



Chickasha Public Schools

Student Mental Health and Suicide Awareness Protocol

National Suicide Prevention Lifeline

1-800-273-TALK (8255)

**OKDHS Hotline
1-800-522-3511**

**Mental Health Liveline
988**

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Statement of Purpose

Chickasha Public Schools supports student health and wellness protocols to include mental health supports. It is the policy of Chickasha 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 Chickasha Schools to provide mental health and crisis response training to school personnel. This process will involve consistent collaboration between Chickasha Schools and Community Mental Health Partnerships. This policy shall extend to all schools in the Chickasha Public School 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, related to others, and make health choices.

Mental Health Crisis

Is 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 and offers services for mental health crisis calls.

Crisis Response

Refers to all the advance planning and actions taken to address natural and man-made disasters, crises, critical incidents, and tragic events. Of course, in an emergency, you should always call 911.

Crisis Intervention

Can mitigate adverse reactions, facilitate coping and planning, assist in identifying and accessing available support, normalize reactions to the crisis, and assess capacities and need for further support or referral to the next level of care.

Privacy Requirements

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

The Family Educational Rights and Privacy Act

The Family Educational Rights and Privacy Act (FERPA) 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 student when he or she reaches the age of 19 or attends a school beyond the high school level.

- The right to inspect and review the student's education records maintained by the school.
- The right to request that a school amend the student's education records.
- The right to consent in writing to the disclosure of personally identifiable information from the student's education record, except under certain permitted situations.

Health Insurance Portability and Accountability Act

Health Insurance Portability and Accountability Act (HIPAA), also known as Public Law 104-191, 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 healthcare by standardizing the electronic transmission of administrative and financial transactions. Other goals include combating abuse, fraud and waste in health insurance and healthcare 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 to a third party an electronic copy of their protected health information in an electronic health record, and to request corrections.

Recognize Warning Signs

Signs of mental health crisis episodes may not always be apparent in a student/child. With a proper education, teachers, principals, and other staff members can begin to identify the need for intervention.

Abusive Behavior

Often an individual will show abusive behavior to themselves and others. This may include self-harm, substance abuse, physical abuse, etc.

Hopelessness

May make comments such as: *Things are never going to get better. No one cares. Why should I try.* May not respond to incentives. No longer engaged with peers. Thinking the world would be better off without you.

Inability to Perform Daily Tasks

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

Increased Agitation

When a child shows signs of increased agitation they'll use verbal threats, are violently out of control, destroy property, and more.

Isolation

Children and young adults tend to isolate themselves in school and work, from both family and friends.

Loses Touch with Reality (Psychosis)

This encompasses the inability to recognize family or friends - showing signs of confusion, 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

This is manifested in suspicion and mistrust of people or their actions without evidence or justification.

Rapid Mood Swings

This includes increased energy levels, the inability to stay still, pacing, sudden depression and withdrawal, as well as becoming suddenly happy or calm after a period of depression.

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 stomach aches or headaches
- Feeling helpless or hopeless
- Excessive smoking, drinking, or using drugs, 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 one's own feelings, behavior or personality ("lack of insight" or anosognosia)

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Safeguard Student Health and Safety

It is important to establish a culture of support and safety to prevent barriers to effective crisis response and enhance student health. Districts can assist with this process by fostering healthy relationships in schools built on a foundation of trust, respect, and care. These safeguards help to positively affect student-teacher relationships, increase engagement for students and families, and improve two-way communication between the parties involved. 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 having a reason to believe that any student under the age of eighteen (18) years is a victim of abuse or neglect shall report the matter *immediately* to the Department of Human Services and local law enforcement. The OKDHS Hotline number is 1-800-522-3511 and the online reporting link is www.OKHotline.org. Having a streamlined way to document calls placed to DHS from district personnel can prove beneficial.

Beginning with the 2022-2023 school year, the State Board of Education shall require 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. School districts may enter into agreements with nonprofit entities and other community partners to assist with or to provide mental health education to students if the nonprofits and community partners are approved by the State Department of Education and the Department of Mental Health and Substance Abuse Services.

In accordance with Student Mental Health Protocol, Chickasha Public 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, Chickasha Public 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 required should include evidence based approaches. The Department of Mental Health and Substance Abuse Services shall make available to school districts curriculum for staff which addresses suicide awareness and preventions, without cost to the school districts. The training program may be combined with any other training provided by the school district addressing bullying prevention.

In accordance with Oklahoma Teacher Preparation Act, Chickasha Public 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.

Lightspeed Alert Systems

The District acquired Lightspeed Alert and Lightspeed Classroom Management. ***Lightspeed Alert is an early-warning threat detection solution to help schools prevent suicides, bullying, and school violence. Lightspeed Classroom Management gives teachers real-time visibility and control of their students' digital workspaces and online activity.*** If a student is searching inappropriate sites/content, researching or typing information that indicates self-harm or potential harm to others, site principals, assistant principals, and counselors will receive email alerts regarding dangerous activity. Identified district administrators are notified by email. If a threat is deemed imminent, the district administrators will receive a phone call from Lightspeed.

If an alert is received during the school day, a site administrator or counselor will meet with the student to determine next steps. If an alert is received after school hours, the staff will determine next steps which includes at minimum calling the student's parents. In addition, school personnel may call the school resource officer, police department and/or both to ask for a welfare check on the student. The school official asking for the welfare check will follow-up with the resource officer or police department to ensure the well being of the student.

Use of Crisis Prevention Intervention (CPI) Policy

Oklahoma State Department of Education Special Education Policies and Procedures (Chapter 10)

Crisis Plans

For students whose behavior may put them or others at imminent physical risk, a crisis plan should be developed as a component of their Behavior Intervention Plan (BIP). A crisis plan is an added component that will clearly outline steps that staff will take as an immediate response to student crisis behaviors that put the student or others at immediate risk of harm. The crisis plan should be developed by the IEP/504 team, including individuals knowledgeable about the child and at least one person who is trained in behavior crisis prevention and intervention. Crisis plans should be individualized and reviewed at least annually by the IEP/504 team, and more often as needed. School personnel responses to student behaviors within the crisis cycle should be planned in advance, and consistently applied.

A Functional Behavioral Assessment and Behavior Intervention Plan may be created for a non-IDEA or 504 student. The Parent Consent Form is included in this protocol. This is an effort to help provide remediation prior to the need of an IEP or 504.

Minimizing the Use of Seclusion

In cases where a student has a history of dangerous behavior harming themselves or others for which seclusion was considered or used as a last resort, a school should implement a BIP.

- *De-escalation techniques (e.g., nonthreatening body language and communication that includes simple one word or short phrases), and*
- *Evidence-based behavior interventions to prevent behavioral escalation that have previously resulted in the use of seclusion with the student.*

Seclusion should never be used for the purposes of discipline or as a punishment, to force compliance, or as a convenience for staff.

Minimizing the Use of Physical Restraint

In cases where a student has a history of dangerous behavior harming themselves or others for which physical restraint was considered or used as a last resort, a school should implement a BIP.

- *De-escalation techniques (e.g., nonthreatening body language and communication that includes simple one word or short phrases), and*

- *Evidence-based behavior interventions to prevent behavioral escalation that have previously resulted in the use of seclusion with the student.*

Physical restraint should never be used for the purposes of discipline or as a punishment, to force compliance, or as a convenience for staff.

District Policy and Procedures

CPI should only be used when a student is at imminent risk of harm to his/herself, other students or staff. Restraints are not to be used for discipline. Restraints are not to be used to protect items such as classroom supplies and equipment.

Only staff trained in CPI, CPR and First Aid will be authorized to restrain a student who is at imminent risk of harm to his/herself, other students, or staff.

Each site should have a minimum of 5 staff members trained to be on their CPI Team.

- The team should include administrators, special education teachers, and other staff deemed appropriate at each site.
 - Three CPI trained staff members must be present when approved restraints are used.
- Teams are to meet together a minimum of once per quarter to review the CPI techniques.
 - Each site team should determine a method to alert their CPI team when a crisis arises. This method of alert must be shared with your office staff and all site staff members at the start of each school year.
- It is recommended that some of the CPI Team members serve as a member on their site Safe and Healthy Fit Schools Committee.

If a student leaves the building depending on their age safety measures need to be taken which may include keeping them from crossing the street. Call the CPI team immediately to utilize approved holds to keep the student from crossing the street. Contact the District School Resource Officer (SRO) and parent. Avoid letting the student out of your sight. Follow at a safe distance until SRO, police or parent/guardian have arrived to help safely transition the student back to school.

Chickasha Public Schools does not have any Seclusion Rooms. This practice is prohibited in the District.

- Only cool down places will be allowed for safely removing a student to an area where the student is not at imminent risk of harm.

Procedures for when CPI authorized holds are used:

If a student poses an imminent risk of harm to his/herself, other students, and staff, the following procedures will be followed:

- The site CPI team will be called to the specified location.
- Remove all other students from the area.
- The CPI team will assess the situation and determine the appropriate action based upon their CPI training.
- A minimum of three (3) trained team members must remain with the student as long as needed.
- Don't hesitate to call law enforcement if needed.
- The student's parent or caregiver should be notified as soon as possible.

Once the situation is under control, the following procedures will be followed:

If restraint was used:

- The CPI team members will make a written statement of what occurred.
- The special education teacher on the team will complete the *SDE SECLUSION AND PHYSICAL RESTRAINT DOCUMENTATION FORM*.
 - Those involved in the restraint and staff witnesses will sign the *SECLUSION AND PHYSICAL RESTRAINT DOCUMENTATION FORM*.
 - This form is to be uploaded into EdPlan.
- Immediate attempts to reach the parent should be made - but no more than 2 school days after each physical restraint incident and prior to any extended breaks from school.
- The parent is to be given a copy of the *SECLUSION AND PHYSICAL RESTRAINT DOCUMENTATION FORM*.
- An IEP meeting may be needed to review the student's BIP and placement for any changes to placement or services.
- The contact must be logged into EdPlan under the *Contact Log*.
- A copy of all paperwork must be sent to the Special Education office within 2 days of the incident. Use the CPI Checklist as a cover sheet.

If restraint was not used:

- CPI team members and witnesses should make a written statement of the incident.
- The parent or caregiver should still be contacted.
 - If the parent cannot be reached, a method should be determined to ensure he/she is notified of the incident.
- This contact must be logged into EdPlan under the *Contact Log*.
- Develop a Written Notice to Parent and send it to the parents.
- A copy of all paperwork must be sent to the Special Education office within 2 days of the incident. Use the CPI Checklist as a cover sheet.

Prevention: Suicidal Ideation and Threats

Once a year, all schools will conduct an approved suicide awareness Professional Development. This will involve reviewing a competent community (a school community where all staff members are comfortable with their ability to identify students at risk of self-harm and act accordingly), what to do if a student becomes aware of a peer with harmful thoughts, and who to speak with. Each site will post the Suicide hotline numbers. Education and awareness is our best defense. The following are procedures for dealing with students who express a desire to harm themselves. When the risk of suicide exists, the situation must be managed by the designated staff. In cases of a suicidal risk, the school should maintain a confidential record of actions taken which will be recorded in purple file confidential folder. This will help assure that appropriate assessment monitoring, and support are provided as well as document the school's efforts to intervene and protect the student.

Suicidal risk during the school day:

- **Steps for School Staff/Teachers - Steps all staff shall take when addressing warning signs or managing student disclosures.**
 - During the school day, if at any point a staff member or student indicates or overhears another student is thinking of harming themselves, immediately contact site counselor or administrator. The site counselor or administrator will contact LPC, LPC-C.
 - Do not at any point leave the student alone. Take immediate action to move the student to a more private area and prevent access to potential weapons.
 - All staff members' responses will 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
 - Escort the student to the counselor's office.
 - Maintain a safe environment for all other students.
 - A Third Party Statement, Form C will be requested from the staff or teacher who reported the incident after evaluation by the LPC or LPC-C.
 - If the LPC/LPC-C are not available in person or virtually, the District Resource Officer will be contacted.

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 is important to empathize and connect with the person's feelings, stay calm and try to de-escalate the crisis.

- **Steps for LPC/LPC-C/Counselors/Administrators/Designated Staff:**

- The LPC or LPC-C are to be called and informed of the situation.
- If the reported incident is from another student overhearing, wait until the LPC or LPC-C performs their evaluation before calling the parents.
- The parents are to be called by the school counselor. Example statement: "Your son/daughter is safe. They are in my office. We need you to come to the school as soon as possible to visit with us."
- When the parent arrives, let the parent know that he/she is currently being evaluated by the LPC.

- **Assessment of Risk/Threat**

The site counselor/LPC will assess the seriousness of the threat. If there is even a question of risk, the student and the staff member involved must understand that the issue of confidentiality shall no longer apply. Ask the student about:

- What is going on in their life that makes them feel like dying?
- How long have they been having these thoughts?
- Do they have a plan?
- Have they rehearsed the plan?
- Do they have the means?

- **Parental Communication**

- If there are thoughts but no plan, contact the parent/guardian. Best practice is to have the parent/guardian come get the student so the child isn't left alone. This should be reviewed on a case-by-case basis. The LPC/LPC-C will have the parent/guardian sign Form A- Parental Notification Letter that they have been notified of their child's suicidal ideations. Before they leave, give them a form that lists resources if they want to pursue a more specific suicide intake.
- If there are thoughts and a plan, have the parent/guardian come to the school and meet with the LPC. The parent/guardian needs to sign Form B-Notification of Threat to Self indicating that the counselor has notified them of their child's

suicidal ideations as well as the student's plan Form C-Third Party Statement.

Give them the resources for a free suicide intake (strongly recommended).

- After contact is made with the parent/guardian, document the situation in the student's confidential counselor file.
- If the parent/guardian refuses to pick up and/or obtain services for their child, call DHS & local law enforcement, and file a report.
- After the initial crisis is over, the school counselor will follow up with the parents the following day.
- Discuss with the parent/guardian the school re-entry process upon release from medical professional and the importance of Consent for release of confidential information.

- **Steps for Re-Entry Into School:**

Prior to the student's return to school a Re-Entry meeting will be conducted with the Crisis Team and parent/guardian to discuss the student's well-being, whether mental health services were initiated, any next steps that the mental health agency recommended, and review the procedures for re-entry into school:

- The attendance secretary will monitor student attendance and keep the counselor posted.
- The counselor will contact the parents.
- Attendance (reason) will be noted in Wen-Gage (Handle with Care, etc...).
- The site counselor or LPC/LPC-C will contact the facility to introduce him/herself and request to be part of the discharge process.
- The attendance secretary will notify the school counselor if they notice a student has returned to school before a re-entry meeting has been held.
- The school counselor will request a meeting with the student, and his/her parent or guardian.
- The team will 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 may have, and any other suggestions from parents.
- The school counselor will verify that the parent signed Form B.
- The school counselor should obtain Form C from the parent/guardian which should be signed by the mental health provider who evaluated the child (strongly recommended).

- A medical authorization to release records to the school signed by the parent could be requested in certain situations allowing the school to be in contact with the mental health agency that is working with the student. OSDE Form Consent for Release of Confidential Information.
 - All accommodations will be documented.
 - The student's absences will be excused and credit will be given for work completed if a doctor's note/letter has been provided.
- **Follow Up:**
 - Follow up with the student who reported the incident. Assure them that the student is safe and they did the right thing by reporting. Parental follow up of the student who reported is also highly encouraged. Provide them with information on mental health support at school and in the community.
 - When the student with suicidal ideations returns to school, follow up that day. Remind them that the counseling office is a safe place to be and you are there for them if they need help. Also, speak with the student about who their trusted adult is. (See "Steps for Re-Entry Into School")
 - A designated staff person shall periodically check-in with the student to help with readjustment to the school community and address any ongoing concerns, including social or academic concerns.
 - It is suggested that the school counselor will periodically check in with the parents to update progress or concerns.
 - The counselor will meet to share information about curriculum and social concerns to the appropriate faculty prior to the student's return.
 - The school counselor shall be available to teachers to discuss any concerns they may have regarding the student after re-entry.

Suicidal Risk in the evening or while a child isn't at school:

If it is brought to the knowledge of a school employee that a child is at risk, notify your school administrator or counselor. The administrator will contact 911 and request a welfare check. Contact the parent to inform them of the concern and that a call has been made.

Prior to returning to school a Re-Entry meeting will be scheduled to discuss the child's safety and needs. Contact with the parent/guardian must be made prior to the re-entry meeting.

Line of communication:

- Staff will contact the site counselor or administrator
- Call 911 to request a welfare check
- Contact parent/guardian
- Follow-up with a DHS Report if needed
- Schedule a Re-Entry meeting.

INTERVENTION: SUICIDE ATTEMPT

During the school day, if a school/staff member becomes aware of a student who has attempted suicide on school property, **DO NOT LEAVE THE STUDENT ALONE, ENSURE HE/SHE IS IN A SAFE LOCATION AND DOES NOT HAVE ACCESS TO ANY OBJECT THAT CAN CAUSE HARM.**

- Notify the administrator and he/she will determine the next step in the process. (call 911, LPC/LCP-C, initiate lockdown procedures in order to verify everyone's safety and clear the halls, etc.)
- Parental/Guardian Communication: The parent/guardian must be notified as soon as possible by designated personnel (administrator, counselor or nurse).
 - Parent/Guardian must come get their child or if it is a situation where 911 has been called, the parent/guardian will meet the school official at the emergency room.
 - If the student leaves with the parent/guardian Form B: Threat to Self will be given to and signed by the parent acknowledging the student's at-risk behavior.
- Once the student is safe, the administrator needs to contact District Administration.
- Always document what happened with the student, the steps the school official took and a summary of the contact with the parent/guardian in EdPlan under Contact Log and follow-up with a Written Notice To Parent. This is to safeguard you in case the forms listed above were not filled out. Note: Statements should be brief and factual noting the steps the school took.
- Prior to the student's return to school a Re-Entry meeting will be conducted with the Crisis Team and parent/guardian to discuss the student's well-being, whether mental health services were initiated, any next steps that the mental health agency recommended, and review the procedures for re-entry into school:
 - A medical authorization to release records to the school signed by the parent could be requested in certain situations allowing the school to be in contact with the mental health agency that is working with the student. OSDE Form Consent For the Release of Confidential Information.
 - The student's absences will be excused and credit will be given for work completed if a doctor's note/letter has been provided.
 - In the event that another person was threatened or a weapon was brought, the school's approach may be altered to match other policies and procedures.
 - Teachers who have daily contact with the student will be notified.
 - Identify a trusted adult the student can meet with.

- Staff meeting: A meeting with all staff is advisable as soon as possible at the principal's discretion.
 - Inform staff of facts (at the discretion of the principal)
 - Allow time for staff to ask questions or express concerns.
 - Remind staff of possible contagion effect and advise teachers to watch for "at risk" students. Also, review what those at-risk behaviors are. Review attendance policies and procedures, if needed.
 - Counselor/Administrator will compile a list of students who are close to the attempter and a list of staff that had contact with the attempter that day.
 - Those individuals on the list should be provided with information regarding counseling and support services
 - Provide information regarding counseling/support opportunities for students and staff
- Have designated staff members available to speak with the students/staff.
- If there is any intervention done, include the information in the student's purple folder and communicate needed information to the receiving school within the district in order to follow up with the student.

Intervention regarding staff member

- If the school becomes aware of a staff member contemplating suicide, notify the school principal.
- The District LPC/LPC-C will speak with the staff member if suicidal ideations are present.
- The principal will notify the emergency contact person listed on their staff information sheet.
- The staff member should be encouraged to leave with the emergency contact or go with another staff member to a mental health facility or local emergency room.
- If the staff member refuses to get help from a mental health facility and there is a plan and means, call 911 because they are a danger to themselves.
 - Do not allow the staff member to go back to class.

POSTVENTION: AFTER A STUDENT DEATH BY SUICIDE

The building crisis team will direct all steps in this procedure, and will document every step in the handling of information about the suicide. The following steps will be taken to ensure privacy and appropriate follow up for all students and staff members.

- **Parental Communication** – Contact with the parent/guardian should be made by the building principal or a member of the crisis team. This person will offer support to the family, letting them know specifically the services to which the school can refer the family to as well as services the school can offer any siblings in the school system. Ascertain any information that the family wants to make known, such as funeral arrangements, visitations, etc.
- **Parental Permission** – It is the parent/guardian decision as to exactly what is to be said about the death. If they don't want the death labeled suicide, that is their right.
- **Notifications** – Notify the following:
 - Superintendent
 - School Board Members
 - Schools attended by siblings
 - Neighboring Schools districts if deemed advisable
- **Communication to Staff** – Staff will be notified through emergency meeting
- **Staff meeting** – A meeting with all staff is advisable as soon as possible. At this meeting:
 - Inform staff of facts.
 - Allow time for staff to ask questions or express concerns
 - Review attendance procedures to ensure students are where they are supposed to be (limiting opportunity of contagion).
 - Review staff of possible contagion effects and advise teachers to watch for "at risk" students. Also, review what those at risk behaviors are.
 - Compile a list of students who are close to the student.
 - Compile a list of staff that had contact with the student that day.
 - Provide information regarding counseling/support opportunities for students and staff

- **Staff Memo** – Each building principal with the collaboration of the Superintendent and/or designee will determine the best way to disseminate information to all staff members regarding the details of the death. The principal/superintendent will draft a document and will determine how the information will be disseminated.
 - The memo should state the information available at the time. It should only state that this was a tragic death. It should also include the names of individuals designated to provide support and counseling to students.
 - The District will provide additional caring professionals to provide students the opportunity to ask questions or express their feelings.
 - Special care and support should be given to staff members close to the student.
 - Explain to students what to expect as they grieve (feeling angry, guilty, shocked, anxious, lonely, sad, numb.) Ensure students understand there is no right way to grieve.
 - Reorient students to ongoing classroom activities.

- **Provide Care to other Students** – Have designated staff talk with the most profoundly affected students to determine the type of support needed.
 - Designate a space for peers to receive support services.
 - Members of the building crisis team should spend time in the classroom(s) of the deceased to be ready to provide support for classmates. This may also help identify students who may be ‘at risk.’
 - Reschedule any immediate stressful academic exercises or tests whenever possible.
 - Follow up with parental contacts and referrals if necessary.

- **Provide Care to Staff Members** - We cannot forget to support and assist our staff members. Have designated mental health providers to talk to and support staff.
 - Designate a space for staff to receive support services.
 - Provide follow-up support as needed.

- **Parent Notification** – Send a letter home to parents/guardians with notification of the event.
 - Offer the following resource information:
 - Warning signs for students who may have suicidal ideations.
 - Supportive services available to students at the school.
 - Community resources they may wish to utilize.
 - How to respond to students' questions about suicide.
 - Remind them of their child's special needs during this time.
- **Funeral Arrangements** – Provide information about visiting hours and funeral arrangements to staff, students, parents/guardians, and community members. Funeral attendance should be in accordance with the procedures for other deaths of students.
 - Arrange for students and staff to be excused from school to attend the funeral if necessary.
 - In order to avoid glamorizing the death, do not fly the school flag at half-mast.

District and Community Resources

District Resources

Each site has designated at least one school counselor to provide resources to students/family along with the District Licensed Professional Counselor (LPC) and a Licensed Professional Counselor-Candidate (LPC-C). In addition, the district has a collaboration with OKDHS for a School Based Social Worker.

- School counselors may provide a list of local community counselors and/or agencies.

Certified Community Behavioral Health Clinics (CCBHC)

In accordance with 70 O.S. 24-159, Chickasha Public Schools will collaborate with Red Rock Behavioral Health Services to provide mental health crisis response. Chickasha Public Schools will communicate with Red Rock Behavioral 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 designated as 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.

Southwest Youth and Family Services

Outpatient Treatment - Integrated - Alcohol and Other Drugs / Mental Health (Adults, Children and Adolescents). 405-222-5437. Email: reception@swyouthandfamily.com

Additional Resources

A list of additional resources are included in the Appendix

Mental Health Partnerships and Requirements

Chickasha Public Schools will have 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.

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

Chickasha Public Schools will submit the latest protocol and working agreements to the State Department of Education (OSDE), all revisions to the protocol and working agreements will require updated submissions to OSDE.

Chickasha Public Schools and partnering mental health provider(s) conduct a joint review of the protocol and related working agreements every two years and consider any updates to better meet student needs. Oklahoma Mental Health Legislation requires districts and providers to include information collected from the Oklahoma Prevention Needs Assessment (OPNA) survey, or an approved alternative survey, as part of the review process.

The “Oklahoma Prevention Needs Assessment” means 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 shall maintain the Oklahoma Prevention Needs Assessment and shall provide technical assistance for schools in survey administration, reporting, planning and development of school mental health prevention and intervention strategies informed by 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 the Department of Mental Health and Substance Abuse Services.

Chickasha Public Schools will administer beginning in 2022-2023 school year, and biennially thereafter, the Oklahoma Prevention Needs Assessment Survey, or an alternative survey supporting 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.

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 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.



Parental Notification Letter

Date: _____ School: _____

I, or we, _____
the parent(s)/guardian(s) of _____
were involved in a conference with school personnel/district licensed professional counselor on this date. We have been notified that our child has expressed thoughts of self-harm or has engaged in self-harming behavior. We have been provided with a safety plan and a list of community resources for psychological or psychiatric consultation. We understand that accessing mental health treatment is our choice and responsibility as the parent/guardian of this child.

Parent or Legal Guardian

Parent or Legal Guardian

School Personnel

Title

Resources

Reference list available upon request

Suicide Prevention Lifeline: 1-800-273-TALK (8255) - 24 hour suicide prevention hotline

Oklahoma Resource Hotline: 211 (call for any needs)

Mental Health Liveline: 988

Form A: Ideation



Notification of Threat to Self

Date: _____ School: _____

I, or we, _____

the parent(s)/guardian(s) of _____

were involved in a conference with school personnel/district licensed professional counselor on this date. We have been notified that our child has expressed thoughts of self-harm with a plan and intent to act on thoughts or has engaged in self-harming behavior deemed life threatening. I have been advised to seek the services of a mental health agency and to not leave my child alone for a minimum of 24 hours. I have been provided with a safety plan and a written statement of what the child reported. I understand a follow up check by school personnel will be made with my child, the treating agency, and me within two weeks of this date. A medical release from a licensed M.D., Ph.D., Psy. D., or D.O. stating that my child has been evaluated must be presented to the school counselor, administrator, or nurse when my child returns to school is strongly recommended.

I acknowledge that the school personnel/district licensed professional counselor has notified me of my student's self-harming behavior and recommends I take my student for a follow-up evaluation.

Parent or Legal Guardian

Parent or Legal Guardian

School Personnel

Title

Resources

Children's Recovery Center: 405-364-9004, 320 12th Avenue NE Norman, OK

St. Anthony's Hospital: 405-272-7000, 1000 N. Lee Avenue OKC, OK

Suicide Prevention Lifeline: 1-800-273-TALK (8255) - 24 hour suicide prevention hotline

Oklahoma Resource Hotline: 211 (call for any needs)

Mental Health Liveline: 988

Form B: Threat



Physician/Mental Health Professional Third Party Statement

Date: _____ School: _____

To the attending Physician/Mental Health Professional:

_____ has been referred to you for a mental health evaluation for the following reasons:

If you have any questions or need additional information before assessing this student, please call _____ at _____.

Please sign this form to indicate that you are aware of the reasons for the referral. The parent/guardians must return this form to the school.

I have seen this student and determined at this point in time the student
IS or IS NOT any threat of harm to self or others. (Please circle one.)

Licensed Mental Health Professional

Date

Print Name and Title

Phone Number

Form C: Third Party Statement



CHICKASHA PUBLIC SCHOOLS
Parent Consent for Assessment

Student Name _____ Date _____

School _____

Following a discussion with school personnel acquainted with my child, I authorize Chickasha Public Schools personnel to conduct an assessment of my child's behavior at school. I understand that the purpose of the assessment is to try to determine the circumstances under which my child engages in behaviors of concern at school. I also understand that the information gathered through the assessment will be used to develop a plan to help my child learn and practice appropriate behaviors to replace the behaviors of concern. I understand that the assessment may include the following types of evaluation procedures conducted by school personnel:

Evaluation Procedures

Person Responsible

_____	_____
_____	_____
_____	_____
_____	_____

I understand that after the assessment is completed, I will have the opportunity to meet with school staff members to review the results of the assessment and develop a plan to address the behaviors of concern.

By signing this form, I consent to the District's assessment of my child as described above.

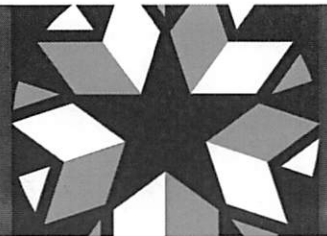
_____ Date _____

Parent Signature

Parent Name (printed)

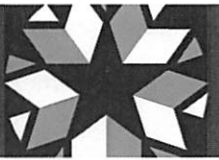
Form D: Non-IDEA or 504 Parent Consent for FBA/BIP

STUDENT RE-ENTRY PLAN



STUDENT INFORMATION									
Student:					ID:		Grade:		
Person Completing Form:									
Meeting Date:					Date Returning to School:				
Length of time out of school:									
Signed release of information from mental health provider					Yes	No			
Mental health provider present (if yes, provide name)					Yes	No			
Parent/Guardian present					Yes	No			
Student Safety Plan (must complete before re-entry)					Yes	No			
Student on 504 plan or IEP					Yes	No			
Daily check-in upon Reentry		Yes	No	With whom:			AM	PM	Both
Family Concerns									
Academic Concerns									
Re-entry Conference (Names & titles of all present)									
Modification on course assignments (list course and if assignments can be modified) List modifications on back									
Course	Can assignments be modified?			Can assignments be modified?					
	Yes	No		Yes	No				
	Yes	No		Yes	No				
	Yes	No		Yes	No				
	Yes	No		Yes	No				

STUDENT RE-ENTRY PLAN



RE-ENTRY PLAN COURSE MODIFICATIONS FOR

Course	Teacher
Modification	
Course	Teacher
Modification	
Course	Teacher
Modification	
Course	Teacher
Modification	
Course	Teacher
Modification	
Course	Teacher
Modification	
Course	Teacher
Modification	
Course	Teacher
Modification	





**STATE OF OKLAHOMA STANDARD FORM
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

I understand that these records are protected under Federal and State confidentiality regulations and cannot be released without written consent unless otherwise provided for in the regulations. Federal regulations prohibit further disclosure of the records without specific written consent, or as otherwise permitted by such regulation. I also understand I may revoke this consent in writing at any time unless action has already been taken based upon this consent and in any event this consent expires one year from the date of signature.

AUTHORIZING PERSON -- ☐ CHILD ☐ PARENT ☐ GUARDIAN ☐ LEGAL CUSTODIAN ☐ OTHER
request that information concerning: _____

NAME OF CHILD

DATE OF BIRTH

SSN

be released and authorize

NAME OF PERSON OR AGENCY RELEASING INFORMATION _____

ADDRESS OF PERSON OR AGENCY RELEASING INFORMATION: INCLUDE STREET ADDRESS/P.O. BOX, CITY, STATE AND ZIP

to release to:

NAME/AGENCY

NAME/AGENCY

NAME/AGENCY

ADDRESS

ADDRESS

ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

CITY, STATE, ZIP

the following information: _____

KIND AND/OR EXTENT OF INFORMATION TO BE RELEASED

for the following purpose(s): _____

If the records to be disclosed are education records (which may include discipline records), they are maintained and released in accordance with the Family Educational Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Redisclosure, except as provided at 34 CFR § 99.31, requires prior consent of parents or eligible students.

THE INFORMATION I AUTHORIZE FOR RELEASE MAY INCLUDE INFORMATION THAT COULD BE CONSIDERED INFORMATION ABOUT COMMUNICABLE OR NONCOMMUNICABLE DISEASE, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA AND THE HUMAN IMMUNODEFICIENCY VIRUS, ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS).

☐ NOTARY:

(Notary)

Subscribed and sworn to me _____ 20____

My commission number _____

My commission expires _____ 20____

Notary Public
(or Clerk or Judge)

(signature of person(s) authorizing release)

(date)

☐ AGENCY VERIFICATION IN LIEU OF NOTARY:

(staff signature and title)

(date)