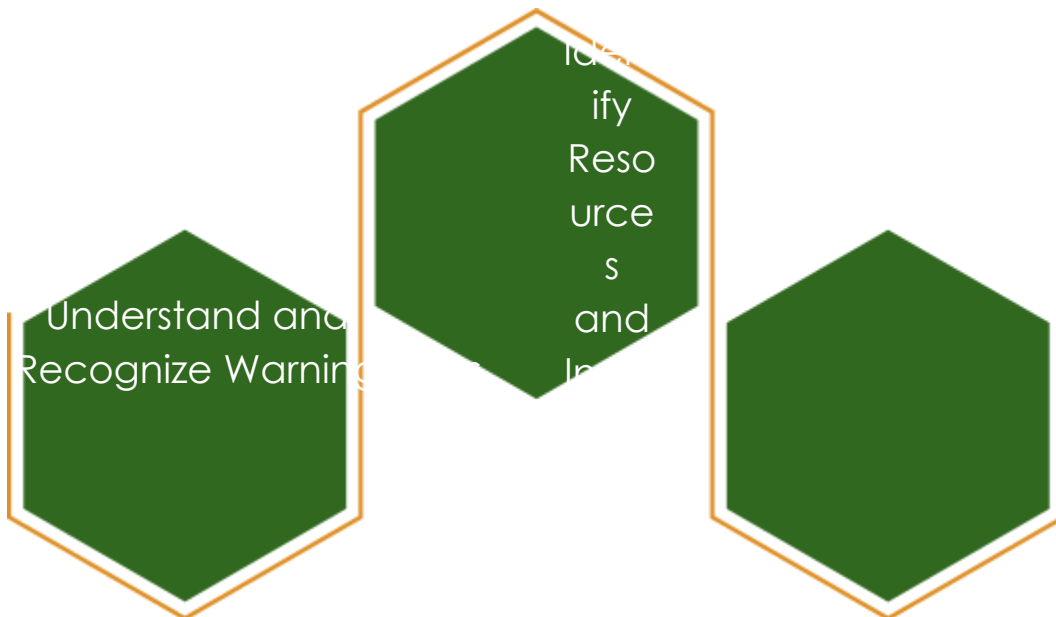
Beginning in the 2022-23 school year, and biennially thereafter, New Lima will administer, the OPNA, or an alternative survey supported by ODMHSAS, for the purpose of providing direction to schools, school districts, and communities to effectively improve the lives of students regarding a variety of 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](#),

New Lima 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](#),

New Lima 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.

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Requirements

Procedures to the Oklahoma State Department of Education

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

Each protocol will be submitted through Single Sign On

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Resources

- [School-based Prevention](#)
- [System of Support for Bullying Prevention](#)
- [School Safety and Bullying Prevention Act OSDE](#)
- [vention Training Request Form](#) [Sample Bullying](#)
- [Investigation Form](#) [Sample Interview Form](#)
- [Supporting Form](#)

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- [nate Best Practices](#)

Health and Crisis Response

- [Network of Care](#)
- [Community Behavioral Health Clinics](#)
- [e and Neglect Guidance Companion](#)
- [MI](#)
- [ality Agreement](#)
- [r Release of Confidential Information](#)
- [Process for Responding to Suicide](#)
- [y Student Crisis Notification Form](#)
- [alth Crisis Signs](#)
- [line](#)
- [Comprehensive School Counseling Framework](#)
- [at Assessment](#)
- [Entry Plan](#) [Suicide](#)
- [n Sheet](#)
- [vention Resources](#)
- [gns and Risk Factors for Emotional Distress](#)

