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**Mental Health Toolkit**



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Mental Health Resource

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# Toolkit Overview

This CSI Mental Health Toolkit was designed to be a “jump-start” for mental health services for charter schools who are looking to become vibrant, socially-emotionally aware academic communities. Often, charter schools operate with underfunded budgets and well-meaning staff performing multiple roles with limited resources. This Mental Health Toolkit will be a “quick-start guide” to starting and maintaining high level mental health services that will lead to academic and personal success for all students. We know that attending to mental health needs for students lead to the best outcomes for all students and attending to mental health in specific areas like bullying, special education, threat and suicide assessment and referral systems, is the law. This toolkit also intends to be a resource for schools to locate in one place, the legal standards (if applicable), best practices, promising and innovative practices from schools, and procedure examples where appropriate.

*CSI seeks to ensure its resources are as accessible as possible. If you experience any difficulty in accessing a resource, please reach out to* [*Communications\_CSI@csi.state.co.us*](mailto:Communications_CSI@csi.state.co.us)

**Common Abbreviations**

504-Referring to Section 504 of the Americans with Disabilities Act that allowed discrimination against people with disabilities in the public sector, including education

ASCA-American School Counseling Association

CASEL-The Collaborative for Academic, Social, and Emotional Learning

CDE-Colorado Department of Education

CPI-Crisis Prevention Institute

CSI-Charter School Institute

DORA-Colorado’s Department of Regulatory Agencies

HB-House Bill

IEP-Individual Educational Plan

MTSS-Multi Tiered Systems of Support

McKenny-Vento-Name of Act that provides rights & resources to students without stable housing

NASP-National Association of School Psychologists

PBIS-Positive Behavior Intervention System

PD-Professional Development

RtI-Response to Intervention

SB-State Bill

SEL-Social Emotional Learning

SSP-Special Service Provider

SSWAA-School Social Work Association of America

UIP-Unified Improvement Process

# Mental Health Program Plan

**Legal Implications:**

Schools are required to submit Mental Health Program Plan assurances and are required to meet each of the required elements within the assurances.

**Best Practices:**

All assurances and areas on the Mental Health Program Plan are based on Colorado State Law and updated Best Practices. Each subject area has an updated summary of best practices.

**Research Implications:**

See each area of the Mental Health Program Plan.

**Promising Practices:**

Using real practices from our real schools, we have provided exemplars for large schools, small schools and preschool/early childhood programs. Each exemplar is a Mental Health Program Plan that addressed each area (Human Resources, General Procedures, School Safety and Crisis Response & Relevant Training) with clear and succinct answers, including optional areas such as School Climate and Wellness. Each exemplar described a clear mental health plan that incorporated a data-driven tiers of support, protocols for accessing services, a teaming framework for including staff, students and families into the well-being practices that do not overburden the licensed mental health professionals.

[Large School Exemplar](file:///J:\School%20Programs\Mental%20Health\Mental%20Health%20Program%20Plan\School%20Plans\Large%20Charter%20School%20Mental%20Health%20Plan%20Exemplar.pdf)

[Small School Exemplar](file:///J:\School%20Programs\Mental%20Health\Mental%20Health%20Program%20Plan\School%20Plans\Small%20Charter%20School%20Mental%20Health%20Exemplar.pdf)

[Early Childhood Exemplar](file:///J:\School%20Programs\Mental%20Health\Mental%20Health%20Program%20Plan\School%20Plans\Early%20Childhood%20School%20Mental%20Health%20Plan%20Template.docx)

**Procedures:**

Beginning August 1, 2023, schools will be required to submit a Mental Health Program Plan with their organizational submissions and update it periodically for changes to their mental health services. Every new school will be required to submit a mental health program plan in their Year 0 process. The Mental Health Program is meant to be a repository where schools can clearly delineate their legal and best practices, as well as detailed support needed to meet these expectations. During the 2022-2023 school year, regular training was provided to help schools complete each area of their plan.

Starting in June of 2025, new schools will be asked to submit assurances that they are meeting their legal obligations with respect to the areas of mental health.

[Mental Health Program Plan Assurances](../Downloads/Mental%20Health%20Program%20Plan%20Assurances%202025%20-%202.23.25%20(1).docx)

**Mental Health Program Plan Trainings**

[Referrals & Recordkeeping Guidance](https://resources.csi.state.co.us/wp-content/uploads/2023/10/Recordkeeping-Referrals.docx) [[Slides](https://resources.csi.state.co.us/wp-content/uploads/2023/07/MHPP-Training-Referrals-Recordkeeping-23-24.pptx)] [[Webinar](https://us02web.zoom.us/rec/share/WillRR2WrWy-TSbHbvKmA2yZz8rS3cMUAh8FBMrceGUmZ3F6BMaTC-4rr23wdHDL.cbS-XMpkK4WhHqRD?startTime=1678203196000)]

Social Emotional Learning [[Slides](https://resources.csi.state.co.us/wp-content/uploads/2023/07/MPP-Training-Social-Emotional-Learning-23-24.pptx)] [[Webinar](https://us02web.zoom.us/rec/play/G5VALLe5O0viKK5hJVQqQn9ZoBQ6_YtH2Z6ApE4lyU6yeyv7tmEJTV23AGVnxLvUw79IowVCcv2rbh6R.yAONd4vr2TSdPEAk?canPlayFromShare=true&from=share_recording_detail&startTime=1677079981000&componentName=rec-play&originRequestUrl=https%3A%2F%2Fus02web.zoom.us%2Frec%2Fshare%2FTYICkYOdAZfh-5ia1bCjTv7COAP3NsNg_lFwG2R_3m6zpoO18hwvU83STWJaPlpi.guBvRFG2dqUDW_zi%3FstartTime%3D1677079981000)]

School Safety & Emergency Preparedness [[Slides](https://resources.csi.state.co.us/wp-content/uploads/2023/07/MHPP-Training-ER-Preparedness-School-Safety-23-24.pptx)] [[Webinar](https://us02web.zoom.us/rec/share/MD_YTYbN4eQ171aKJKbKYaXIVPFLFum7At09Rdy6E4cPW1bvaU6M3pSSD8wQgJd5.wPOSQDdw6eFZlpQF?startTime=1673537631000)]

Screenings & School Climate [[Slides](https://resources.csi.state.co.us/wp-content/uploads/2023/07/MHPP-Training-Screenings-and-School-Climate-23-24.pptx)] [[Webinar](https://us02web.zoom.us/rec/play/vIFtGSt7QFhVv8MrTklCwXJLAMvrSSP7k4mlbXjE-jYE8GPaTgAnrZWX_DtPYZURjsyuBEYxj3Clmkon.3jCObFj9wNqCJivO?canPlayFromShare=true&from=share_recording_detail&startTime=1670513632000&componentName=rec-play&originRequestUrl=https%3A%2F%2Fus02web.zoom.us%2Frec%2Fshare%2F43SoweVqWRZg3v2wpcvUx3LFRjhTo0uQaBof-hnGAfJ55XqwFStibXDRdn70rYEW.v7rsrDHPTX314Pfg%3FstartTime%3D1670513632000)]

Crisis Response [[Slides](https://resources.csi.state.co.us/wp-content/uploads/2023/07/MHPP-Crisis-Response-23-24.pptx)] [[Webinar](https://us02web.zoom.us/rec/play/Kse2gA4cCpii49TNUj70rZBmbscYptfLM90zT7V05LocpaTdwsSsSdN58b8Fw0-r-xzOTLbLb_GMqfMf.xFQIpSWG3nc6--Zg?canPlayFromShare=true&from=share_recording_detail&startTime=1668094427000&componentName=rec-play&originRequestUrl=https%3A%2F%2Fus02web.zoom.us%2Frec%2Fshare%2Fb0eDYT-rw0kc362WLDwfpPAkBNGa0nvkDWwDVxrIRukoKXlGjE_0qAPmG-Zv0Umw.DOahY4e_twessIvG%3FstartTime%3D1668094427000)]

Communication & Training [[Slides](https://resources.csi.state.co.us/wp-content/uploads/2023/07/MHPP-Training-Communication-Training-23-24.pptx)] [[Webinar](https://us02web.zoom.us/rec/play/R-6JdzKL-l2jW-Uzo0fpQI73eBfzGI0hv2HK5ji1LDapBIPTR5gSWPJrEdXXqzFYsqSzf-FnwTIFmlrP.XFbNsfzIbUy82TWG?canPlayFromShare=true&from=share_recording_detail&startTime=1665671493000&componentName=rec-play&originRequestUrl=https%3A%2F%2Fus02web.zoom.us%2Frec%2Fshare%2FLuKGR272pU6gjRFtHvmrcLeq-IEW3OtQis1GJYPcdwrZrA4ksznq_XW2X-ziT-Wu.bjupVg3ZBQRDEL3p%3FstartTime%3D1665671493000)]

Human Resources [[Slides](https://resources.csi.state.co.us/wp-content/uploads/2023/07/MHPP-Training-Human-Resources-23-24.pptx)] [[Webinar](https://us02web.zoom.us/rec/share/4LBulTRfMLXWc9CED6dJtYTfFwOYFO0_HojnU7zK90ALLJpR6REq1UYVwDtGEuGS.UtTyMsQNiHYpluMI?startTime=1662648482000)]

# School Mental Health Professionals Employment Resources

**Legal Implications:**

Schools are required to adhere to the guidelines set forth in the [Colorado Mental Health Practice Act](https://sehd.ucdenver.edu/cpce-internships/files/2010/08/Statute.pdf). In 2023, the Colorado Senate passed [SB 23-004](https://leg.colorado.gov/sites/default/files/2023a_004_signed.pdf) which set forth a pathway for DORA licensed clinicians to work in schools if certain conditions are met. In 2024, CDE, in their [Employment of School Mental Health Professionals in School Guidance Document,](https://www.cde.state.co.us/cdesped/employment-of-schoolmentalhealthprofessionalsinschoolguidancedocument_sb-004) defined these conditions as practicing within their scope of competence, supplementing and supporting the services of SSPs, must be appropriately and adequately trained and must be supervised from an SSP with a school counselor endorsement or an administrator license.

**Best Practices:**

According to the Mental Health Practice Act, anyone working in the area of mental health should be licensed or appropriately supervised by a licensed professional. If an in-person supervisor cannot be found, attempts to find a licensed professional that can provide virtual supervision should be sought. ***Due to the intensive and individual nature of this requirement, CSI does not provide supervision support to CSI school staff members but are available for consultation to locate an appropriate supervisor.***

**Research Implications:**

Clinicians providing mental health services must be licensed or supervised by an appropriate licensed professional.

**Promising Practices:**

A powerful example of leveraging our competence and reducing barriers for trained clinicians who had difficulty accessing licensure was CSI’s relationship of establishing the programming with [SparkHealthCorps](https://www.sparkthechangecolorado.org/sparkhealthcorps.html). This initiative is strategically designed to enhance mental health support within K-12 education, particularly focusing on schools with limited resources. Our program emphasizes the development of a robust systemic wellness framework, culturally attuned social-emotional learning, active family and parental involvement, and ethical crisis management. Other schools have found success in applying to the [School Counselor Corps Grant Program](https://www.cde.state.co.us/postsecondary/schoolcounselorcorps) and the [School Health Professional Grant Program](https://www.cde.state.co.us/healthandwellness/shpg).

**Procedures:**

One of the first questions to ask is what kind of mental health professional we need in our academic community. CDE has three licensable positions that can help meet the mental health needs in your community, and their own specific knowledge may vary greatly based on their education and training.

It might seem confusing, and we recommend looking at this document: [Roles of Mental Health Staff](https://resources.csi.state.co.us/wp-content/uploads/2022/07/Roles-of-Mental-Health-Staff.pdf), which outlines the overlapping roles of key mental health staff in order to help you decide what kind of mental health staff you are hiring for.

Please note that having a licensed mental health professional to provide mental health minutes on IEPs, conduct social emotional and/or cognitive assessment & conduct suicide assessment is required by law. Newly passed [SB23-004](https://leg.colorado.gov/sites/default/files/documents/2023A/bills/2023a_004_01.pdf) allows schools to hire licensed mental health professionals regardless of their ability to obtain a CDE credential. However, licensed mental health professionals that do not apply for a CDE credential or are not eligible for a CDE credential **must** be supervised by a CDE credentialed SPED Director or School Counselor with expertise in their subject area. Staff members who are not licensed may not carry out mental health or SPED tasks.

## Testing for Mental Health Services

School Mental Health Clinicians should be appropriately trained in social, emotional, and behavioral testing before being involved in an evaluation process. If there is training needed for a staff member to increase or develop their testing skills so they can be a more robust member of the evaluation team, please contact us to explore individual training options with respect to social-emotional assessment.

**Interview Questions**

Here are some job postings we have put together for you, as well as interview questions to help guide your way. If you would like us to help sit in on an important interview, or if you’d like to consult us about helping define your needs, we are here to help!

[School Psychologist](https://resources.csi.state.co.us/wp-content/uploads/2023/07/Interview-Questions-School-Psychologist.docx)

[School Counselor](https://resources.csi.state.co.us/wp-content/uploads/2023/07/Interview-Questions-School-Counselor.docx)

[School Social Worker](https://resources.csi.state.co.us/wp-content/uploads/2023/07/Interview-Questions-Social-Worker.docx)

## School Psychologist

NASP recommended staffing is 1:500-750, depending on need, severity, and duties.

As of 2022, there is a state of emergency for the availability of school psychologists in every state except for New Mexico & New Hampshire that have a different staffing model than other states. This is driving up salaries for school psychologists, and the availability of school psychologists is very low. For some schools, using a contract for services may be the only way to meet the needs of your school for the time being.

2020 Median salary=$80k; low 25th percentile $61k, high 75th percentile $105k

The term “school psychologist” encompasses both doctoral level and master’s level school psychologists and the range of salary may be related to their level of expertise.

## School Counselor

ASCA recommended staff is 1:250, depending on need, severity, and duties.

Other professions such as ‘counselors’, professional counselors’, or ‘therapists’ cannot practice in schools unless they have met the criteria to be a school counselor **and** have a special service provider license from the CDE. A DORA license is NOT enough for a counselor to practice in schools unless they have appropriate supervision.

2020 Median salary=$58k; low 25th percentile $45k, high 75th percentile $76k

## School Social Worker

SSWAA recommended staff is 1:250, depending on need, severity, and duties.

Other kinds of social worker positions like ‘social worker’, ‘clinical social worker’, ‘family social worker’ or ‘case worker’ cannot practice in schools unless they have met the criteria to be a school social worker **and** have a special service provider license from the CDE. A DORA license is NOT enough for a social worker to practice in schools unless they have appropriate supervision.

2020 Median salary=$58k; low 25th percentile $45k, high 75th percentile $72k

## Interns

As of 2022, CSI has relationships with the University of Denver, AmeriCorps, and the University of Northern Colorado to place interns in our schools across the state. Interns require a CDE licensed mental health provider who can provide supervision. Some schools do not require the supervisor to be on site with the intern, but the supervisor does need to be reachable for the intern and needs to know what the crisis procedures are. Interns cannot complete all duties with supervision but can complete duties they have been trained on with support. Please contact us if you’re interested in having interns on your campus.

**Temporary Educator Eligibility (TEE)**

Here is the language about TEE you could include on job listings:

If you have an advanced degree in mental health or a related field, or have a non-traditional license, we encourage you to apply to our position. If you do not have a current CDE SSP license, eligible candidates may receive a one year renewable [Temporary Educator Eligibility (TEE)](https://www.cde.state.co.us/cdeprof/authorization_tee_faq) through the CDE licensing process. Tuition assistance programs are available for candidates with a TEE. We support eligible candidates on a TEE with appropriate supervision while making progress towards obtaining the CDE license.

[ERR Grant](http://www.cde.state.co.us/educatortalent/errprogram)

[CO Center for Rural Ed Stipends](https://www.unco.edu/colorado-center-for-rural-education/stipends/special_services_provider_stipend/)

# Communications

**Legal Implications:**

Schools must provide crisis information to students and parents.

**Best Practices:**

Schools can effectively communicate with parents using positive, strength-based messaging, by establishing multiple platforms such as highlights in school newsletters, emails about upcoming events and how to access resources, social media celebrations of mental health awareness days, and mental health presence/support during in-person events such as back-to-school nights, resources fairs and parent/teacher conferences. Having a dedicated mental health section on the school website can provide families with important resources, contact information, and details about upcoming events.

**Research Implications:**

Multiple meta-analyses of school belongingness (defined as "the extent to which students feel personally accepted, respected, included, and supported by others in the school social environment) have shown that parental communication and support increases students’ perceptions of school belongingness [What Schools Need to Know about Fostering School Belonging: A Meta-Analysis, Educational Psychology Review, 2016].

**Promising Practices:**

New Legacy Charter School advertises their mental health policies and procedures in different formats at different times throughout the year. At the beginning of the school year, New Legacy schedules specific staff professional development time to review yearly updated policies and procedures for mental health. Staff share information with students during presentations while in classroom, and reaffirm this training by having booths of mental health information during family and community fairs. Staff also mount posters throughout the school, and provide text updates to students, staff and families throughout the year regarding mental health resources.

**Procedures:**

## Student Identification Cards

In 2022, [HB 22-1052](https://leg.colorado.gov/bills/hb22-1052) passed to required crisis information on student identification cards. Schools who have student identification cards must have Colorado Crisis AND Safe2Tell information on the back of every student identification card. Schools that do not have student identification cards must display AND advertise Colorado Crisis information​ at least at the beginning of each year.

## Advertising Mental Health Services

Once you have staff hired, how will you advertise mental health services to your: staff, students, families?

Here are some suggestions:

* Did you know that we have supports at school for students to: learn coping skills, manage their stress, calm down in crises, navigate peer conflict and understand their emotions? We have [list positions you are hiring] available [what days are they available] for [recommended all students, but let people know what student populations are included if you have decided to limit access to your mental health clinicians] at [describe where the clinician(s) are located].
* Did you know that students that have access to high quality Social-Emotional Learning demonstrate long-term improvements in prosocial behavior, academic performance, and skills & attitudes?[[1]](#footnote-1)
* Did you know that students that have access to high quality Social-Emotional Learning demonstrate 11 percentile point gains on standardized achievement tests?[[2]](#footnote-2)
* Raising kids can be tough! We have resources available at school so that students can access help if needed. We always want to be great partners with our families to help our students be as successful as they can and understand that some of our students need some privacy when it comes to their health to help figure out how to talk to their parents about tough subjects. Sometimes students may be embarrassed, ashamed, or scared to talk to parents about some issues and we have [list positions you are hiring] available [what days are they available] for [recommended all students, but let people know what student populations are included if you have decided to limit access to your mental health clinicians].

## Social Media Posts Calendar for Advertising Mental Health Services

* There are a ton of ideas in this [social media post calendar](https://resources.csi.state.co.us/wp-content/uploads/2023/07/Key-Dates-Social-Media-Posts-Calendar.docx) that you can use to highlight important days, weeks, or months to areas of mental health awareness.
* Use this calendar, or add to it with your own important dates, or make your own!

## Other Communication Examples

For some breaks are a time to look forward and reflect, and for others, breaks might bring additional stress. Sometimes it can be hard to find help during breaks, so here are some resources in case things are tough:

If you are concerned that your student may be experiencing changes in their mood or experiencing suicidal behaviors or thoughts, please remember to:

* Stay with the student until you are sure they are safe.
* If there is an immediate threat to your student or other students, call 911.

*Local Immediate Crisis Resources:*

* Colorado Crisis Services Line, 1-844-493-TALK (8255): This 24/7 toll-free hotline is available 365 days a year for anyone affected by a mental health, substance use or emotional crisis. All calls are connected to a mental health professional that will provide immediate support and connections to further resources.
* Crisis Text Service: Anyone can text the word TALK to 38255 anytime, from anywhere in Colorado about any type of crisis. This feature is available 24/7. Visit [Colorado Crisis Services](http://www.coloradocrisisservices.org/) for more information.
* Colorado Crisis Walk-In Locations: Walk-in crisis service locations are open 24/7 and offer confidential, in-person crisis support, information and referrals to anyone who needs it. Walk-in locations can be found on the Colorado Crisis Services website at [ColoradoCrisisServices.org](http://www.coloradocrisisservices.org/).
* Crisis Chat Service: On [ColoradoCrisisServices.org](http://www.coloradocrisisservices.org/), individuals can chat with specialists for online emotional support, crisis intervention and suicide assessments. This feature is available from 4 p.m. to midnight, seven days a week.
* Safe2Tell: Call 877-542-7233, text S2T to 274637, download Safe2Tell app, or visit [S2T CO | Make a Call. Make a Difference (safe2tell.org)](https://safe2tell.org/home)
* (National) Suicide/Crisis Lifeline: 800-273-8255

# Education/Training

**Legal Implications:**

Annually, all schools must complete: Mandatory Reporting Training, Bullying Prevention Training (for both staff and students), Crisis Prevention & Management Training (for both staff and students). [[***Safe Schools Act,***](https://oss.colorado.gov/claire-davis-school-safety-act)[***CSI’s Safe Schools Policy,***](https://go.boarddocs.com/co/csi/Board.nsf/goto?open&id=96A23M003CDF)[***HB 11-1254***](https://www.cde.state.co.us/mtss/cohousebill11-1254overview) ***and*** [***C.R.S.19-3-304.***](https://law.justia.com/codes/colorado/2016/title-19/article-3/part-3/section-19-3-304)]

Additional crisis trainings are required on a “regular” [undefined in statute] basis, not an annual basis.

Regular suicide assessment training is required for licensed mental health professionals to complete suicide assessment; school staff who are not licensed mental health professionals are not legally able to complete suicide assessment in schools ([Colorado Mental Health Practice Act](https://sehd.ucdenver.edu/cpce-internships/files/2010/08/Statute.pdf).)

Though Assessment Team training requirements are not outlined in state law, it is recommended that Assessment Team members receive annual training about the school’s threat assessment and safety planning procedures and that the training include opportunities to reflect on best practices and lessons learned (tabletop/experiential exercises).

Updated guidance is located on [CSI’s Legal & Policy Resource Site](https://resources.csi.state.co.us/school-safety/).

**Best Practices:**

Schools that support healthy development in their community have a professional development (PD) calendar that mirrors their priorities throughout the year. Some education and training on related mental health issues is required by law (Mandatory Reporting, Suicide Prevention, Bullying Prevention), whereas others are best practice (Psychological First Aid, Mental Health First Aid, Sexual Assault Prevention), and others might be research-based or aimed at specific populations (Trauma-informed, Crisis Prevention Institute (CPI)) or required in specific situations (Threat Assessment Training for a Threat Assessment Team, Suicide Assessment Training for licensed mental health professionals conducting suicide assessment).

Schools should also consider providing licensed staff opportunities to access professional development appropriate to their licensure, training and tasks required.

**Research Implications:**

Staff who are well-trained in current professional development are [better at delivering evidence-based interventions](https://pmc.ncbi.nlm.nih.gov/articles/PMC8804076), are [more culturally competent and sensitive to a diverse student body](https://cfey.org/wp-content/uploads/2023/10/Mental-health-professional-development-for-school-based-staff-2.pdf), and [have reduced symptoms of burnout](https://www.nature.com/articles/s41598-023-37298-4).

**Promising Practices:**

Colorado Early Colleges-Fort Collins offers a robust yearlong training program with many other partners to help them close training gaps they do not internally possess. CEC-Fort Collins offers yearly mandatory reporting training, yearly crisis prevention and management (including crisis procedures), yearly student training to reduce fear, embarrassment and peer pressure with reporting in their Wolf Connection class as well as yearly staff reporting training that staff can also ask for additional reinforcement. Mental health clinicians do yearly suicide assessment and response training and join with Exceptional Student Services to attend additional trainings on diverse and neurodivergent populations through an outside continuing education provider. CECFC offers yearly CPI training, and their nurse will be providing Mental Health First Aid training. In addition, they use the National Child Traumatic Stress Network to provide Psychological First Aid, and use the National Institute of Health to provide Implicit Bias Training. Finally, threat assessment training is offered on an every other year basis for designated crisis team members.

## Procedures:

CSI holds regular trainings on more advanced topics and provide more specific guidance on topics that may be changing legally or need more nuanced consideration. CSI will always encourage our schools regardless of educational philosophy to ethically follow the best practices in mental health.

We have compiled a list of trainings in all areas of mental health where training is legally required. This list is not exhaustive and does give schools a starting point to ensure they are in legal compliance with training.

[Training Repository](https://resources.csi.state.co.us/wp-content/uploads/2023/06/Training-Repository.docx)

Some examples of previous training and legal considerations guidance were in the areas of:

[Legal Implications and Best Practice Considerations of Threat and Suicide Assessments](https://resources.csi.state.co.us/wp-content/uploads/2023/11/Threat-and-Suicide-Assessment_FINAL_Revised-3.28.22.docx) and [Best Practices & Ethical Obligations of Transgender & Genderqueer Students](https://resources.csi.state.co.us/wp-content/uploads/2023/07/Ethical-Obligations-Transgender-Genderqueer-Students.final-1.docx).

A full listing of our most updated trainings can be found on [CSI’s Mental Health Resources website](https://resources.csi.state.co.us/mental-health-resources/).

## Address Confidentiality Program

Beginning in 2023, each CSI school will need to designate a liaison to be knowledgeable about the Address Confidentiality Program and able to adhere to the requirements of the program.

View the [Address Confidentiality Program CSI School Expectations one-pager](https://resources.csi.state.co.us/wp-content/uploads/2023/07/ACP-school-expectations.docx) and go to [CSI’s Address Confidentiality Program resource page](https://resources.csi.state.co.us/address-confidentiality-program/) for further information.

## Suicide Assessment

There are several tools that can be used for suicide assessment in schools. Decisions about what tool could be the best for your population should be thoughtfully considered in collaboration with your legal team and include the skills and training of the licensed mental health staff that will be administering the tools.

Possible assessment tools that could be chosen in collaboration with your legal team:

[The Columbia](https://resources.csi.state.co.us/wp-content/uploads/2022/07/Columbia-Risk-Assessment-Version.pdf)

[PH-9 with ASQ](https://resources.csi.state.co.us/wp-content/uploads/2022/07/PHQ-A_with_depression_questions_and_ASQ_PDF.pdf)

[ASQ](https://resources.csi.state.co.us/wp-content/uploads/2022/07/ASQ.pdf)

[CAMS](https://cams-care.com/about-cams/)

[Crisis Assessment Tool](https://resources.csi.state.co.us/wp-content/uploads/2023/07/Crisis-Assessment-Tool.docx)

[Suicide Intervention Checklist in Distance Learning](https://resources.csi.state.co.us/wp-content/uploads/2022/07/Conducting-a-Virtual-Suicide-Assessment_Checklist.pdf)

In addition, according to CSI’s [Safe Schools Policy](http://go.boarddocs.com/co/csi/Board.nsf/goto?open&id=96A23M003CDF), schools must provide regular training programs for staff and students in crisis prevention and management; training programs for staff and students in how to recognize and respond to behavior or other information that may indicate impending violence or other safety problems; and training and support for students that aims to relieve the fear, embarrassment, and peer pressure associated with reporting behavior that may indicate impending violence or other safety problems. These prevention, recognition and awareness programs are for all staff whereas suicide assessment training is for trained staff who will be conducting the assessments.

We have created a [Training Repository](https://resources.csi.state.co.us/wp-content/uploads/2023/06/Training-Repository.docx) document for schools to use as a reference for ideas on meeting these required trainings.

## Threat Assessment

There are a few options for tools that can be used for threat assessment in schools. Decisions about what tool could be the best for your population should be thoughtfully considered and include the skills and training of the staff that will be administering the tools.

Possible tools to use could be chosen in collaboration with your legal counsel:

[Colorado School Safety Resource Center](https://cssrc.colorado.gov/threat-assessment-overview)

[Comprehensive School Threat Assessment Guidelines-2021](https://resources.csi.state.co.us/wp-content/uploads/2022/07/Comprehensive-School-Threat-Assessment-Guidelines.2021.pdf)

[Broward County’s Threat Assessment Manual](https://resources.csi.state.co.us/wp-content/uploads/2022/07/Broward-County-Threat_Assessment_Manual_Update_2017.pdf)

[Crisis Assessment Tool](https://resources.csi.state.co.us/wp-content/uploads/2023/07/Crisis-Assessment-Tool.docx)

In addition, according to CSI’s [Safe Schools Policy](http://go.boarddocs.com/co/csi/Board.nsf/goto?open&id=96A23M003CDF), schools must provide regular training programs for staff and students in crisis prevention and management; training programs for staff and students in how to recognize and respond to behavior or other information that may indicate impending violence or other safety problems; and training and support for students that aims to relieve the fear, embarrassment, and peer pressure associated with reporting behavior that may indicate impending violence or other safety problems.

We have created a [Training Repository](https://resources.csi.state.co.us/wp-content/uploads/2023/06/Training-Repository.docx) document for schools to use as a reference for ideas on meeting these required trainings.

## Physical Restraint and De-escalation Training

Since 2018, CSI has offered [Crisis Prevention Institute](https://www.crisisprevention.com/?state=CfDJ8Pgr-wvdVttLjQtjMTz7Yd2Gj7SWI2DsGbXwLxtIQ4nciwEmCddlkEgxy1x1ICXeoRMpUKsF168MBPd7Vrad7uHfMR5uSCp77DZUDhV1uPhtvF95rW5eSgv1eBVylArS9OPgW96RiR85CfKfLvo3ook) (CPI) training to our schools free of charge. There are no state statutes that require schools to be trained in physical restraint, however, if a school staff member is to perform a physical restraint hold in a crisis situation, they must be trained. CSI requires that each school location has at least two staff who are trained in physical restraint.

**Crisis Response and EOP Considerations**

Being prepared for crisis is the best way to respond to crisis. At minimum, a school should outline crisis response procedures in their Emergency Operating Plan (EOP), which would include postvention steps and plans for carrying out crisis response drills. A complete overview on EOPs in general are found in [Legal & Policy’s resource library](https://resources.csi.state.co.us/school-safety/).

We are also available to help your school review their crisis plan and conduct tabletop drills. Contact us to conduct a tabletop drill at your school or via Zoom!

# Referral Process

**Legal Implications:**

CSI’s [Safe School Policy](http://go.boarddocs.com/co/csi/Board.nsf/goto?open&id=96A23M003CDF) requires schools:

1. Have a referral process
2. The referral process is communicated to all students, staff, parents
3. The referral process is actively monitored
4. The referral process works (e.g. an inbox is monitored by someone who can respond to the referral, the phone number goes to a person who is able to respond to phone calls, referrals are placed in a box that can be accessed, etc.)

**Best Practices:**

Schools should be clear to differentiate a referral process from a crisis response and calling 911. Many schools have an internal referral process, but provided all four criteria are met above, Safe2Tell does fulfill this requirement. Schools are encouraged to have a referral process in addition to Safe2Tell.

**Research Implications:**

Meta-analyses of best practices in the implementation of comprehensive school-based mental health services includes a robust referral process. Referral processes increase access to care, and increase early identification and treatment [[NASP Recommendations for Comprehensive School-Based Mental & Behavioral Health Services and School Psychologists](https://www.nasponline.org/resources-and-publications/resources-and-podcasts/mental-and-behavioral-health/additional-resources/comprehensive-school-based-mental-and-behavioral-health-services-and-school-psychologists#:~:text=Research%20demonstrates%20that%20students%20who,being%20all%20improve%20as%20well.); [The Landscape of School-Based Mental Health Services](https://www.kff.org/mental-health/issue-brief/the-landscape-of-school-based-mental-health-services/); [Schools as a Vital Component of the Child and Adolescent Mental Health System, Psychiatric Services, 2020](https://psychiatryonline.org/doi/10.1176/appi.ps.201900575)].

**Promising Practices:**

Colorado Military Academy uses a variety of formats to communicate and accept referrals. Their two school counselors work together to provide students, staff and families referrals by paper in a box outside of their offices, by an email form that is sent out in messaging and back-to-school nights, using their universal screener that they implement to catch additional unreported concerns, as well as Safe2Tell which is advertised throughout the school, in posters and in parent newsletters.

**Procedures:**

Schools must have a referral process in place for students who are experiencing social, emotional and/or behavioral symptoms. According to CSI’s [Safe School Policy](http://go.boarddocs.com/co/csi/Board.nsf/goto?open&id=96A23M003CDF), schools must also have in place training procedures for safe, confidential reporting of security and safety concerns at each school building which could include concerns about student behaviors.

Schools must also update their contact information with Safe2Tell yearly and respond to reports in a timely manner.

This referral process could be slips of paper in a confidential box that only the mental health clinicians have access to, [Safe2Tell](https://safe2tell.org/) or an electronic submission form that is only accessible to mental health clinicians, or a staff member with training that can maintain privacy. It is important in the referral process to consider ways of communicating the process to students, families, and staff members, as well as appropriate usage of the referral process. For example, the referral process should NEVER be used for crisis response or imminent concerns and should have clear communication about the referral process during school breaks. The school should also consider making the referral optionally anonymous as well as how often the referral process will be monitored, and by whom.

Examples of referral process questions:

Name of Student (required) Name of referee (optional)

Reason for referral (could make a check box for easier submission, required)

Depression, anxiety, access to food, housing, peer relationships, family struggles, bullying/cyberbullying, disordered eating, access to health care, sexual assault or harassment, drug and/or alcohol use, other fill in the blank

Any other information you’d like to share (optional)

## Age of Consent & Parental Consent

As of May 16, 2019, students 12 years of age or older can consent to therapeutic services on their own without parental consent when [Colorado HB 19-1120](https://resources.csi.state.co.us/wp-content/uploads/2022/07/GT-Alert_Colorado-Lowers-Age-of-Consent-for-Psychotherapy-Services-to-12-Years-Old.pdf) was passed. Students who are 11 years old or younger still need parental consent for therapeutic services (except in crisis situations). Clinicians should engage with students about the importance of parents & guardians in the process and must document whether they contacted a parent, and if not, documenting why the contact would be inappropriate. [‘I Matter’](https://imattercolorado.org/) is a free Colorado-based therapy service that provides up to six sessions for students of any age, and without parental consent for students who are 12 years old.

There are different age limits for specific services such as alcohol and drug use, family planning and sexual assault services. Here is a [quick reference chart for age of consent for services in Colorado](https://resources.csi.state.co.us/wp-content/uploads/2023/11/Colorado_Minor_Consent_Law_Quick_Reference_Chart.pdf) and CDE’s [more extensive tool](https://healthystudentspromisingfutures.org/wp-content/uploads/2020/02/COMinorConsentConfidentialityLaws_AppendixB.pdf) on navigating issues of consent in schools.

A school can certainly use an informed consent form for counseling or therapy for any age student for individual or group therapy as well as provide a place on the consent form whether parents were consulted and if not, noting the reasons why (as directed by your legal counsel).

# Collaboration

**Legal Implications:**

Collaboration with mental health professionals is not required by law; however, schools should be careful to ensure that staff are practicing within their scope of competence as unlicensed staff could be susceptible to cease and desist orders, and licensed staff could be susceptible to ethical complaints and/or censure of license.

**Best Practices:**

School mental health professionals have specialized skills that uniquely position them to be effective in collaboration in crisis response, MTSS, providing professional development, adhering to relevant legal practices and general well-being. School mental health professionals are most impactful when they are well-integrated and communicated to be a part of the whole school community.

**Research Implications:**

Collaborative, integrative services have evidence supporting the increase in accessibility and effectiveness of care for vulnerable populations of youth (i.e., low SES, racial/ethnic minority). Although the research continues to advise that collaboration is best practice in schools, there has been no additional clear metrics of effectiveness that has been drawn from collaboration [[Collaborative Care in Schools: Enhancing Integration and Impact in Youth Mental Health](https://pmc.ncbi.nlm.nih.gov/articles/PMC5383210/), 2017; [Collaboration for School Mental Health Needs: A Case for High-Leverage Practices in a Culturally Responsive Framework](https://journals.sagepub.com/doi/abs/10.1177/00400599221115623), 2020; [Exploring School Mental Health Collaboration in an Urban Community: A Social Capital Perspective](https://link.springer.com/article/10.1007/s12310-011-9049-6), 2011].

**Promising Practices:**

Although Pinnacle Charter School has a larger mental health clinician team than most CSI charter schools, it uses the team well to embed in most other structures across the school to ensure collaboration. For example, the mental health team is embedded in the school’s MTSS structure, and provides both consultation, support and interventions at the Tier 1, 2, and 3 levels, and supports with data collection and observations. The mental health team also provides support for the 504 staff members and students, is a part of the school-wide crisis team, and joins with other staff members to facilitate restorative circles. The mental health team collaborates with front-facing staff to develop and pass along family resources, joins and contributes to school-wide incentive and theme weeks, and help facilitate and drive student culture, climate and wellness surveys that then continue to drive curriculum selection and initiatives.

**Procedures:**

School mental health clinicians have several touchpoints throughout the school environment to increase capacity of others and ensure behaviors across the community are mental-health informed. Natural touchpoints for collaboration could be:

* Nursing and health staffing in schools as students present to the health office for mental health experiences;
* Assistant Principals or Deans of Campus Culture who manage discipline or student conduct as all students who exhibit behaviors need support;
* Case managers or enrollment staff who manage McKenny-Vento funds and support students and families without homes often navigate stressful situations and benefit from more than monetary assistance;
* 504 case managers as an expert consultant in areas of mental health, service providers and accommodations;
* MTSS/RtI teams as expert consultant to help conceptualize data from a wellness perspective and design interventions to increase wellness systemically & individually.
* Special education as a special service provider in the areas of mental health, social emotional well-being, psychological services, behavioral interventions and/or as an expert consultant in all of the above areas as appropriate

If you’re still wondering how mental health clinicians can collaborate within your academic community, view the Roles of Mental Health Professionals in MTSS [presentation recording](https://vimeo.com/671311095) and [slides](https://resources.csi.state.co.us/wp-content/uploads/2023/07/Roles-of-Mental-Health-Clinicians-in-MTSS.pptx).

A full listing of our most updated trainings can be found on [CSI’s Mental Health Resources website](https://resources.csi.state.co.us/mental-health-resources/).

# Systemic Wellness

**Legal Implications:**

Systemic wellness is not currently required by Colorado State Law. There are statewide wellness grants schools can apply for, and occasionally, CSI has applied for a wellness grant on behalf of schools. If a school is awarded a wellness grant, there may be requirements associated with the grant.

**Best Practices:**

Data has shown that broadly well-positioned wellness teams and plans embedded within schools have an overall positive impact on student & staff wellbeing, belongingness, and a reduction in mental health challenges. The impact of having a wellness team in schools also means having a team that can pivot itself to functioning within a school’s MTSS programming and UIP process.

**Research Implications:**

Research results have shown very limited immediate and long-term results when wellness practices are not implemented in a systemic fashion. However, systemic wellness that is appropriate for the culture of the school population and sustained over time with a culture of support and dedication by leadership that includes adequate scheduling, resource allocation and capacity building has the ability to help educators’ develop stronger relationships with students, increase job retention and motivation, and decrease psychological difficulties for both staff and students ([A Systemic Review of Evidence-Based Wellbeing Initiatives for Schoolteachers and Early Childhood Educators, 2022, Educational Psychology Review](https://link.springer.com/article/10.1007/s10648-022-09690-5); [Barriers and Facilitators to Sustaining School-Based Mental Health and Wellbeing Interventions: A Systemic Review, 2022, International Journal of Environmental Research & Public Health](https://pmc.ncbi.nlm.nih.gov/articles/PMC8949982/)).

**Promising Practices:**

Crown Pointe takes a collaborative approach on systemic wellness, as their team includes a school counselor, an SEL teacher, a few administrators and a community liaison. They structure wellness throughout the year through professional development, social functions, team building, school outreach events, intentional relationship-building through the community, having a “watch-dog” program, and setting up open communication through their community to discuss wellness from different perspectives.

**Procedures:**

A wellness team should be made up of a robust team of individuals who can represent the breadth of wellness areas as represented on the wellness wheel.



Some suggestions of good touchpoints of wellness team membership are mental health clinicians, SEL instructors, guidance counselors or advisors, physical education and/or health teachers, restorative practice professionals, student group advisors, administrative staff, and school leaders who can ensure activities have place to take place.

Wellness teams can take on a wide variety of wellness activities. These can include social media posts that encourage or inform about general wellness or wellness behaviors; newsletter entries that describe, challenge, or inform wellness knowledge and/or behavior; developing activities that center a wellness behavior; developing challenges that allow participants to set goals around a predetermined wellness activity; encouraging the creative expression of wellness and wellness activities, just to name a few! In general, activities and events should be inclusive, accessible, and appropriate for the developmental age of the students.

We have developed a “[Wellness Toolbox](https://resources.csi.state.co.us/wellness/)” that has been curated and is ready to deliver by your wellness team, including pre-written posts, and monthly themes for your school to focus on. Simply open up the Wellness Menu for directions and then pick a monthly theme that interests you & deliver the contact on the suggested schedule (or make your own!). Each month comes with prefilled reflections for your team to reflect on the learnings from the month.

## Staff Wellness

[Supporting Staff with Mental Health Struggles (Tier III)](https://resources.csi.state.co.us/wp-content/uploads/2022/07/Supporting-staff-with-mental-health-struggles-Tier-III.pdf)

Often our work with supporting mental health in our schools expand to staff as well. Providing targeted support for staff can be a new area to navigate for both school administration and staff as they figure out how to provide and retain support for staff who are more impacted. This resource is a great resource about how to navigate this.

A full listing of our most updated trainings can be found on [CSI’s Mental Health Resources website](https://resources.csi.state.co.us/mental-health-resources/). [CDE](https://www.cde.state.co.us/nutrition/child-health-and-wellness-resources) and the [Alliance for a Health Generation](https://www.healthiergeneration.org/sites/default/files/documents/20190606/67b51ec2/School%20Wellness%20Committee%20Toolkit%20.pdf) also have Systemic Wellness Resources.

# Social Emotional Learning

**Legal Implications:**

Although there are grant programs that schools can access to enhance their SEL work and development, SEL is not required by law. SEL competencies are included in both state [academic standards](https://www.cde.state.co.us/cohealth/2020_cas-comprehensive_health_standards_pgs_4_social_emotional_wellness) and [Colorado’s Early Learning and Development Guidelines](https://earlylearningco.org/guidelines/ages-3-5/social-emotional-development/). SEL may be a part of preventative work that help students avoid the “school to prison pipeline” that is required by law ([Colorado Safe Schools Legislation](https://www.cde.state.co.us/mtss/coloardosafeschoolsact)).

**Best Practices:**

Schools with a robust social-emotional learning (SEL) approach prioritizes the whole person, ensuring that all members develop emotional intelligence, resilience, and strong interpersonal skills alongside academic success. This school embeds SEL into every aspect of its culture, instruction, and policies, creating an environment where students feel safe, valued, and empowered. SEL is not treated as an add-on but as an integral part of the school’s values, curriculum, and daily interactions. The school fosters a growth mindset culture, encouraging staff, students and families to embrace challenges, learn from mistakes, and develop self-awareness. Teachers and staff receive ongoing professional development on SEL best practices, trauma-informed teaching, and culturally responsive approaches. Faculty meetings often include mindfulness activities, de-escalation strategies, and collaborative problem-solving sessions, ensuring that educators model the same emotional intelligence and empathy they teach students. The school offers family workshops, discussion groups, and digital resources on emotional well-being, helping caregivers reinforce SEL strategies at home.

**Research Implications:**

When delivered with fidelity and appropriate to the school population, SEL has been found to increase academic achievement, increase state testing scores, increase attendance, and decrease behavioral problems for both students and staff. SEL has shown to have a financial impact on the school as schools who deliver effective and efficient SEL programming end up spending less money on interventions and staffing (The impact of enhancing students’ social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development* (2011); The Economic Value of Social and Emotional Learning. Center for Benefit-Cost Studies in Education (2015).

**Promising Practices:**

Two different CSI schools deploy different SEL curriculums for different populations, different ages and different concerns. Both of these schools are also reviewing their curriculums for current fit and will update this section to reflect their process.

**Procedures:**

Just like learning any other skill, developing a healthy SEL community requires practice & support.

If you’d like more information about the importance of SEL, and the impact it has on students, staff and schools, please review this incredible resource from CASEL that summarizes a number of meta-analyses in an easily accessible manner that is ready to be shared and redistributed: [Quick Look-Case for SEL](https://resources.csi.state.co.us/wp-content/uploads/2022/07/Quick-Look-Case-for-SEL.pdf).

[SEL Curriculum & Intervention Spreadsheet](https://resources.csi.state.co.us/wp-content/uploads/2022/07/Intervention-List.xlsx)

If you’re interested in a SEL curriculum or intervention programs, please review the above linked spreadsheet that lists a wide variety of program options, cultural considerations, related research, prices and other factors to consider for each program. Contact us if there is a program you are interested in that either isn’t listed, or you want to know more about how appropriate it is for your school population.

[SEL Look-fors/SEL Instructional Coaching](https://resources.csi.state.co.us/wp-content/uploads/2022/07/SE-Instuctional-Look-Fors.docx)

Instructional coaching for social-emotional competencies is crucial to encourage the development, maintenance, and improvement of instructional SEL skills. This ‘Look-Fors’ document allows instructional coaches and instructors to reflect on high leverage activities that will impact student well-being, engagement, and academic achievement. Instructional look-fors should be introduced in the beginning of the school year and allow for interaction between the instructor and the instructional coach.

In 2024, we expanded our SEL resources for both school leaders and school mental health providers to address specific charter-related concerns:

SEL for When You Can’t Say SEL (aimed at School Leaders) and SEL for Every Educational Philosophy (aimed at School Mental Health Providers)

These resources can also be found on our [resource website under “Webinars](https://resources.csi.state.co.us/webinars/). A full listing of our most updated trainings can be found on [CSI’s Mental Health Resources website](https://resources.csi.state.co.us/mental-health-resources/).

## Social Emotional Learning & Multiple Language Learners

Serving students who are navigating multiple languages and learning benefit from specific social emotional competencies and interventions. Best practices in working with these students include learning & pronouncing students' names​, as soon as possible, as well as demonstrating lifelong learning processes as an adult.​

For more information, please contact us, or consult [The Connection Between SEL & MLL presentation](https://resources.csi.state.co.us/wp-content/uploads/2023/07/SEL-MLL-Presentation.pptx) (with resources embedded) that was a part of a larger professional development around supporting our MLL students. A full listing of our most updated trainings can be found on [CSI’s Mental Health Resources website](https://resources.csi.state.co.us/mental-health-resources/).

## Social Emotional Learning & Gifted & Talented

Students who have been designated as gifted and talented often have specialized social-emotional needs. This can be related to asynchronous development and often requires advanced training in both areas or a close team approach to meet the needs of advanced students. Effective Gifted & Talented (GT) services will include a robust relationship with mental health practices, especially since affective goals are required as a part of Advanced Learning Plans (ALP).

Here’s a great blog that talks more in depth about [SEL & GT](https://bcpsgtcac.wordpress.com/2019/08/29/8494/) as well as our most recent collaborative training we provided in February 2024. A full listing of our most updated trainings can be found on [CSI’s Mental Health Resources website](https://resources.csi.state.co.us/mental-health-resources/).

# Universal Screening

**Legal Implications:**

Universal screening is not currently required by law, but the state of Colorado is now required to administer a universal screening program that schools can opt into per [HB23-1003](https://leg.colorado.gov/bills/hb23-1003).

**Best Practices:**

Effective universal mental health screening uses validated screening instruments that are developmentally appropriate and culturally responsive and is embedded within the school's multi-tiered system of support (MTSS). Universal screening can identify students who may need additional social-emotional or mental health interventions before challenges escalate. The screening process is designed to be non-stigmatizing, strengths-based, and supportive of students and families. Parents and guardians should be given opportunities to opt out of the screening, and a data team should be assembled to regularly review and act on the data.

**Research Implications:**

In the United States, less than 20% of schools are conducting mental health screening, a number that has risen significantly since 2005 when the universal screening rate was at 2%. Colorado schools have seen an increase in universal screening with grant funding, at 37%, but CSI schools screen at a rate of less than 18%. The idea behind universal screenings is that more students are found earlier so that preventative interventions can be implemented, rather than more invasive and expensive reactive interventions later. Research is mixed because schools often: do not choose a screening tool that is appropriate for their population, do not analyze the data effectively or efficiently, do not include parents/guardians in the process, and do not have an integrated MTSS process to involve students (“[Making the Case for Universal School-Based Mental Health Screening,” Humphrey & Wigelsworth, 2016, Emotional & Behavioural Difficulties](https://www.tandfonline.com/doi/abs/10.1080/13632752.2015.1120051); [“Advancing Mental Health Screening in Schools: Innovative, Field-Tested Practices and Observed Trends During a 15-Month Learning Collaborative,” Connors et al, 2022, Psychology in Schools](Advancing%20Mental%20Health%20Screening%20in%20Schools:%20Innovative,%20Field-Tested%20Practices%20and%20Observed%20Trends%20During%20a%2015-Month%20Learning%20Collaborative).).

**Promising Practices:**

New Legacy Charter School uses multiple universal screeners throughout the year to identify and respond to student need. Every quarter, the social emotional team evaluates each student with AEC/SEL Screener to determine the level of severity for individual intervention, while using the Healthy Kids Colorado Screener to identify appropriate community partners based on stated student concerns.

**Procedures:**

Universal screening refers to the data collection process where a school community preemptively collects data on relevant social-emotional, mental health or behavioral health factors to help identify the needs of a subset of students within a tiered system (MTSS, RtI, PBIS) or to identify the needs of the system itself, or to gather information about a particular area of concern (attendance, substance use, access to food, etc.).

Universal screening can drive identification and the development of appropriate levels and types of intervention as well as illuminate systems-level gaps. Universal screening can help school leaders identify areas of the system that need to be reinforced for full-scale interventions to be successful.

Depending on the area & scope of the assessment, a school leader may choose to use a universal screening instrument, a climate survey and/or a needs assessment, and should be cautious of the amount of personnel effective data collection & analysis will require.

The [RAND education Assessment Finder](https://www.rand.org/education-and-labor/projects/assessments.html) used to be an excellent resource for schools to examine what assessments might work for them, and CSI is available for consultation in selecting an assessment tool that is right for your schools.

There are no longer great options for assessment finders, but California has put together a few options through their [state MTSS programming](https://linktr.ee/covitalityucsb?utm_campaign=website&utm_medium=Email&utm_source=Daily+Digest) and [state universal screening](https://www.covitalityucsb.info/screening.html?utm_campaign=website&utm_medium=Email&utm_source=Daily+Digest).

Although not currently required by law, recently passed [House Bill 23-1003](https://leg.colorado.gov/bills/hb23-1003), allows schools to participate in a mental health screening program and students over the age of 12 may participate in the mental health screening even if their parents opt out of the screening.

**Implicit Bias**

Examining implicit bias can be an important part of universal screening, as internal bias can lead us to make erroneous decisions about our students, our staff, our community, and ourselves. Implicit bias shapes the lens in which we view problems and solutions and can lead us to favor or fault in ways that alienate groups of people. Internal bias is a result of living in the world and can be navigated and is an often-requested training for professional development.

**Here are some examples of internal bias trainings:**

[Unconscious Bias Training that Works](https://hbr.org/2021/09/unconscious-bias-training-that-works#:~:text=Unconscious%20bias%20training%20has%20played,about%20people's%20talents%20or%20character.)

[Implicit Bias Test](https://implicit.harvard.edu/implicit/takeatest.html)

[Ohio State’s Implicit Bias Module Series](https://kirwaninstitute.osu.edu/implicit-bias-module-series)

# Restorative Practices

**Legal Implications:**

Schools are not legally required to use restorative practices, however, they must use practices which are *designed to minimize student exposure to the criminal and juvenile justice system* which can include restorative practices. These legal requirements are found in the [Colorado Safe Schools Legislation](https://www.cde.state.co.us/mtss/coloardosafeschoolsact).

**Best Practices:**

Ideally, schools utilize a systemic restorative practices approach when considering their entire school community, and approach all behavioral concerns as opportunities to learn. This would include a school-wide commitment to restoration, ensuring all classroom management expectations are written and responded to with a restorative lens, and allows continuous student engagement and leadership within restoration. Staff are well-trained in restorative practices, navigating their own responses, asking for assistance, and facilitating circles as appropriate. Everyone is committed to alternatives to suspension, detention and punitive measures that allow everyone in the school to learn from mistakes. Continuous data analysis is conducted to reveal disproportionalities in discipline provision.

**Research Implications:**

Meta-analyses have consistently shown that when the community is well-trained, and restorative practices are implemented systemically, schools experiences fewer suspension rates, more skills in conflict management, fewer health risk behaviors, increased sense of well-being and connection to school, more positive interpersonal relationships and skills to navigate them, better perception of school climate and safety, higher academic outcomes and lower absenteeism [(“Fostering Belonging, Transforming Schools: The Impact of Restorative Practices,” Hammond, 2023, Learning Policy Institute](https://learningpolicyinstitute.org/product/impact-restorative-practices-report); [“Use of Restorative Justice and Restorative Practices at School: A Systematic Literature Review,” 2022, Lodi et al, International Journal of Environmental Research and Public Health.”](https://www.mdpi.com/1660-4601/19/1/96)).

**Promising Practices:**

Ricardo Flores Magon Academy (RFMA) practices what they preach every day in approaching restoration with staff, students and families. RFMA school leader, Zak Dominello, is quick to say that any student may request a restorative meeting with him if they feel they have been wronged and to consider what kind of culture a school has if their ‘Dean of Campus Culture’ is charged with discipline. Staff are trained throughout the year to develop their skills in practicing restoration, and boundaries of high expectations are firmly held.

**Procedures:**

The [Colorado Safe School Legislation](https://www.cde.state.co.us/mtss/coloardosafeschoolsact) requires school to consider implementing discipline practice that plan for the appropriate use of prevention, intervention, restorative justice, peer mediation, counseling, or other approaches to address student misconduct, which approaches are designed to minimize student exposure to the criminal and juvenile justice system.

Restorative practices rather than punitive practices have been shown to have significant impact in reducing the rate of school to prison pipeline, assuring academic achievement and graduation for students of color, reducing recidivism, reducing absence rates, and increasing academic achievement. Implementing restorative practices in a school community can have significant impact in student response to discipline, attendance, bullying and the overall wellness of the school community. Successful implementation requires systemic buy-in and can change the entire school culture for the better.

CSI hosted a Restorative Practices Retreat in 2022, and have provided resources in helping schools understand how [restorative practices can be implemented from an MTSS framework](https://resources.csi.state.co.us/wp-content/uploads/2024/04/Tiered-Restorative-Behavioral-Interventions.docx), and how schools can reframe their disciplinary options through a [menu of restorative options of common behavioral concerns](https://resources.csi.state.co.us/wp-content/uploads/2024/04/Notes-on-Restorative-Options-for-Common-Behavioral-COncerns-1.docx). Separate trainings and information can be found on the CSI resource website about restorative practices, and competent mental health services will include restorative practice considerations.

* [National Education Association](https://www.nea.org/advocating-for-change/new-from-nea/restorative-practices-schools-work-they-can-work-better)
  + Article on NEA’s take on Restorative Practices…and how to make them better!
* [West Ed’s Justice & Prevention Research Center](https://www.wested.org/resources/restorative-justice-in-u-s-schools-an-updated-research-review/)
  + West Ed’s research review on restorative practices in United States’ schools
* [NextGen Learning](https://www.nextgenlearning.org/equity-toolkit/school-culture)
  + Restorative Practices in Schools-A Toolkit for Equity
* [Panorama Education](https://www.panoramaed.com/blog/restorative-practices-to-implement)
  + Restorative practices to implement in 2021

We have created a [Training Repository](https://resources.csi.state.co.us/wp-content/uploads/2023/06/Training-Repository.docx) document for schools to use as a reference for ideas on meeting these required trainings. A full listing of our most updated trainings can be found on [CSI’s Mental Health Resources website](https://resources.csi.state.co.us/mental-health-resources/).

# Tools

## Reentry Meeting Template

The reentry process is an extremely important process to help a student transition back into the academic environment after an absence from extended illness, hospitalization, or extenuating circumstances. Reentry processes are best when everyone is at the table and ample contingency plans are discussed, even difficult conversations. View the [Reentry Conference Meeting Template](https://resources.csi.state.co.us/wp-content/uploads/2022/07/Reentry-Conference-Meeting-Template.docx).

## Release of Information

Having a signed release of information for and from other providers the student is receiving care from and the school can be a lifesaving avenue of communication. Setting clear expectations of the limits and benefits of confidentiality in these communications as well as explaining the differences between FERPA & HIPAA is important for informed consent in the release of information process. In addition, clearly communicating to the student & family the school’s record keeping policies for confidential records is also important for informed consent.

[Here is a sample release of information form](https://resources.csi.state.co.us/consent-for-release-of-information-template/) that should be cleared with your legal department before use.

# Resource Guides

Many schools have asked for resources or resource guides to help them provide access to information that will help support their school communities. Here are a few resource guides to help start your school on building your own local resource guide:

## Resources for Families

Here is a [Resource Guide for Families template](https://resources.csi.state.co.us/wp-content/uploads/2023/11/Resources-for-Families.docx) that details resources for families such as food assistance, housing assistance, information about shelters and free things around Denver. The guide is centered around Denver and Douglas County and includes some national numbers that can be used a resource to personalize your geographic area. If you have additional resources, you think could be added to the guide, or if you have additional needs that are not currently reflected in the guide, please let us know!

## Resources by Subject

Here is a [Resource Guide by Subject template](https://resources.csi.state.co.us/wp-content/uploads/2023/11/Resources-by-Subject.docx) that is divided by subject interest area such as ADHD, adoption, anxiety, etc., and provides resources in the areas of books, podcasts, and/or support groups in these areas that are not geographically limited. If you have additional resources, you think could be added to the guide, or if you have additional needs that are not currently reflected in the guide, please let us know!

## Primary Resource List

There are additional resources listed on our CSI Mental Health Resources Online Resource Library. Here is a [Primary Resource List](https://resources.csi.state.co.us/wp-content/uploads/2023/11/Resources-Master-List.docx) that may be more easily searchable and/or reproduced than a website. There is a very large variety of resources in this guide, but if you have additional resources, you think could be added to the guide, or if you have additional needs that are not currently reflected in the guide, please let us know! Many of the resources that are listed are because of school requests for a specific resource, so please ask if you have needs that are not reflected!

We have created a [Training Repository](https://resources.csi.state.co.us/wp-content/uploads/2023/06/Training-Repository.docx) document for schools to use as a reference for ideas on meeting required trainings

A full listing of our most updated trainings can be found on [CSI’s Mental Health Resources website](https://resources.csi.state.co.us/mental-health-resources/).

1. Source: <https://resources.csi.state.co.us/wp-content/uploads/2022/07/Quick-Look-Case-for-SEL.pdf> [↑](#footnote-ref-1)
2. Source: <https://resources.csi.state.co.us/wp-content/uploads/2022/07/Quick-Look-Case-for-SEL.pdf> [↑](#footnote-ref-2)