



Student Mental Health Protocol

H.B. 4106

Section 1 (A)

South Rock Creek Public School Protocol to Responding to mental health crisis

See Attachment



STUDENT SAFETY ASSESSMENT

STUDENT REPORT: *Details of suicide/self-harm plan in student's own words:*

Student's Name _____

When, where, how: _____

WARNING SIGNS: *(check all that apply)*

- Previous suicide attempt
- Possession of firearm or other weapon
- Self-harming (now or in the past)
- End of a significant relationship
- Drug use
- Making statements about hopelessness, or worthlessness
- Giving away possessions
- Homicidal threats
- Currently exhibiting impulsive violent actions, rebellious behavior, or running away
- Suicide threats, statements, drawings
- Making a last will, writing a suicide note
- Neglect of appearance
- Saying other things like, "I'm going to kill myself," "I wish I were dead," "I shouldn't have been born," etc.
- Other: _____

ACTIONS TAKEN: *(check all that apply)*

- Notified parent/guardian
- Student referred for outside assessment
- Red Rock mobile response team called
- Contacted EMS
- Student and parent/guardian was offered a list of outside counseling services
- Student received medical attention from school nurse
- Contacted Law Enforcement
- Contacted DHS

Notes: _____

School Counselor Signature: _____ Phone # _____ Date _____

PROVIDE A COPY OF THIS FORM TO THE MENTAL HEALTH SERVICE PROVIDER OF YOUR CHOICE

As the parent/guardian of this student, I understand the process that SRC Public Schools has to recommended that we follow. I understand that this is a recommendation due to the above stated behaviors. I also understand that SRC Public Schools will need to schedule a return-to-school meeting with the student and parent/guardian to discuss the students needs when they are ready to return.

Parent/Guardian Name

Parent/Guardian Signature

Date

Name, South Rock Creek School

Signature, South Rock Creek School

Date

Other Agency Personnel Involved

Name of Agency



NOTIFICATION OF EMERGENCY CONFERENCE

I, _____, the parent/guardian of
(Parent/Guardian name)
_____ was involved in an emergency conference with
(Student's name)
school personnel at _____ on _____.
(School building name) (Date)

I have been advised that my child appears to be at risk for suicide and/or self-harm. I have further been advised that I should seek a psychological/psychiatric consultation immediately. I have been provided with a list of resources. I understand that South Rock Creek Public Schools is not responsible for the provision of these services but is alerting me to this concern just as it would inform me of any health concern of my child.

MEETING OUTCOME:		INITIAL:
1	Parent/guardian agrees to take the student for a mental health evaluation	
2	Parent/guardian has been informed but does not agree that a mental health evaluation is necessary. Per Board Policy, parent/guardian understands that DHS and the police will be contacted.	
3	Due to the child's age, cognitive abilities, and/or identified disability per IDEA, an outside evaluation is not required at the time. (Explanation and next steps required below for this decision)	

	<hr/> <hr/> <hr/>
	<ul style="list-style-type: none"> • Student will complete a Safety Plan. (REQUIRED) • Student referred to outside counseling services. Name of agency/provider _____ • Meeting scheduled with IEP/Section 504 Team on _____. • Referral to Special Services • Other _____.

STUDENT RETURN TO SCHOOL:	INITIAL:
Parent/guardian agrees to contact the school counselor prior to the child's return to school in order to formulate a re-entry plan. This meeting will help ensure that the student has proper support(s) in place in order to be successful.	

Notes: _____ _____

SIGNATURES:

Signature of Student (if applicable)	Date	Admin Signature	Date
Signature of Parent/Guardian	Date	Other Signature	Date
Signature of School Counselor	Date	Other Signature	Date



Consent for Release of Confidential or Protected Information

(Name of consumer)

(Date of birth)

I authorize: _____
(Name of Person or Agency Releasing Information) (Address of Person or Agency Releasing Information)

To release to and exchange with:

(Name of Person or Agency Receiving Information) (Address of Person or Agency Receiving Information)

the following information for the following dates of treatment: _____ (if known).

Method(s) by which information is to be released: ___ Mail ___ Email ___ Fax ___ Verbal ___ Hand delivered

Specific information to be released:	Information pertaining to behavioral/emotional needs that may impact educational performance.
Information is being released for the following purpose:	To provide collaboration and continuity of care

I understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it, and that in any event this authorization expires automatically as follows: Upon discharge, or if unspecified, one year after the patient's dated signature (below). Revocations should be submitted to the agencies releasing and receiving information.

I understand that my records are currently protected by Oklahoma State Statutes and federal privacy regulations including the Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA). I understand that my health and educational information specified above will be disclosed pursuant to this authorization.

I understand that the covered entity and/or program seeking this authorization will not condition treatment, payment, enrollment, or eligibility for benefits on whether I sign this authorization. I freely and voluntarily give this consent.

I understand that I am entitled to receive a copy of this authorization after it is signed.

A photo/scanned copy of this authorization shall be considered as valid as the original.

(Signature of consumer)

(Date)

(Signature of authorized representative or parent or guardian when required)

(Relationship to consumer)

(Date)



MENTAL HEALTH EVALUATION OPTIONS

Red Rock Behavioral Health

1336 N. Harrison Ave.
Shawnee, OK 74801
405-878-1135 (24/7)
405-275-7100
405-987-7625 Crisis Line
Multiple Locations Statewide
<https://www.red-rock.com/>

24 hours a day assessment and referral. Provides inpatient, and outpatient services. Accepts SoonerCare (Medicaid), Medicare, and most private insurance. Individuals that do not have insurance will pay based on a sliding scale.

CREOKS

429 N. Union Ave.
Shawnee, OK 74804
405-275-1844
877-327-3657 Crisis Line
Multiple Locations Statewide
<https://www.creoks.org/index.html>

Provides outpatient and school-based services, as well as crisis assessments.

SSM Health

1102 W. MacArthur St.
Shawnee, OK 74804
405-273-2270

If no options are available, or in an emergency situation, the emergency room can provide an evaluation, placement, and/or referral if needed.

THIS IS NOT AN EXHAUSTIVE LIST OF MENTAL HEALTH EVALUATION OPTIONS IN POTTAWATOMIE COUNTY. THE RESOURCES INCLUDED ARE INTENDED SOLELY FOR INFORMATIONAL PURPOSES. SOUTH ROCK CREEK PUBLIC SCHOOLS HAS NO AFFILIATION, SPONSORSHIP, OR PARTNERSHIP WITH ANY OF THE LISTED RESOURCES.



NEXT STEPS

You are not alone. It is not uncommon for children to consider self-harm or suicide as a possible solution to their difficulties. What is most important, for you and your child, is knowing there is help available.

Next Steps

1. Remain Calm.
2. If your child wanted to talk, simply listen and acknowledge. Please try not to lecture.
3. Take your child to a mental health professional for an evaluation:
 - a. Make sure to take the Student Safety Assessment that you received from the school counselor.
 - b. Have the bottom half of the Student Safety Assessment filled out by the mental health professional and return to the school counselor.
4. Once the mental health professional has recommended that your child return to school, you will need to contact your child's school counselor for a re-entry meeting.
 - a. Please bring the completed Student Safety Assessment (page 1) to the meeting and any recommendations from the mental health provider/facility.
5. If your child was not admitted or did not need an evaluation, but you feel like they are in crisis, contact Red Rock (405-987-7625) or dial 911.

Self-Care

When your child is in crisis, feelings of fear, anxiety, anger, guilt, sadness, etc, are normal. Taking care of your own health will allow you to be more fully present for your child. Some practical suggestions for self-care include:

- Reach out for counseling services, supportive family, friends, and/or religious sources.
 - Accept help from others when offered.
 - Try to get enough sleep.
 - Keep a journal.
 - If able, try to engage in light exercise and healthy eating.
-



CONTINUED SUPPORT

TALK OPENLY:

If you think your child is having self-harm and/or suicidal thoughts, talk with them about it. Sometimes people are afraid that if they talk openly about it, it will make suicidal thoughts more real, and suicide more likely to happen. However, if a child feels that they have someone safe in the family they can talk to, they feel more understood. If you notice that your child seems depressed, don't wait for them to come to you with their concerns. Go to them!

Example of what to say: "You seem sad. Would you like to talk about it? Maybe I can help."

MINIMIZE CONFLICT:

It's part of normal development for adolescents to rebel. Pick what you're going to set limits about, and the rest of the time you want to focus on positive connections.

KNOW THE WARNING SIGNS:

- Having thoughts of committing suicide, threatening to hurt themselves, looking for a way to hurt themselves, writing about dying, and other suicidal ideations.
- Increased substance abuse, including abuse of alcohol or drugs.
- Feelings or purposelessness or that they have no reason to live.
- Anxiety symptoms
- Feelings of hopelessness
- Withdrawal from friends, family, and usual activities
- Acting reckless and impulsive
- Having dramatic mood changes

The resources discussed are intended solely for informational purposes.

South Rock Creek Public Schools declare no affiliation, sponsorship, nor any partnerships with any of the listed resources.



STUDENT RE-ENTRY MEETING

Student _____ Grade _____ Date _____

School Counselor _____ Is this student on an IEP or 504? No _____ Yes _____

Meeting date _____ Length of time out of school _____ Date returning _____

ATTENDEES	
MENTAL HEALTH PROVIDER RECOMMENDATIONS <i>(Parent brought documentation _____ Yes _____ No)</i>	
STUDENT CONCERNS	
PARENT CONCERNS	
ACCOMMODATIONS/MODIFICATIONS (if necessary)	

Daily check-in upon re-entry? _____ Yes _____ No With Whom: _____

A SAFETY PLAN MUST BE COMPLETED

_____ Signature of Student (if applicable)	_____ Date	_____ Admin Signature	_____ Date
_____ Signature of Parent/Guardian	_____ Date	_____ Other Signature	_____ Date
_____ Signature of School Counselor	_____ Date	_____ Other Signature	_____ Date



STUDENT SAFETY PLAN

Student _____ Grade _____ Date _____

WHAT ARE THE WARNING SIGNS THAT YOU ARE BEGINNING TO STRUGGLE WITH SUICIDAL/SELF-HARM THOUGHTS:

COPING STRATEGIES THAT WORK FOR ME:

A FUTURE GOAL I AM SETTING FOR MYSELF:

MY PATHWAY TO THIS GOAL (HOW WILL I ACHIEVE IT):

3 PEOPLE WHO CAN HELP ME WITH THIS GOAL:

1. _____

2. _____

3. _____

REVIEW OF SAFETY PLAN:

I, _____ will meet with my school counselor, _____
STUDENT NAME SCHOOL COUNSELOR NAME

on _____ (approximately 2 weeks from initiation) to review my safety plan.
DATE

EMERGENCY RESOURCES (OUTSIDE OF SCHOOL)

Red Rock Behavioral Health	405-987-7625
National Suicide Prevention Hotline	Dial 988
Immediate Emergency	911



MENTAL HEALTH RESOURCE INFORMATION

This list is of known providers of a particular service. The providers on the list are from a variety of sources. The list is being provided as a courtesy, for information only, and the user should understand that no assurances or guarantees regarding the providers on the list are being made by providing this list. South Rock Creek Public Schools neither endorses, approves, nor recommends any specific provider listed below. This list is not inclusive of all community agencies, services or organizations that provide the particular service, and the omission of an agency, service or organization from this list does not imply disapproval. It is the responsibility of the user of this list to determine whether any of the content is of value to them and whether or not the agency, service or organization meets their specific needs.

Bethesda (Norman, OK) (405) 364-0333

<https://www.bethesdaok.org>

- Specializes in serving those who have suffered the trauma of childhood sexual abuse
- Specialized Group & Individual Therapy
- Summer Camps
- Education on Personal Boundaries

Bison Family Therapy (405) 585-6413

<https://www.bisonfamilytherapy.com/>

- Emotionally focused couples therapy, parent/child interaction, medical family therapy

Cassie Alexander, LPC-S (405) 254-0141

Email hello@cassielouiselpc.com

<http://www.cassielouiselpc.com>

- Individual & Family Therapy
- Child Development Support
- Combines eclectic, deeply personal approach to therapy combining traditional and modern modalities to focus on human connection, empathy, and behavior

CPN Health Clinic: Behavioral Health Services (405) 275-2222

<https://www.potawatomi.org/services/health/behavioral-health>

- Individual and Family Therapy
- Assessment & Evaluation
- Group Therapy for Addiction Treatment

Cornerstone Behavioral Health & Pediatric Therapies (Midwest City) 405-455-6868

<https://www.cornerstoneok.org/>

- Specializes in providing therapeutic services to children with Autism and other developmental disabilities
- Behavioral Counseling
- Psychological Evaluations

Creoks Health Services (405) 275-1844

<https://creoks.org>

- Individual and family therapy
- Screening & Assessments
- Psychiatric Consultation
- Parent programs
- Play Therapy



MENTAL HEALTH RESOURCE INFORMATION cont.

- Substance Abuse Services
- Onsite appointments during school day

Focus Mental Health Services (405) 214-0116

Email johnie@focusmhs.com

<https://focusmhs.com/>

- Individual and family therapy
- Therapy for trauma, depression, and anxiety.
- EMDR Eye Movement Desensitization and Reprocessing
- Cognitive Behavioral Therapy
- Emotion-Focused Therapy

Foundations Therapy (405) 585-2971

Email foundationstherapyshawnee@gmail.com

<https://www.foundationstherapyshawnee.com/>

- Tandi Mize - Family and Individual Therapy addressing Emotional, Behavioral, Psychological and Social Difficulties including ADHD, Anger Management, Anxiety, Depression, PTSD, Trauma, Grief, Family Conflict, Social Skills, and Development of Healthy Coping Skills. • Pediatric Counseling Only

Gateway to Prevention & Recovery (405) 273-1170

<https://gatewaytoprevention.org/>

- Family & Group Therapy
- Substance Abuse Treatment
- Trauma-Focused Cognitive Behavioral Therapy
- Play Therapy Eye Movement Desensitization & Reprocessing Therapy (EMDR)
- Parent/Child Interaction Therapy

GrowthLines (405) 273-7455

<https://www.growthlines.net>

- Paulann C. Canty, MS, LMFT
- Family & Marital Therapist
- Individual & Family Therapy

Heart for Change (405) 513-1862

Email alysewalkerlpc@gmail.com

- Alyse Walker
- Mental Health and Substance Abuse Counseling

Hope Revealed Behavioral Health Center (405) 481-7187

Email info@hoperevealedbhs.com

<https://hoperevealedbhs.com/>

- Serena Ward - Executive Director
- Individual and family therapy, helping clients recover from various issues such as: trauma, ADHD, ODD, PTSD, depression and anxiety. • EMDR Eye Movement Desensitization and Reprocessing



MENTAL HEALTH RESOURCE INFORMATION cont.

- Cognitive Behavioral Therapy
- Play Therapy

Project Safe (800) 821-9953

Email info@projectsafeok.com

<http://www.projectsafeok.com>

- Provide trauma-informed services to victims of domestic abuse, violence, sexual assault, or stalking

Red Rock Behavioral Health Services (405) 275-7100

<http://www.red-rock.com>

- Virtual Clinic Option
- Individual, Group, and Family Counseling
- Individual Rehabilitation
- Peer Support Services
- Inpatient Crisis Services

Wellman Counseling (405) 255-4414

www.wellmancounseling.org

- Sandra Wellman
- Grief and Loss, PTSD, Healing from Divorce, Depression/Anxiety, Growth and Development, Parenting

Youth & Family Resource Center (405) 275-3340

<http://www.yfrcshawnee.org>

- Individual & Family Therapy
- School Based Counselors
- Child Parent Relationship Therapy
- Children of Divorce Seminar
- Court-Appointed Special Advocates (CASA)
- Don't Give Up Camp (Ages 10-14) to promote positive behaviors
- Streetwise (First-Time Offender Program)
- Supervised Visitation

National Suicide Prevention Hotline Dialing Code: 988

Child Abuse Hotline: 1-800-522-3511

2-1-1 Community Resource Line (Call 211):

<https://www.211.org>



MENTAL HEALTH RESOURCE INFORMATION cont.

Crisis Text Hotline

www.crisistextline.org

Text REFER to 741741

HeartLine (Oklahoma's Community Crisis Connection):

<https://heartlineoklahoma.org/>

National Alliance on Mental Illness (NAMI) 1-800-950-6264 (10am - 6pm EST)

<https://www.nami.org>

National Suicide Prevention Lifeline 1-800-273-8255 (24/7)

<https://suicidepreventionlifeline.org/>

Oklahoma Department of Human Services:

(405) 878-4000

<https://oklahoma.gov/okdhs.html>

Oklahoma Department of Mental Health & Substance Abuse Services:

(405) 248-9200

<https://www.ok.gov/odmhas/>

Pottawatomie County Health Department:

(405) 273-2157

<https://oklahoma.gov/health/county-health-departments/pottawatomie-county-health-department.html>

Substance Abuse and Mental Health Administration (SAMHSA)

1-800-622-4357 (24/7)

<https://www.samhsa.org>

Teen Line 1-800-852-8336 (6pm - 10pm PST)

<https://teenlineonline.org/> <http://www.thetrevorproject.org/>

Trevor Project 1-866-488-7386 (24/7)

Text TEEN to 839863 (6pm - 9pm PST)



Section 1 (A) (1)

Partnering Agencies

- Red Rock Behavioral Health
- CREOKS
- SSM Hospital, if the other agencies are unavailable

Section 1 (B)

Statement of Purpose

South Rock Creek Public School supports student health and wellness protocols to include mental health supports. It is the policy of South Rock Creek Public School 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 South Rock Creek Public School to provide mental health and crisis response training to school personnel. This process will involve consistent collaboration between South Rock Creek Public School and community mental health partnerships. This policy shall extend to all schools in South Rock Creek Public Schools 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; Return to Adaptive Functioning/Facilitate Access to Continued Care

Section 1 (C)

Included in the Student Safety Assessment above

Section 1 (D)

Privacy Requirements

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.



Section 1 (E)

Recognizing Warning Signs

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 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.

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.

Other warning signs may include

- Changes in school performance
 - Feeling helpless or hopeless
 - Pulling away from people and things
 - Having low or no energy
 - Having unexplained aches and pains, such as constant stomach aches or headaches ●
- 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)

Section 1 (F)

MOU have been signed and approved through board policy for Red Rock Behavioral Health and Creoks

INSERT PDF OF APPROVED MOU(S) HERE

Also document the Board approval date of the H.B.4106 documents.

Section 1 (G)

South Rock Creek Public Schools and Red Rock Behavioral Health and Creoks will meet again in the school year 2024 - 2025 to make any updates to better meet students needs. South Rock Creek Public Schools will administer the OPNA annually, and the results will be used in the meeting with our partnering mental health agencies.

Section 1 (H)

South Rock Creek Public Schools will submit all required documentation to OSDE.

Section 1 (I)

South Rock Creek Public School will contact OSDE and ODMHSAS with any necessary questions or technical issues.

Section 1 (J)

South Rock Creek Public Schools will follow any rules and regulations to ensure the bills compliance.

Section 1 (K)

South Rock Creek Public School will follow this section.

Section 2 (E)



South Rock Creek Public Schools will administer the OPNA survey. The district Superintendent will provide written notice to parents and guardians of all students grades 6, 7, and 8 prior to administering the OPNA survey or approved alternative survey. South Rock Creek Public Schools will inform parents and guardians that they may opt out their students of the survey and assessment tool.

Section 2 (F)

South Rock Creek Public School will provide any necessary information.