

Student Mental Health Protocol

Policy

70 O.S. §24-159

This protocol was prepared in collaboration with Lighthouse Behavioral Wellness Centers and the Oklahoma Department of Mental Health and Substance Abuse Services with annual revision on July 9, 2026

Superintendent Andy Davis

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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

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

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

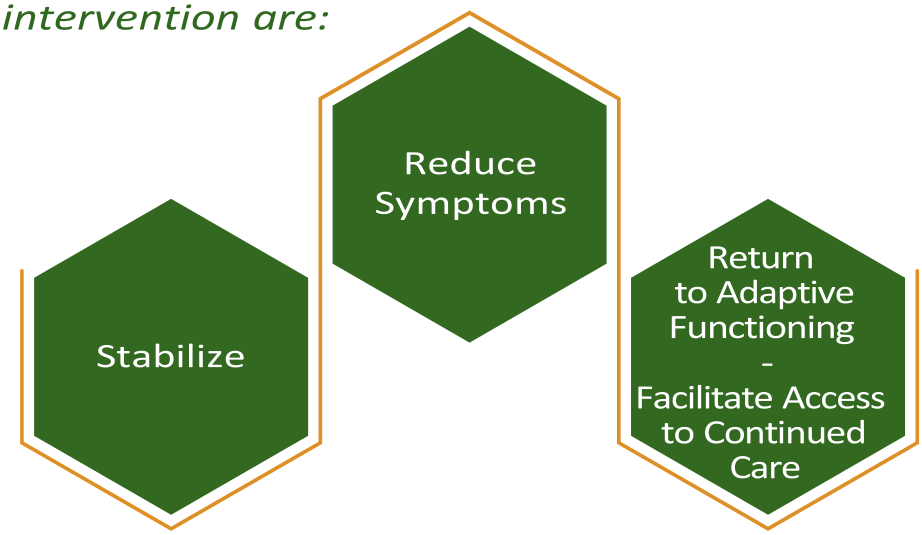
Any situation in which a person's behavior or verbalized distress puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community. The 988 Mental Health Lifeline operates 24/7, offering anyone who dials 9-8-8 access 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, 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, 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 simplest of 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
Having unexplained aches and pains,
such as constant stomachaches or headaches
Having difficulty readjusting to home or work life
Feeling helpless or hopeless
Excessive smoking, drinking, or drug use, including prescription drug medications
Inability to perceive changes in their own feelings, behavior, or personality (lack of insight or anosognosia)
Worrying a lot of the time – feeling guilty but not sure why
Thinking about suicide

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. 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.



CRISIS RESPONSE PROCEDURES

What to Do in a Mental Health Crisis

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

Crisis Protocol

2026-27 School Year

Does the student have an immediate crisis as identified below:

1. Has the student made comments about wanting to die or wishing they were no longer here?
2. Has the student made threats to harm others?
3. Does the teacher or other school personnel have concerns about their safety?
4. Have peers expressed concerns over student's thoughts or actions?
5. Has the student made recent attempts to harm themselves or others?

If yes, to any of the above:

Never leave the student alone.

1. School staff walks student to the **Mental Health Lead** for that site (*school counselor or principal*).
2. The Mental Health Lead will have school staff member fill out the **Emergency Notification of Student in Crisis**, documenting the student's words/actions as closely as possible.
3. The Mental Health Lead will talk with staff member and student to determine if the child's safety is at risk and if the child is in crisis. Crisis includes a threat to self or others, as well as reports of abuse. Mental Health Lead's response should include: calm voice, listening for what they do and don't say, ask questions but don't push, express support, gently announce actions before initiating them. If you are unsure of risk level, err on the side of caution. **If you determine, student is NOT in crisis** but has intensive concerns, consider Tier 2 support with school counselor or tier 3 support with a SBMHP referral (form) for short term counseling or skill building. Staff with your team and document.

If in crisis: Reach out to the School Based Mental Health Professional (SBMHP) by phone

- **Crisis Phone. 580-341-8048**
- Once SBMHP is contacted, **attempt parent call** to inform them of incident, ask them to come to the school and ask for Parent Consent for crisis assessment. In crisis, SBMHP is NOT required to obtain parent consent but it is always attempted.
- If unable to reach the SBMHP, call Director of Federal Programs, Sabra Emde 580.221.3001 x1252.
- If unable to reach either of the above or if guardian declines SBMHP assessment, give guardian the options of (1.) Utilizing the crisis ipad at school. (2.) Being assessed by their own private therapist. (3.) Lighthouse facility for assessment. (4.) Emergency room for assessment. (5.) If native, the Chickasaw Nation. **Alert SBMHP of situation and plan for outpatient assessment.*
- **If the guardian chooses an outside assessment option, the mental health lead MUST complete the Emergency Notification of Student in Crisis form, along with a Consent for Release of Confidential or Protected Information for the outside agency and have the guardian initial and sign before they leave**. Provide the guardian a copy and instruct them that their student may not return to school without returning the Emergency Notification of Student in Crisis form with the professional's signature. It is sometimes helpful for them to know, this is state law, students are required to be assessed for safety concerns before returning to school.

To use Crisis Ipad: *Ipad assessment cannot happen without parent consent. This is a Lighthouse rule.*

- Tap the "Crisis Call" button. Call will go directly to the Lighthouse Children's Mobile Crisis iPad.
- **Keep iPad plugged in at all times**, as it works best at or over 25%.
- If unable to reach anyone after 5 minutes, call placement at *580.795.4888* to request available staff members.
- **If experiencing significant issues with the ipad or if it is past 2pm**, the best option may be to have them go directly to the local Lighthouse facility at *2007 N. Commerce.* Make sure they have the Emergency Notification of Student in Crisis forms with instructions to have the professional sign so that student is able to 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. Contact the School Mental Health Lead or School-Based Mental Health Professional immediately to initiate this crisis protocol.

School-Based Mental Health Program Crisis Response

1. Site Mental Health Lead utilizes crisis phone (580) 341-8048 to alert SBMHP of student in Crisis. SBMHP informs Mental Health Lead that they are to notify the student's guardian of the crisis and ask guardian to meet at the school within the hour.
2. SBMHP stops daily routine and responds to crisis within 15-30 minutes. If that response time is not possible due to an additional crisis, SBMHP will notify partner to collaborate.
3. Once on site, SBMHP staffs with Mental Health Lead on the details of the crisis. SBMHP will then start the AMSR assessment with the student. Based on clinical judgement, the student may complete part of the AMSR with or without guardian present. Guardian must be present and have contributed for AMSR to be complete.
4. Once AMSR is complete, SBMHP, along with guardian, will determine level of risk. **If SBMHP is able to Safety Plan with compliance from guardian and student:** SBMHP will complete the state "Emergency Notification of Student in Crisis" packet and have guardian initial / sign on all appropriate locations. The SBMHP will then provide guardian, student, school counselor and teacher a copy of the school-based safety plan and guardians a copy of a home-based safety plan. SBMHP will provide guardians a list of resources for additional follow up needs. SBMHP will have guardian sign SBMHP consent so that SBMHP can follow up intensively 3+ times, no less than 1x/week.
5. **Once AMSR is complete, if SBMHP determines a higher level of care is needed:** they will staff with additional SBMHP. If team determines necessary, SBMHP will transfer the student to Lighthouse. SBMHP and guardian will complete the state "Emergency Notification of Student in Crisis" packet. SBMHP will then give guardians instructions to go straight to Lighthouse and let them know that they will be expected within the hour or followed up on. SBMHP will notify Lighthouse that the student is en route for crisis and that we have assessed and determined a higher level of care is needed. SBMHP will email AMSR to placement@lighthouseok.com.
6. SBMHP logs crisis data on spreadsheet and files state assessment paperwork by end of day.
7. SBMHP will provide a minimum of 3 follow ups for crisis unless parent denies or student requests follow up from outside counselor only. This needs to be documented. **In most cases**, as part of the Safety Plan the student is added to the SBMHP program and given full session treatment.
   If inpatient level is determined, SBMHP will work with guardian and site attendance clerk to track hospital discharge date and schedule a team meeting for Re-entry Plan post treatment.

Student Return to Learn Guidelines

When appropriate and possible, the School-Based Mental Health Professional and 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-Based Mental Health Professional and school counselor should request a meeting with the student and their parent or guardian.

2. This group should discuss and document a Re-Entry Planning procedures 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 and/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-Based Mental Health Professional and/or school counselor should periodically check in with parents/guardians to update progress or concerns.

6. The School-Based Mental Health Professional and/or school 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-Based Mental Health Professional and/or 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, Ardmore City Schools will collaborate with Lighthouse Behavioral Wellness Centers to provide mental health crisis responses. Ardmore City Schools will communicate with Lighthouse Behavioral Wellness Centers 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.

Lighthouse Behavioral Wellness Centers Crisis Hotline:

1-800-522-1090



Guardian Notification

Guardians will be notified by school personnel to streamline and assist with mental health crisis response efforts. The Student Crisis Referral Packet will be initiated and coordinated by the School-Based Mental Health Professional. The following steps should be followed:

1. The parents/guardians on file should be contacted by a designated school professional (Administrator, School Counselor, School Mental Health Lead if other than School Counselor).
2. Arrange for parents/guardians to come to the school.
3. Meet with parents/guardians directly and review the Emergency Notification of Student in Crisis .
4. Provide parents/guardians with a copy of the form and all collateral referrals and/or contact resources.
5. Discuss with parents/guardians the Re-Entry Planning 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:

- **Student Crisis Referral Packet**



Mental Health Partnerships

Ardmore City Schools 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, non-identifiable data.

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

Ardmore City Schools 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.

Ardmore City Schools 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 2023-2024 school year, and biennially thereafter, Ardmore City Schools 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.

Additionally, in partnership with the Oklahoma State Department of Education and through a five-year grant award (Project Respect West), Ardmore City Schools has established a school-based mental health program and employees two licensed mental health professionals (LMHPs) to address the mental health needs of students and improve mental health awareness of faculty, staff, students and parents. Through the Project Respect West grant, Ardmore City Schools performs a student mental health screener (Early Identification System) in the fall and spring to identify students' needs and areas for increased mental health interventions. Only students with active parental consent each year participate in the screener.

The Project Respect West LMHPs also serve as members of Ardmore City Schools' Behavioral Threat Assessment team to identify persons or situations which may pose a threat of violence against the school community, provide resources and support to students and to mitigate potential acts of 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, Ardmore City Schools 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, Ardmore City Schools 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, Ardmore City Schools 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. § 24159, 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 school districts and charter schools that serve students in grades seven through twelve and issue student identification cards shall have printed on either side of the student identification cards the telephone number of The National Suicide Prevention Lifeline, which can be accessed by calling or texting 988; and The Crisis Text Line, which can be accessed by texting HOME to 741741
OPNA	70 O.S. § 24-158	Requires schools to biennial administration of the Oklahoma Prevention Needs Assessment Survey (OPNA) beginning in certain school year; providing for assistance by the Department of Mental Health and Substance Abuse Services; allowing alternative survey; directing administration of survey subject to certain funding.
Suicide Prevention	70 O.S. § 24-100.7	Relates to suicide awareness and drug abuse policies; requiring rather than allowing school district boards of education to adopt certain policy; requiring boards of education to provide certain staff training; directing certain curriculum be made available to staff; requiring school districts to provide certain training and curriculum beginning in certain school year; allowing certain training of students in certain grades beginning in certain school year; providing an effective date; and declaring an emergency.
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

