



School Mental Health Toolkit



MENTAL HEALTH
COLORADO



ACKNOWLEDGEMENTS

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The School Mental Health Toolkit can be accessed online at mentalhealthcolorado.org/schooltoolkit. It can be printed or downloaded [here](#).

The School Mental Health Toolkit is funded in part by the Colorado Office of the Attorney General.



Introduction to the School Mental Health Toolkit

We believe mental wellness is central to ensuring a child's best start. Schools—where children spend most of their waking hours—often recognize that addressing a student's mental health and social emotional needs leads to better outcomes. Students are healthier, happier, and more likely to succeed. Yet many schools lack the resources to provide effective mental health services. **We've created this Toolkit to help community advocates, schools, and local leaders work together to assess, identify, prioritize, and fund school-based mental health services.**

Mental Health Colorado worked with the Western Interstate Commission for Higher Education Mental Health Program to develop this Toolkit. Our [organization](#) is committed to helping advocates implement mental health strategies in school districts across Colorado.

This Toolkit will show you how to promote school-based mental health and wellness programs that work. It contains resources and steps you can use to make schools the best they can be and ensure every child has a path to success.

Take a look at the **Getting Started** page in the Toolkit to begin your journey.

IS THIS TOOLKIT FOR ME?

Anybody can use this Toolkit. You might be a community advocate, parent, teacher, school administrator, school board member, legislator, health care provider, or student. A key ingredient to successful school change is working collaboratively with others in your community; a good first step is to share this Toolkit with your community partners.

6 Steps to Change

Advocating for Better Mental Health in Schools

Identify

01

Identify a champion within the school system. This can be a teacher, administrator, school board member, parent, nurse, counselor, psychologist, or anyone within the school who is passionate about mental health and social emotional learning.

Assess

02

Many Colorado schools have mental health and social emotional learning programs already in place. Whether you are advocating for changes in one school or in an entire district, it is important to determine what services exist and what is lacking or absent. After reviewing the **What works?** section in this toolkit, use our **School Assessment Tool** to ask school officials which services they already provide, and what they feel is missing.

Promote

03

Identify the best practices to promote. After the assessment is complete, identify which best practices:

- Are needed in the school/district
- Schools are willing to implement
- You are most passionate about

Support

04

Work with your identified school champion to build school—and community—support for implementing new mental health and social emotional learning practices within the school or district. Use the **What do I need to know?** section of this toolkit to share data and facts about why mental health matters in schools.

Share

05

Share both the school assessment and funding information with interested members of the school and community. Offer to help identify potential short-term and sustainable funding sources within the district, using the **How can initiatives be funded?** section. Identify community partners, grant opportunities, and other potential funding sources (such as local ballot initiatives or local companies) that would help finance mental health services in your school or district.

Follow Up

06

Once you've identified your school champion, chosen best practices to implement, and funding opportunities, you will need to regularly follow up. If you are a community or school leader who is able to make these changes internally, share your outcomes with other schools who might benefit. If you are a parent, student, or community advocate who is unable to make these changes directly—keep showing up. Meet regularly with your school and community partners, speak at school board meetings, and call administrators to ensure changes are happening.



Getting Started



What do I need to know?

Facts and talking points to help advocates communicate the importance of services for mental wellness in schools.



What works?

Which school mental health and social emotional initiatives, programs, services, and approaches really work? Our top 10 approaches.



How do I make changes?

An overview of what success looks like, partners who might be involved with making change, and how to get your message heard by the right people at the right time.



How can initiatives be funded?

You'll learn about sources of funding for different types of programs, initiatives, and supports, and how to set the wheels of funding in motion.



Where can I find more resources?

Additional resources about best practices in school-based mental health prevention and intervention

What do I need to know?

Schools help shape children's and adolescents' development. Children spend more than half of their waking hours in schools.^{1,2} Data indicate that students are substantially more likely to seek mental health support when school-based services are available.³ School-based services may reduce the stigma in seeking help for mental health concerns, one of the primary reasons that individuals and families do not get treatment.⁴

Why does this matter?

Research supports the importance of mental health services in schools. Yet when we interviewed students, parents, and education and mental health professionals in Colorado to develop this Toolkit, they identified several notable and widespread gaps in services across Colorado school districts. Many schools in Colorado lack:

- Full-time mental health and substance use providers in schools
- Adequate mental health and social emotional learning training for school staff
- Access to mental health services where transportation to mental health centers is a challenge, especially in rural areas

In order to close these gaps, the first step is to identify a champion within a school and/or district who will promote school mental health and social emotional programs. We've created the **Talking Points** tool to help build your case. This includes data and talking points to address common arguments used *against* funding mental health in schools.



Why are prevention and wellness programs and other services and approaches for mental health concerns so badly needed in Colorado’s schools?

Common Challenges

Key Talking Points

Data to build your Case

The notion that the mental health of children and adolescents in Colorado is not a pressing issue.



The belief that school isn’t the place for addressing students’ mental health—that it should be done by another agency.

Students are in increasing need of support and not receiving it. In a ranking that combines indicators of prevalence and access to mental health care, Colorado has fallen from 19th to 33rd on youth mental health in the past three years. This ranking includes depression, alcohol and drug use, special education services, and insurance coverage.⁵

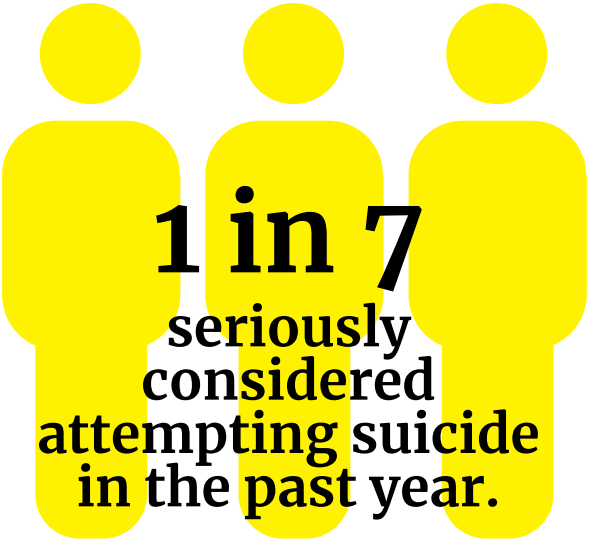
Schools, being the place where children spend more than half of their waking hours,^{11, 12} offer a unique platform for access to and support for children and adolescents with psychological difficulties.¹³ Addressing student mental health in schools leads to better school performance.

About 57,000 adolescents in Colorado (14% of all 12-17 -year-olds) reported at least one major depressive episode in the year prior to being surveyed.⁶ This percentage has steadily increased from 2010–2016.⁷ In 2017, suicide was the leading cause of death for youth ages 10-24.⁸ Currently over 62% of adolescents with a major depressive episode do not receive treatment.⁹ 12% of high school youth made a plan about how they would attempt suicide, and almost 7% attempted suicide one or more times.¹⁰

Students are substantially more likely to seek behavioral health support when school-based services are available.¹⁴ In a school-based intervention program in an urban area in Colorado, 44% of students showed a statistically significant improvement in functioning, and 49% of students demonstrated stabilization in their functioning.¹⁵



AMONG COLORADO'S HIGH SCHOOL YOUTH,
1 in 4
felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.



1 in 7
seriously considered attempting suicide in the past year.



Why are prevention and wellness programs and other services and approaches for mental health concerns so badly needed in Colorado's schools? (cont'd)

Common Challenges

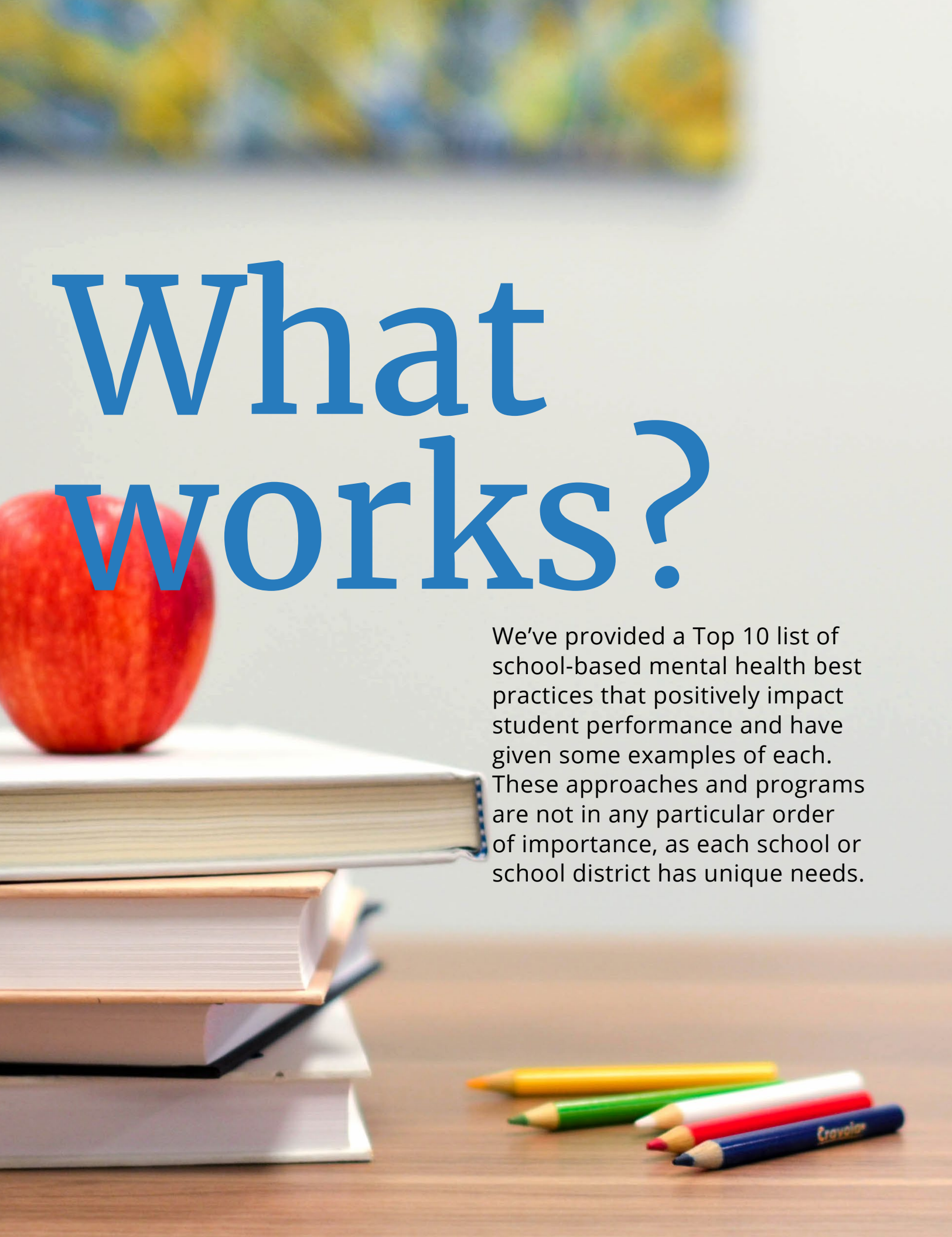
Key Talking Points

Data to build your case

| | | |
|--|--|--|
| <p>The stigma around mental health leads to lack of conversation, and students afraid to reach out for help.</p> | <p>It is possible to implement stigma-reduction campaigns that work via change in teacher, school staff, student, and family attitudes.</p> | <p>In a review of 72 stigma-reduction campaigns, both education and contact had positive effects in reducing stigma for adults and adolescents with mental illness.¹⁶</p> |
| <p>School administrations don't see the return on investment from prevention, wellness, and mental health and substance use services.</p> | <p>Investing in these programs benefits schools through better test grades, increased graduation rates, and decreased discipline problems.¹⁷</p> | <p>Social emotional learning programming has been found to improve students' achievement test scores by 11 to 17 percentile points.¹⁸</p> <p>Research indicates that students who use mental health services in school-based health centers are two times more likely to stay in school than students who did not use school-based health center services.¹⁹</p> |
| <p>There aren't enough providers available, especially in rural areas.</p> | <p>This is a nationwide challenge that requires creative and dynamic solutions such as competitive pay to reduce turnover, collaboration with other agencies when funding positions, supporting lower level staff in pursuing higher levels of degrees and licensure, implementing policies to fight burnout, and pursuing telehealth.</p> | <p>Rural Colorado has fewer mental health providers when compared to urban Colorado, with a 52% difference, indicating reduced access to care in mental health.²⁰</p> <p>Implementing best practice programs and initiatives is especially beneficial in rural schools, where students often have limited access to supports.</p> |



IN RURAL AREAS,
FOR EVERY
6,008
people
there is
one
mental
health
provider
COMPARED TO 1 PER 3601
URBAN COLORADANS



What works?

We've provided a Top 10 list of school-based mental health best practices that positively impact student performance and have given some examples of each. These approaches and programs are not in any particular order of importance, as each school or school district has unique needs.

After you've read through these best practices, use our **School Assessment Tool** to identify—in partnership with your school (or district) champion—which programs your school or district already has in place and what is missing.

Substance use prevention and treatment programs are more successful when integrated in overall wellness and health plans. Universal school-based substance use prevention programs build social, emotional, cognitive, and substance refusal skills and provide accurate information on rates and amounts of peer substance use. Interventions focused on youth aged 10 to 18 have been shown to impact initiation and escalation of substance use.²¹



01. Make mental health and substance use prevention part of an overall wellness strategy

Wellness is described by the World Health Organization as a state of “complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.”²² Mental and emotional health is a cornerstone of wellness. While overall health is nurtured through nutrition, exercise, sleep, and medical care, mental health is also nurtured through positive experiences, loving, stable relationships, and intentional, direct support that helps develop critical social emotional skills.²³ Mental wellness should be discussed as part of overall wellness, as this framework helps remove stigma and increase support for services.

BEST PRACTICE HIGHLIGHT

A school or district can form a Wellness Team to promote student (and teacher) wellness. In Colorado, schools are required to use and report on universal improvement plans (UIPs). A Wellness Team can help work toward UIP goals relating to health and wellness.

Several programs in Colorado help schools address wellness; these examples provide some helpful ideas, resources, and easily implementable programs for a wellness team to promote in their own schools:

AIM XL (Assess, Identify, Make It Happen): [The Center for Rural School Health & Education](#) supports schools through engaging in a strategic planning process to promote student health. Stakeholders engage in the planning process to develop a comprehensive health and wellness plan using the [Whole School, Whole Community, Whole Child \(WSCC\)](#) model. They have created a step by step [AIMXL Do IT Yourself Guide](#) for districts to engage in the planning process.

[Communities That Care](#): Communities That Care coaches communities across the country through an evidence-based, prevention science process that reduces levels of youth problems and helps them thrive. They offer an online workshop and a guide for engaging in this work.

The [Colorado Alliance for School Health](#) was formed in 2016 with support from the Colorado Health Foundation. Members of the Alliance and

partners work together to develop innovative approaches to identifying and responding to health needs, including behavioral health, of districts and schools.

[keepin' it REAL \(kiR\)](#) is a scientifically proven, effective substance use prevention and social and emotional competency enhancing program focusing on the competencies linked to preventing substance use and misuse. Featured as a cost-effective and powerful program by the U.S. Surgeon General, the lessons are designed to promote interaction among students as well as between students and teachers. Students also learn how to assess risk, value their perceptions and feelings, and communicate effectively.

[Project ALERT](#): Developed over a ten-year period by the RAND Corporation, Project ALERT increases the likelihood of teens to remain drug-free. It is a free, digital classroom-based substance use prevention program. The online curriculum resources include fourteen easy-to-follow lessons.

[Youth Mental Health First Aid \(MHFA\)](#): Mental Health First Aid is an evidence-based training program that empowers individuals to identify, understand, and respond to others who might experience a mental health or substance use disorder crisis. Just as basic first aid is to scrapes and bruises, MHFA is to mental health struggles.

02. Screen for and identify issues to refer students to needed services

While all students benefit from mental wellness and social emotional learning, some students need additional mental health services. However, it's hard to help students if you don't know which ones need help. Screening for and early identification of potential problems are crucial first steps in promoting mental health.

The gold standard is to screen all students for mental health and ensure educators and staff

know how to recognize early signs and symptoms of mental health concerns. Universal screening can be controversial for schools, however. Administrators may be nervous about identifying students that need help if services are unavailable, particularly in rural or under-resourced communities. Additionally, parents might have concerns about stigma or other issues around school screenings and may hesitate to provide consent. There are ways to screen students that both school officials and parents can support.

Districts have found success using a Tier 1 SEL screener followed by a more targeted risk and mental health assessment tool when needed. Schools participating in universal screening report identifying students at risk of self-harm that otherwise would have not been identified. It is important to have a plan in place for student support prior to beginning screening that includes response strategies and parent involvement.

Suicide Screening

As youth suicide rates climb across the country and in Colorado, it is recommended that schools engage in safe, straightforward conversations and screenings to support those most vulnerable to suicide. As part of this, increased training for teachers and students alike will help identify and encourage students at risk to seek help.

A warm handoff system works best, meaning that when school personnel refer a student to another provider the transition is conducted in person, with the student (and family if possible) present.



Referral

In addition to screening, schools need to have a referral system in place for students who have been identified as needing additional resources. A seamless system of referral for further evaluation or services means creating a referral system that requires little or no extra work for the parent and minimizes the chances that a student could fall through the cracks.

We've highlighted some schools and programs that have student screening tools. These can serve as models or jumping off points for other schools and districts:

Cañon City Schools implemented a Social-Emotional Universal Screener, BIMAS2, in two school settings: a K-5 elementary school and a high school. Results of the fall and spring universal assessments have provided the school district with concrete data to drive whole-school professional development opportunities, implement school-based individual mental health services, and evaluate the need for additional behavioral health support, as well as prevention curricula throughout all tiers of the Multi-Tiered System of Support model.

BEST PRACTICE HIGHLIGHT

Along with sports physicals and vaccinations prior to fall enrollment, a child's pediatrician or family practitioner can administer mental health screening to cover signs and symptoms of depression, anxiety, ADD/ADHD, or other mental health obstacles that might impact a student in school.





The [Colorado Education Initiative Universal Screening Toolkit](#) is an excellent resource for school districts in the preparation and implementation of any level of student screening.

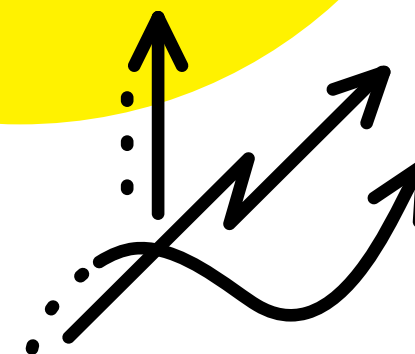
[Community Assessment and Coordination of Safety \(CACS\)](#): An interactive, electronic suicide risk assessment tool for students ages 10+ that includes risk screening questions from evidenced-based tools including the [Columbia-Suicide Severity Rating Scale \(C-SSRS\)](#) and [SAMHSA's SAFE-T](#) 5 Step Evaluation. Encouraging professionals and their students to start the conversation about suicide with helpful questions from respected sources, [Collaboration and Assessment of Safety \(CAMS\)](#) and [LivingWorks Applied Suicide Intervention Strategies Training \(ASIST\)](#), the CACS provides school counselors, psychologists, social workers, and trained teachers access to an assessment, safety plan, and resource directory in Colorado. It includes various location and age-based referrals including mental health, substance use, low-cost community supports, and more. Students at risk of experiencing suicide or mental health crises

can engage online with trusted professionals to manage their symptoms and identify referrals for appropriate next steps.

03. Incorporate social emotional learning (SEL) in schools

Social emotional learning is the process through which children acquire and apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.²⁴ These skills are quite a bit different from the traditional “reading, writing and arithmetic” taught in schools, but research has proven that social emotional skills are essential to success in school, work, and life. Furthermore, building social emotional learning helps students gain resilience, which is the capacity to recover quickly from difficulties.

A recent analysis of school-based, universal SEL programs involving more than 270,000 kindergarten through high school students found that these students demonstrated significantly improved social and emotional skills, attitudes, behavior, and an 11 percentile point gain in academic achievement.²⁵



BEST PRACTICE HIGHLIGHT

An important SEL best practice is to align programs with the developmental stage of the students the program is targeting. Mental health and substance use programs that use a social influence approach (harnessing the power of social influences on youth thinking, including peers, the media, and family) are helpful.²⁶



BEST PRACTICE HIGHLIGHT

Clinics need to be accessible and well understood by the students, teachers, and families in order to be effective. The [Colorado Association for School-Based Health Care \(CASBHC\)](#) supports existing and emerging school-based health centers through policy development and advocacy, training and technical assistance, and quality improvement projects. They are a useful resource if you are advocating for a clinic at your school.

There are more approaches and programs, we just highlighted some examples. After reading this section, visit SAMHSA's [Evidenced-Based Practices Resource Center](#).

Several initiatives help schools incorporate social emotional learning; the following examples provide some resources—some at no cost—for schools:

[BASE Education](#): Uses an online platform to provide a social emotional learning curriculum for students in schools and mental health systems. BASE Education is a psycho-social, therapeutic, online program that provides prevention and intervention to students. Through evidence-based curriculum content, students learn facts about their behaviors, individually process their feelings, and develop personalized strategies for successful redirection. Through systemic approaches, BASE connects students with adults. One Colorado district has figured out how to use Medicaid funding for this initiative.

[Collaborative for Academic, Social, and Emotional Learning \(CASEL\) Program Guides](#): The CASEL Guide provides a framework for evaluating social emotional programs and provides a list of well-designed, evidence-based SEL programs. The guide also has best-practice strategies for district and school teams on how to select and implement SEL programs and offers recommendations for future priorities to advance SEL research and practice.

[Random Acts of Kindness](#): Offers educator resources, including free K-12 lesson plans with developmentally appropriate lessons that teach kids important social emotional skills. The Random Acts of Kindness program includes online lessons and activities with intent to build social emotional learning opportunities and create positive classroom and school environments.

[Second Step Social-Emotional Learning](#): Helps transform schools into supportive, successful learning environments uniquely equipped to encourage children to thrive. More than just a classroom curriculum, Second Step's holistic approach helps create a more empathetic society by providing education professionals, families, and the larger community with tools to enable them to take an active role in the social-emotional growth and safety of today's children.

04. Establish and use school-based health centers (SBHCs) for mental health and substance use services in addition to physical health care

School-based health centers are clinics located on school campuses that offer both physical and mental health services. They are an effective way to improve students' access to care, particularly in low-income communities where youth may have social, economic, and geographic barriers to care.²⁷

Data indicate that students are substantially more likely to seek mental health and substance use support when it is available at school.²⁸ Furthermore, school-based clinics positively impact a variety of outcomes: one study showed GPA increasing by 5% and alcohol use decreasing by 15%.²⁹



RURAL TIP

School-based health centers are especially helpful in rural areas, where resources may be more spread out geographically and transportation to separate provider offices is difficult.

Here's are two examples of how school-based health care can be implemented in Colorado:

Pueblo City Schools: School-Based Wellness Centers:
Thanks to a federal grant, Pueblo placed mental health therapists at four health centers in high schools and middle schools in the district. School leaders trained staff in implementing evidence-based practices such as positive behavioral intervention and supports (or PBIS, see below). Over 600 students per year were served. Also, the number of youth served at other community-based outpatient facilities did not decrease, meaning that the school-based health centers were likely reaching students who were not previously using services.³⁰

Park County RE-2 School District has partnered with Summit Community Care Clinic to remove the rural barriers of time and travel to those students, families, and staff that need access to mental health, dental, and medical services by offering an on-site School-Based Healthcare Clinic. This partnership is funded by both Caring for Colorado and the Colorado Department of Public Health and Environment. The School-Based Healthcare Clinic has been in operation for one school year and has provided mental health services to approximately 38 students in preschool through 12th grade. Students, families, and staff have access to services through self-referral, in addition to staff-referral of students through the Response to Intervention process when significant mental health needs are identified. The Clinic has served many students who would not otherwise receive mental health services due to the very limited resources in the rural community.

05. Create partnerships with mental health professionals

Close relationships between schools and community mental health and substance use professionals are key to promoting mental health in schools. Schools could either provide their own mental health services internally or contract with community providers. Either way, community partnerships are essential.



“Partnerships have been a huge help in making connections with agencies and taking some of the work out for the parent.”

– School-Based Mental Health Professional

- There are a variety of ways to foster these partnerships, for example:
1. Schools contract or collaborate with providers from an outside agency who deliver school-based services³¹
 2. School-based mental health centers employ providers on site³²
 3. Schools develop a referral system to outside providers who provide services at their own sites
 4. Schools provide their own school-supported mental health model and ensure parent/ student consent for communications with other health care providers

To build successful partnerships, schools should:

- Ensure communication between providers within and outside of school, and with parents
- Ensure written, informed consent and confidentiality for services provided
- Improve the potential for sustainability by collecting data on outcomes
- Consider the interests of both the school and community partners

Examples of school and community partnerships in Colorado schools:
Colorado School-Based Mental Health Specialist Program: Funded through the [Colorado Office of Behavioral Health](#), most Community Mental Health Centers in the state participate in this program. Each mental health center designates a full-time employee to provide technical assistance to schools within their catchment area. Schools can reach out to the Office of Behavioral Health for an introduction to their school mental health specialist to begin the conversation on how they can collaborate to improve the mental health of their students.

Aurora Mental Health Center School-Based Program:
Teams of mental health professionals provide comprehensive mental health treatment for children in Aurora elementary, middle, and high school settings. Many of the youth served have a significant trauma history.



06. Emphasize teacher wellness

A trusting relationship between teachers and students and a positive classroom atmosphere are important prerequisites for successful mental health intervention.³³ However, many teachers feel overwhelmed by emotional and behavioral challenges in their classrooms. Burnout cascade, where difficulties with student behavioral management can negatively affect teacher-student relationships and the classroom environment, might harm both teacher and child mental health.³⁴

While self-care is important, teachers need support that goes beyond self-care and boundary setting. For example, teachers who experience traumatic incidents with their students might need help transitioning back to classrooms after these incidents. Schools can help teachers understand the issues and support teachers to be reflective in their needs.³⁵

BEST PRACTICE HIGHLIGHT

Facilitate a sense of community among teacher colleagues by providing formal opportunities—and time—for teachers to talk through and process difficult events. These community platforms may include designated leaders or mentor teachers who provide support for other classroom teachers.³⁶ Coping skills such as mindfulness will improve both teacher wellness and student outcomes.

Example of a Colorado teacher wellness program:

[Jefferson County Public Schools Employee Assistance Program](#): This program is available for all staff, including teachers. It provides tips and guidance for **positive mental health**, it provides staff with **counseling resources** and stress reduction tips, and encourages the formation of local school Wellness Committees.

BEST PRACTICE HIGHLIGHT

One-time “one and done” trainings for teachers aren’t as effective at creating lasting change—teachers need continued training and coaching, periodic refreshers and troubleshooting check-ins to assure that changes are taking root.

Teachers need mental health support or education, too.

– Colorado Youth



07. Reduce stigma

The stigma—or perceived shame—surrounding mental health issues is one of the primary reasons that individuals and families do not seek services.³⁷ By addressing the misconceptions and fears about mental health and educating students and teachers, schools can reduce stigma.³⁸

BEST PRACTICE HIGHLIGHT

Schools, communities, and families can work together toward creating a culture free of stigma. Best practices should include both staff training and student-based learning such as the “culture of care” project, where schools and other community partners directly communicate to students that it is ok to ask for help.”³⁹

RURAL TIP

The need for stigma reduction is likely greatest in rural and frontier areas of the state, where many people have a fierce value of independence and self-sufficiency, which may cause them to avoid seeking help for mental health and substance use challenges.

BEST PRACTICE HIGHLIGHT

To help fight stigma, schools need to address mental health in face-to-face conversations with parents, such as at back-to-school night or other parent meetings, instead of simply sending letters home.



Stigma-reduction programs and initiatives such as the following can provide some ideas to help decide what your schools might do:

Let’s Talk CO: The state of Colorado’s media campaign to reduce the stigma around mental illness encourages people who need treatment to seek it. The site has a variety of informational materials, tips for having conversations about mental illness, posters and fliers, resources, and media tools.

Make it OK: This stigma reduction website contains information related to mental illnesses, what stigma is, tips for having conversations about mental illness, and a variety of resources and tools, such as posters, flyers, PowerPoints, fact sheets, newsletter templates, and links to the podcast, The Hilarious World of Depression, which uses humor as a way to start a conversation about mental illness.

Academy of Urban Learning: This Denver school has decided to use their Comprehensive Health class as an opportunity to focus on mental health and wellness, while also reducing stigma through education. The class is taught by a licensed mental health professional. As a national model of this approach, New York was the first state in the nation to require mental health instruction for all grades as a result of legislation passed in 2016.

08. Use positive behavioral intervention and supports (PBIS)

Positive behavioral intervention and supports (PBIS) is a prevention-based framework designed to build social emotional learning into the everyday school curriculum. The core of PBIS is schoolwide systems of support that include proactive strategies for defining, teaching, and supporting appropriate student behaviors to create positive school environments. The purpose of schoolwide PBIS is to establish a climate in which appropriate behavior is the norm.⁴⁰ Teaching-oriented, positive, and preventive strategies are emphasized for all students in this framework.



BEST PRACTICE HIGHLIGHT

Colorado's Multitiered System of Supports establishes three "tiers" of support in the school:

Tier 1—resources and programming for all students

Tier 2—resources and programming for students found to be at a higher risk of school-related problems, such as

students who have already had discipline issues, or students who have been enrolled in several schools for shorter periods of time

Tier 3—supports provided to individuals, perhaps referred by a teacher or revealed in a screening.⁴¹

When you plant lettuce, if it does not grow well, you don't blame the lettuce. You look into the reasons it is not doing well. It may need fertilizer, or more water, or less sun. You never blame the lettuce.

– Thích Nhất Hanh



RESOURCE HIGHLIGHT

The [Colorado Framework for School Behavioral Health Services](#) outlines a true gold standard system of care. The Framework includes three different models of service delivery for students with high behavioral health needs: co-located services in schools, school-based community therapists, and seamless referral systems, to respond to each community's location, needs, and resources.

Examples of positive systems of support:

[Colorado Department of Education Positive Behavioral Interventions and Supports \(PBIS\):](#)

PBIS resources and guidance are offered by the Colorado Department of Education and work within a prevention-based framework for developing an array of evidence-based behavioral services. In 2017, over 650 staff were trained or provided consultation in 100 schools. A PBIS framework has been found to be a crucial part of a variety of evidence-based practices marked "effective" or "promising" by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

[Multi-Tiered System of Support \(MTSS\):](#)

The Colorado Department of Education provides MTSS resources to improve student outcomes by using community engagement strategies and evidence-based practices at multiple levels, from the classroom to the state level. The department gives State Personnel Development Grants which include an MTSS Specialist and one or two implementation consultants who support a school or district's action plan to address mental health and substance use initiatives. Any district, regardless of whether they receive a grant, can request MTSS technical assistance.

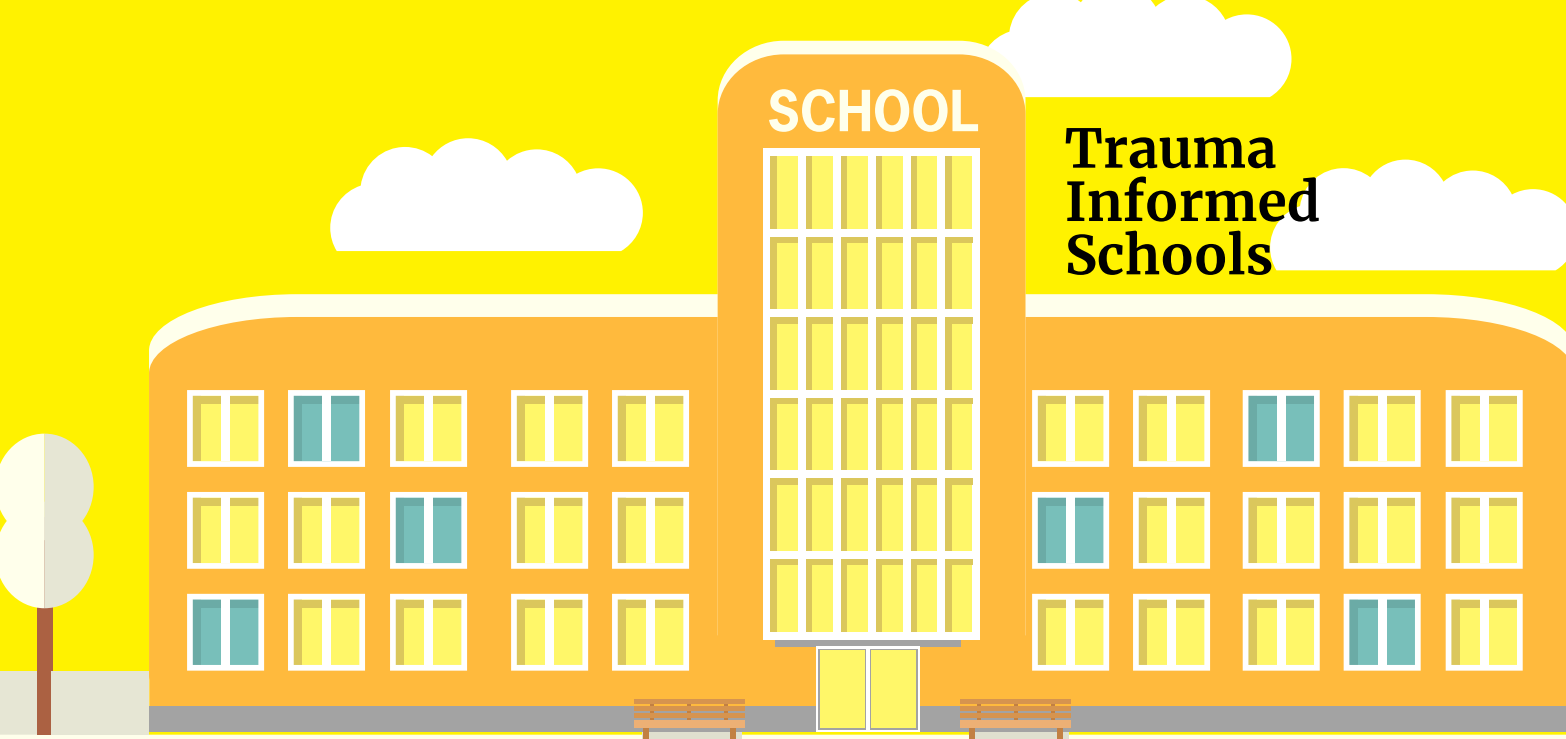
[Project AWARE](#): Colorado's Project AWARE aims to build a comprehensive, coordinated and integrated school behavioral health services system that supports every student in Colorado in reaching their fullest potential in school and life. The Colorado Department of Education received funding from SAMHSA to collaborate with behavioral health stakeholders across the state to improve mental health awareness and response. In addition to broader, statewide activities, Project AWARE has partnered with Aurora Public Schools, Fountain-Fort Carson School District, and Thompson School District to support best practices and to inform Colorado schools and communities interested in accomplishing similar goals.

09. Incorporate trauma-informed principles

A child's ability to cope is significantly undermined after witnessing one or more overwhelmingly stressful events, such as violence between caretakers or being abused. Traumatic experiences in one's childhood can diminish concentration, memory, and other abilities students need to succeed in school, and it can lead to poor coping skills, substance use, and smoking.⁴² Once schools understand the educational impacts of trauma, they can become safe, supportive environments where students make positive connections with adults and peers, manage their trauma symptoms so they can behave appropriately, and feel confident to learn.

Trauma-informed programs can be implemented in a variety of ways, some of which we have included as examples here:

[Cognitive-Behavioral Intervention for Trauma in Schools \(CBITS\)](#): School-based, cognitive-behavioral, skills-based interventions designed for students who have experienced traumatic events. The program aims to improve the well-being of traumatized students by using a variety of proven cognitive-behavioral therapy techniques to reduce symptoms of posttraumatic stress disorder (PTSD), anxiety, and depression and to improve behavior, social functioning, grades and attendance, peer and parent support, and coping skills.



Trauma Informed Schools

Step 01.

Create a shared understanding of trauma among all staff

Step 02.

Support all children to feel safe, both socially and emotionally

Step 03.

Address student needs in holistic ways, taking into account their relationships, academic competence, and physical and emotional well-being

Step 04.

Purposefully connect students to the school community and provide opportunities to practice newly developing skills

Step 05.

Embrace teamwork and share responsibility for all students

Step 06.

Anticipate and adapt to the ever-changing needs of students⁴³

The program is designed to be culturally and organizationally appropriate for the school setting. This program has been designated an “effective” evidence-based practice by SAMHSA.

Restorative Justice (RJ): Schools are moving away from “zero tolerance” and other policies that rely on suspension and expulsion to deal with student discipline, as these methods are not particularly effective. Restorative Justice focuses on repairing harm rather than punishment. Its main principles are 1) repair: crime causes harm, and justice requires repairing that harm; 2) encounter: the best way to determine how to do that is to have the parties decide together; and 3) transformation: this can cause fundamental changes in people, relationships, and communities.⁴⁴ Restorative Justice programs can help decrease drop-out rates and other ways students fail to complete their education, thereby helping some of the most at-risk students stay in school. The Restorative Justice framework has been found to be a crucial part of several evidence-based practices marked “effective” or “promising” by SAMHSA.

System of Care: A system of care requires

multiple agencies working together to improve students’ outcomes and often involves screening and referral. These systems should be youth- and family-driven.⁴⁵ In Colorado, one system of care is called COACT and is a partnership between the Colorado Department of Human Services Office of Behavioral Health, the Substance Abuse and Mental Health Services Administration (SAMHSA), and multiple counties across Colorado. All child and youth serving agencies are involved, including the public mental health system, child welfare, juvenile justice, and education. COACT has a special focus on trauma training.

Resilient Futures implements the Healthy Environments and Response to Trauma in Schools (HEARTS) program. HEARTS is a comprehensive, equity focused school-wide system approach to promote success and resilience for trauma-impacted youth.





10. Prioritize suicide prevention

Suicide was the leading cause of death for young people ages 10-24 in Colorado in 2016.^{46,47} Students who feel safe at school are over three times less likely to attempt suicide.⁴⁸ The school setting is ideal for youth suicide prevention efforts. Indeed, the “school contagion” phenomenon, wherein one student suicide prompts one or more others among students, can have devastating consequences on the families, the community, and students and their learning environment.

Here are a few examples of suicide prevention programs and initiatives:

Sources of Strength: A number of Colorado schools use The Colorado Department of Public Health and Environment’s Sources of Strength program, which works to help prevent student suicide by building a support system within the school. The program teaches students skills to use in a mental health crisis, while preventing suicide by encouraging students to ask for help and promoting connections between peers and caring adults. It was listed as an evidence-based practice by SAMHSA in 2015.

Signs of Suicide. The Signs of Suicide Prevention Program (SOS) is a universal, school-based depression awareness and suicide prevention program designed for middle-school (ages 11–13) or high-school (ages 13–17) students.

Second Wind Fund: Provides access to life-saving mental health treatment for youth 19 and under who are at risk for suicide in Colorado and pays for up to 12 sessions of therapy when there is a barrier to treatment. The program helps referred youth discover hope and healing in their lives. Second Wind Fund currently serves over 30 counties in Colorado with a network of over 250 private, fully licensed, therapists with significant experience helping youth and their families through crisis.

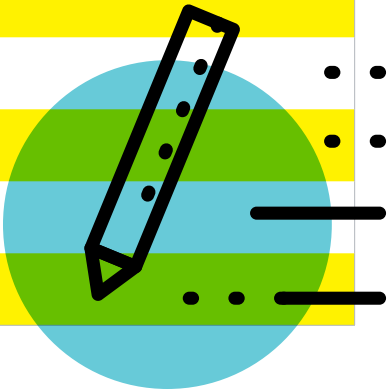
Suicide Prevention Resource Center (SPRC) and Out for Equity Program. LGBT youth have much higher rates of suicide attempts than their non-LGBT peers. SPRC put together a paper about reducing LGBT suicide attempts and suicide that highlights a successful program for use in schools, “Out for Equity.”

School Assessment Tool: A Checklist

After reading the **What works?** section of this toolkit, reach out to your school champion and/or a school or district administrator to assess needs. For each of these best practices, determine with your team or among your core leadership (which may vary depending on how you are addressing mental health in your district or school) which score best matches to your progress in each of the 10 best practices and write this score next to each practice.

- 1—We are not implementing this
- 2—We are not formally implementing this but have some related efforts
- 3—We have a plan in place to implement this
- 4—We are implementing this
- 5—We have policies in place to implement and evaluate this, and it is sustainable

| Assessment Score (1–5) | Best Practice |
|------------------------|---|
| | A school wellness team, or other effort to make mental wellness part of an overall wellness strategy (pg. 15) |
| | An established process for mental health, suicide, or substance use screenings and referrals (pg. 16) |
| | Social emotional learning programs (pg. 18) |
| | School-based mental health and substance use services (pg. 21) |
| | Active partnerships with community mental health professionals (pg. 22) |
| | Teacher wellness programs and support (pg. 25) |
| | Stigma reduction programs (pg. 26) |
| | Positive behavioral intervention and supports (pg. 27) |
| | A trauma-informed program or approach (pg. 29) |
| | A suicide prevention program (pg. 32) |



IN ADDITION, ASK YOUR SCHOOL LEADERS:

1. What do you consider the biggest mental health or social emotional learning needs in your school/district?

2. What kind of funding and implementation needs do you have?

3. Are there any policies within the district or at the local/state level that currently prevent or act as a barrier to fully implementing mental health programming in your schools?

How do I make changes?

The **School Assessment Tool** will help you begin to assess what your school/district needs to improve or increase mental health services in schools.

Many schools and school professionals already support the idea of mental health in schools. They are already sold on the data and needs, and they understand that better mental health and social emotional learning in schools helps students succeed. However, their schools might still need resources and guidance. The Coloradans we interviewed identified several top characteristics they felt were necessary to implement a successful school-based mental health program. These included:

- Sustainable funding sources
- Collaboration and resource sharing
- Strategic plans and benchmarks of progress
- Incentives for schools or districts to implement new mental health programs.
- Train-the-trainer models (people are trained to then train others in the community)



We combined the results of these interviews with our own research to answer the question:

What does success look like?

Many of the best practices in the **What works?** Section of this Toolkit have been implemented in Colorado schools, and their programs can serve as models.

Once you have identified services that are missing from your schools, and one or two best practices that your schools might be willing to implement, plan ahead to determine what successful implementation should look like. We've identified five key components to success:

Collaboration success:

Mind Springs Mental Health Center partnered with a mountain community high school to split the costs of a therapist placed at the school. There were 9 crisis calls the semester before the therapist was based at the school and zero calls the semester after the therapist began.





Student involvement Success: VOIHCE (Voicing our Imperative Health Concerns Everyday), a student youth advisory board from Adams City High School (ACHS) is focused on addressing youth health issues. With support from adult advisors, VOIHCE works to increase awareness about issues like peer pressure, domestic violence, suicide, depression, and teen pregnancy prevention, and to empower teens to take responsibility for their own health. VOIHCE members have testified at the legislature on various issues important to them, and, thanks to the VOIHCE members, the Adams City school-based health center integrated mental health services in 2010.⁴⁹



Don't just assess what's bad, assess what's good and how to build on that.

– School Mental Health Services Provider

5 points on success

1. Successful implementation involves collaboration between schools and organizations such as Community Mental Health Centers, state agencies, and county agencies.
2. Success means implementing school-based services in an **effective** and **sustainable** way – that means using evidence-based practices (see **What works?** section) whenever possible and developing lasting ways of funding (see **How can initiatives be funded?** section for ideas).
3. Success means engaging communities and tapping into other community organizations that already exist.
4. Success means involving students. For example, they can participate in advocacy by sharing their own stories and organizing groups to address school administrators, school boards, or lawmakers.
5. Successful implementation includes collecting and reporting outcome data to ensure programs remain effective. This will help both reshape programs that don't work and build on programs that do.

What (and who) drives success?

After you've identified practices you want in your school or district, and you have an idea of what successful implementation should include, work with

Promote peer-to-peer advocacy and learning—if one school principal tells another about a program, that's a much better messenger.

– Mental Health and Substance Use Disorder Leader

your school stakeholders and partners to advocate for specific changes.

Your first step should be to identify where the change needs to happen. Often, the changes you want to see are at a local level, in your school district, city, or county. School improvements that you are advocating for may require various **policy or law changes** at the local level. To drive policy change at a local level, you might start by:


1. Addressing the school board in public meetings to communicate your ideas and priorities.
2. Reaching out to other elected officials such as mayors, County Commissioners, and even the Sheriff's office to communicate your ideas and priorities.
3. Helping to elect officials that share your priorities—this includes reaching out to candidates prior to elections to assess how committed they are to improve mental health services in schools.

Sometimes changes or improvements require changes through amendments to local charters; proposing or supporting city or county ballot initiatives can pave the way for new or increased programs and initiatives (see **How can initiatives be funded?** for more on this).

You may need to engage **state agencies or legislators** if the changes you want to see require state level funding, statewide implementation, or changes in state statute or regulations. Your school champion, school administrators, local elected officials, and even organizations like ours ([Mental Health Colorado](#)) can help identify where and how change needs to happen.

Know the law: Colorado has enacted several laws that guide the provision and funding of prevention, wellness and mental health treatment services in schools, such as a law that creates the state's School Safety and Youth Mental Health Committee, and laws designating marijuana tax revenue to schools. Find a useful review of this legislation at the [Colorado Education Initiative website](#).

Join the [Mental Health Colorado Brain Wave](#). Mental Health Colorado has built a statewide network of advocates; we call it the Brain Wave. As a member, you'll become an integral part of our efforts to improve mental health care by spreading the word and participating in local events. We'll help you learn the most effective ways to persuade your elected officials, shape public policy, and engage the news media. Help us identify the most pressing barriers to mental health care, as well as the most promising solutions.



Click [here](#) to get a ready-to-go fact sheet about children's mental health to give to policy makers.

Encourage youth voice. When the legislature hears from young people directly, it's different than when they hear from a professional. It's something that we've seen be successful.”

– State Personnel

A parent mailing campaign helped win a property tax increase to support hiring more teachers in Jefferson County Schools. Concerned parents organized themselves and emailed pre-printed postcards to registered voters, writing personal notes and urging recipients to vote in the upcoming election.

How do I gather support?

In our **Six-Steps-to-Change** tool, we've identified the need for both school and community support. Start by talking about the need for mental health services in schools, and potential solutions, with key people.

Communicating one-on-one. The simple act of reaching out to stakeholders and decision makers, voicing your opinion on an issue, and presenting relevant facts and data is an important tool. Use data to illustrate and support your position and to counter any opposing views. Strategies for reaching individuals include:

- One-on-one communication and networking, including in-person meetings
- Direct email communication
- Phone calls

Building public will and gaining the support of leadership. Forming coalitions with community organizations creates strength in numbers and is convincing to leadership. Pull in like-minded partners whenever you can. Start with the champion you've identified in the school or district (Note: if you are a teacher or student within a school—you are the ideal champion. Start by identifying a partner).

Along with your in-school champion, reach out to existing coalitions in your community, and build from there. Strategies for reaching a wider audience include:

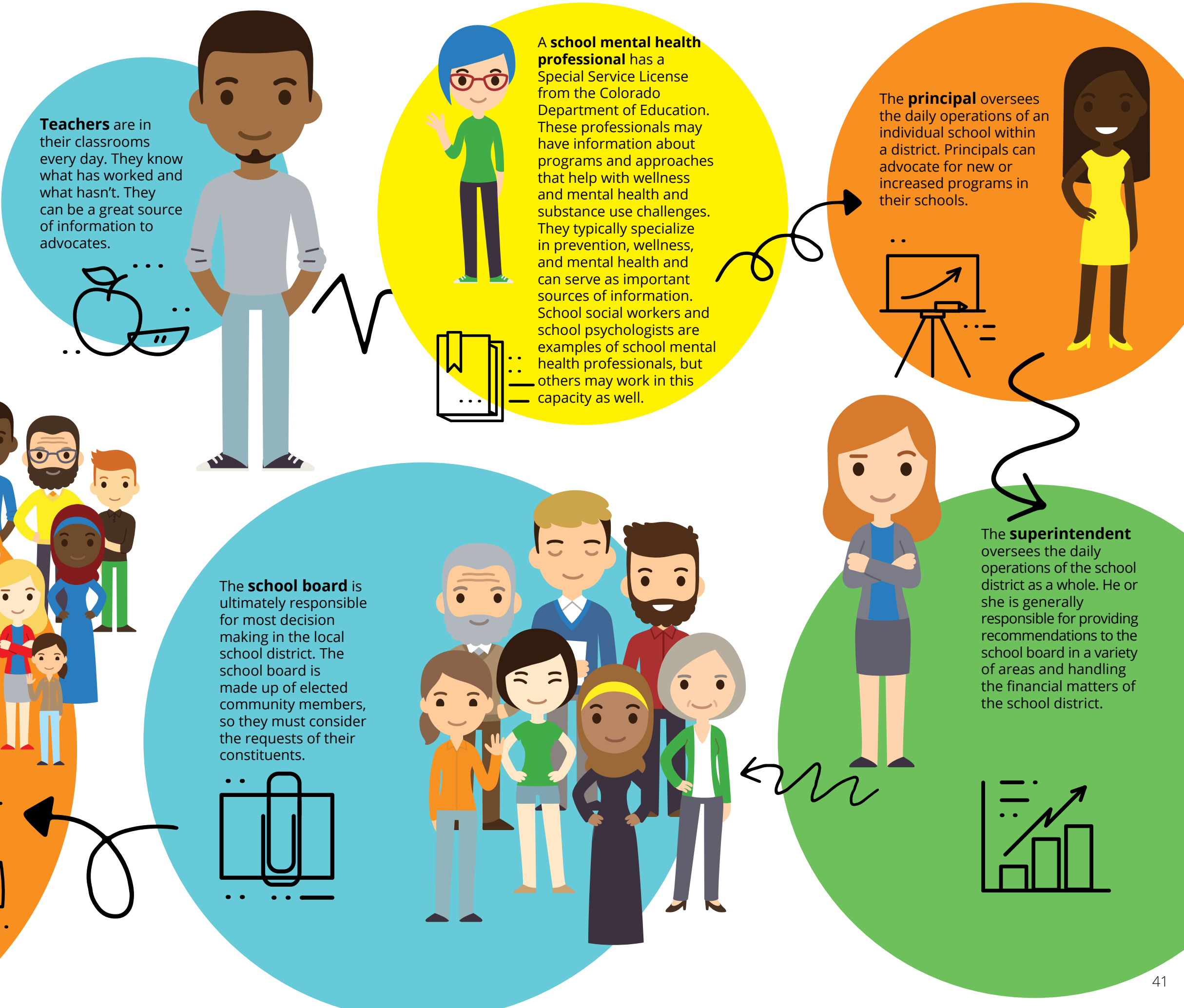
- Media outreach – use the media liaisons among your partner organizations and/or schools when available, or reach out to the news outlets in your area. Write op-eds, or engage reporters
- Digital platforms – social media, websites, and digital advertising
- Community events and presentations
- Professional development and networking events
- Professional associations, membership groups

Teachers can be important impact leaders. [Teach Plus](#) works to empower teachers to take leadership in policy and practice issues, including a Colorado State Policy Fellowship Program to engage teachers in shaping policy decisions.

Schools, counties, and the state all must consider many different important and compelling priorities, needs, and demands for their resources and budgets. Some decision-makers may not be aware of just how important school mental wellness approaches and programs are. Different audiences care about different things, so it is vital to tailor your message to your audience in a way that they'll hear it best. Use your **School Assessment Tool** and **Talking points** to engage in these discussions.

Who's who in schools?

When you have an idea or a resource that you'd like to have considered in your school or district, who you reach out to depends on a variety of factors. These include school staff's differing roles, how involved the different staff or agencies are in similar programs or initiatives, and, perhaps most importantly, who you know and already have a connection with. Sometimes it might make sense to go straight to a school board, while other times it might be best to start with your school's counselor, teacher, or principal.





What are the differences between school counselors, social workers, and psychologists?

Counselor—A counselor often wears many different hats. Counselors receive specialized education and training in school counseling. They often serve as the first point of contact for a student with mental health needs and connect them to services. A counselor provides counseling services for students who may struggle academically, have a rough home life, have gone through a difficult situation, etc. A counselor may have information about programs and approaches that help with wellness and mental health and substance use challenges, and who can advocate to the principal for these programs.

School Social Worker—School social workers have at least a master's degree in social work and provide mental health services in schools. Schools often are

one of the first places where mental health issues are recognized and addressed, so school-based social workers might serve as the primary mental health providers for students.

School Psychologist—A school psychologist may provide direct services to students like testing and counseling, and consult with teachers, families, and other school staff like counselors and school social workers. She or he often works with administrators to improve school practices or policies, and coordinates with other providers in the community when a child needs additional services. School psychologists typically receive training in innovative and evidence-based approaches to prevention, wellness, and mental health, and can serve as an important source of information.

[Here](#) is some additional information about the roles of individuals within the school system to help you understand how the “system” works, who makes what types of decisions, and to help you decide who to reach out to for your school's mental health needs.

RURAL TIP

Boards of Cooperative Educational Services (BOCES) These county and regional collaborative boards help bring needed services to public school personnel and students by helping school districts in an area to pool resources and cut costs. They are hubs of information for school districts and important partners for advocates. There are currently 21 BOCES in Colorado, and more information is available by clicking the link above. BOCES are often very active and important in rural areas, where smaller school districts lack the staff and the financial resources to pursue new funding or advocate for programs and services. Be sure to contact the BOCES in your area when working on change in rural schools.

Who’s who in the community?

In addition to schools themselves, other community agencies play a part in promoting wellness in schools and helping students with mental health and substance use concerns. In Colorado, counties have a central role in the planning and funding of decisions for their areas. Here are some of the community and county organizations that might support your efforts:

County Departments of Human Services

Every Colorado county has a Department of Human Services. Colorado has a state-supervised and county-administered human services system. County Departments are the main provider of direct social services to Colorado’s families, children, and adults. County Departments of Human Services vary in their involvement in school-focused initiatives, but they are potentially a great partner for new initiatives and can work closely with school districts in helping to arrange mental health and substance use treatment services for students in need.

Community Mental Health Centers

Seventeen community mental health centers with many branches across the state provide publicly and privately funded mental health and substance use treatment to children, families, adults, and the elderly. These centers can be a valuable partner and ally for advocates looking to get mental health therapists in their schools, open a school-based health center, or start programs to reduce the stigma of mental health and substance use challenges. The Community Mental Health Centers typically house the School-Based Mental Health Specialists (described in **What works?** section).

Collaborative Management Programs

You may find most of the collaborating partners you need in one place - your county’s Collaborative Management Program. About half of Colorado’s

64 counties have formed such a program. These groups are tasked with blending and pooling funding for needed interventions and initiatives in their area, and tackle issues on an individual level and larger community level. The programs typically include staff from county public health, child welfare and human services departments, local judicial districts, the local school district(s), law enforcement, and the local community mental health center. Visit your county’s website to find out if your county has a Collaborative Management Program.

Collaborative Management Programs (CMP) at work:


The Park County CMP was able to get their community mental health center to increase their therapists’ hours in one small rural mountain town. The CMP in El Paso County offered training in High-Fidelity Wraparound, an evidence-based program to help children and families with involvement in multiple human services systems such as child welfare and the juvenile justice system.

PARENT TEACHER ASSOCIATION

The mission of the Colorado PTA is to make every child’s potential a reality by engaging and empowering families and communities to advocate for all children. The benefits of family-school-community partnerships are many: higher teacher morale, more parent involvement, great student success, and more. That is why PTA developed the [National Standards for Family-School Partnerships Implementation Guide](#), a tool for empowering people to work together with an end goal of building family-school partnerships and student success.

RURAL TIP

In smaller, rural counties, it is even more important to get multi-agency collaboration when working to increase school-based prevention, wellness and mental health resources. Rural agencies often have more limited budgets than their urban counterparts, and financial collaboration is key to successful funding of new initiatives. Local agencies are often already well-connected, such as in a Collaborative Management Program - you won’t have to “reinvent the wheel” to encourage collaboration.



Voters in Eagle County passed a ballot initiative in 2017 that could generate more than \$2 million annually in recreational marijuana tax money for the county, with the first \$1.2 million each year dedicated to mental health and substance use disorder programs in the area. The Eagle County Board of Commissioners supported the measure and will help decide how the funds will be spent.

[County Commissioners](#)

Each Colorado county has a county commission or a board of commissioners. Commissioners oversee the general functioning of counties, like maintenance of roads and establishing taxes and fees. Commissioners also make decisions about the county's budget and they are typically elected by the public and serve limited terms, which means that listening to and serving their constituents are high priorities for them. While County Commissions don't directly oversee the school districts in their areas, they are in charge of the public health and human services offices, and they can be critical partners for advocates trying to advance a cause.

[Public Health](#)

Each county has either a department, board of public health, or a "shared" agency with other counties that focus on a wide variety of health issues. They initiative, collaborate on, and fund mental health and substance use initiatives. Local public health agencies are an important partner in community collaborations that are often involved with school initiatives. In 2008, Colorado's Public Health Act was signed into law. (C.R.S. 25-1-505). One of the requirements of the Act was that every five years, each local health department in Colorado conduct assessments of community health and local public health capacity and use the results of the assessments to develop a five-year local Public Health Improvement Plan (PHIP) that engages community partners in improving the health of

their communities. Mental health has been identified as a priority in the majority of Colorado's PHIPs.

Who's who at the state?

[The Colorado Department of Education](#)

The Colorado Department of Education (CDE) promotes, funds and supports many programs designed to improve student wellness, improve mental health and prevent substance use. Their strategies include Positive Behavioral Interventions and Supports (PBIS) and the Multi-Tiered System of Supports (MTSS) (learn more about these in the **What works?** Section of this Toolkit). They host the Colorado Coalition for Healthy Schools, a multi-agency coalition that prioritizes mental health and substance use issues. In addition, the [Colorado Department of Education's Emotional and Social Wellness Standard](#) is an important resource. Emotional and Social Wellness (ESW) is one of the Colorado Department of Education's Academic Standards and is located within the Comprehensive Health & Physical Education content area on their website. Specific grade-level expectations are highlighted within the standard. Social and emotional learning principles are integrated across all standards in Comprehensive Health and Physical Education, particularly in Prevention and Risk Management.

[The Colorado Department of Human Services](#)

The Colorado Department of Human Services operates numerous programs designed to help students and their families at home, such as food assistance, financial assistance, and similar benefits for families. Many of their offices and programs support health in schools. For example, the Office of Behavioral Health funds mental health therapists to work on-site at schools and provides grants to community-based behavioral health programs. The Office of Early Childhood focuses on building protective factors in schools to help children to thrive in that context. It also houses the Director of Early Childhood Mental

Health, a position established in 2013 to provide expertise on infant and early child mental health across Colorado.

[The Colorado Department of Public Health and Environment](#)

Colorado's Department of Public Health and Environment (CDPHE) works to promote all types of prevention and wellness, from monitoring air pollution to preventing suicide. Its many prevention programs include wellness and mental health and substance use treatment in schools. It funds and guides suicide prevention programs, school-based health centers, and student-focused substance use disorder prevention campaigns (learn more in the **What works?** section of this Toolkit). CDPHE uses Colorado state funds and federal grant funds, and they offer grants to communities and schools.

[The Colorado General Assembly](#)

Sometimes, your idea may go beyond locally funding or implementing best practices in one school or district. You may opt to request for state funding and/or statewide implementation of a best practice that requires a change in statute. When this is the case, you (or your school or community partners) will want to reach out to the Colorado State legislature. The Colorado General Assembly meets from January to May to review, discuss, and vote on bills and to establish the Colorado state budget for the following year. If you're unfamiliar with the process, you can learn more about how the Colorado legislature works from the [Colorado Education Association](#).

What next?

Once you've assessed your school or district's needs, identified practices you would like implemented, and started to garner school and community support, you may face a significant hurdle to implementing mental health services in schools: money. Our **How can initiatives be funded?** section can help.

How can initiatives be funded?

Read about [three national success stories](#) in funding and sustaining the integration of mental health services in schools. They knew the 3 E's essential to Medicaid and insurance reimbursement for services in schools: eligible services, eligible clients, and eligible providers.



Learn more about federal funding in this [guide for federal education programs](#) that can fund K-12 universal prevention and social and emotional learning activities.

Not every type of mental health program requires funding (see the [How do I make changes?](#) section of this Toolkit for how to advocate for policy changes), but when trying to initiate or enhance prevention, wellness, and mental health services and programming in schools, funding is one of the most important and most daunting obstacles.

Here you'll find lessons learned about school funding, an overview of how schools are funded and potential sources to help fund mental health services and programs.

Lessons learned

Experts and stakeholders in Colorado agree that one of the primary challenges to implementing new initiatives and programs in the public school system is securing sufficient and sustainable funding. Here are some local "lessons learned" from interviews and focus groups across Colorado:

- Share resources among agencies. Agencies can often "pitch in" and each pay a portion of the cost of a staff position, new curriculum, or teacher training.
- Take advantage of federal funding. Medicaid dollars typically only cover specific services to specific individuals, but this funding is becoming increasingly flexible for use in prevention and wellness programs, where lots of students are served, not just individual Medicaid recipients. For example, a school psychologist funded in part by Medicaid dollars might see students individually or may visit classrooms to teach social emotional wellness programs.
- Plan for sustainability. Grants are often crucial to getting new initiatives started, but you must plan for how to sustain the program once the grant funding is depleted. Start planning for long-term funding and sustainability solutions during the grant writing process.



We work closely with the school district. We work collaboratively where the needs are and how resources can complement what schools already have (some already have counselors); we integrate and provide services in other districts that don't have that support.

– State Agency Personnel

RURAL TIP

Smaller rural school districts, mental health centers, and county agencies are often so stretched due to chronic workforce shortages that they lack the resources to compete for grants, while larger agencies may employ their own grant writers. Finding ways to support rural agencies with help for grant writing can increase their chances of receiving grant funding.

Public school funding in Colorado

Understanding how schools in Colorado are funded will help you decide where and how to target your school mental health efforts. Public schools in Colorado are funded by a mix of local property taxes, state income and sales taxes, and a bit of federal funding (higher for schools that serve more low-income students, and schools that pursue certain federal grants). The state proportion of school funding has grown over the years.

Local contributions ([find your district's per pupil spending here](#)) come from property taxes and other local funds and levies, so school districts where property values are high fund a higher proportion of their budgets from local sources than less affluent districts. Cherry Creek School District in Arapahoe County, for example, generates around 52 percent of its revenue from local funds, while the much-lower-income Mapleton district in Adams County picks up just 35 percent of its school funding from local funds.

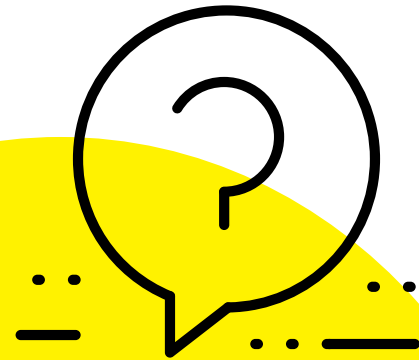
Additionally, schools might use other sources of discretionary funding, such as Parent Teacher Association (PTA) funding for school health and wellness programs. The Colorado PTA has prioritized students' mental health through their Health, Wellness, and Safety committee, and connecting with your school's local PTA might be an opportunity to prioritize mental and social emotional health in your school or district.

Depending on the size and scope of your project or initiative, you might pursue many funding avenues, such as:

- Local mill levies to increase property taxes
- Other ballot measures such as sales or marijuana taxes
- Re-prioritizing use of existing school, district, city or county budgets
- Seeking to get existing funding earmarked for your project
- Asking for additional funding via national, state and local grants or from the state legislature

Aurora Public Schools is using mill levy funds to support sustainable wellness for all district staff. Sustainable wellness is best achieved by integrating small, manageable goals into a professional's daily life, with the ultimate goal to develop a culture of sustainable wellness in all district sites through trauma-informed, mindfulness-based strategies.

How to Find Funding



Aurora voters passed a ballot measure in 2018, approving a \$35 million mill levy that will support student health, safety, and learning. A portion of the funds were specifically designated for health and mental wellness supports.

Ballot Measures

FOR RESOURCES LIKE:

Community mental health programs and services, school-based services, or even statewide funding, by way of local or state tax measures

What is a mill levy?

The mill levy in a school district sets the rate that is charged for property taxes. Districts that want to raise property taxes to collect more money must ask voters for approval first. The money generated from this tax stays in the community and could go directly to the school district for a specified purpose.

Grants

Colorado State Grants, Foundation Grants, Federal Grants

FOR RESOURCES LIKE:

New programs, additional staff, assistance with new curriculum and approaches, consultation and assistance with new approaches, teacher and staff trainings, research on effectiveness, large-scale teacher and staff trainings

Legislature

FOR RESOURCES LIKE:

State funding to support district-wide new staff positions, larger scale adoption of new programs and approaches, statewide initiatives and services such as Mental Health First Aid

Partners

County and Community

FOR RESOURCES LIKE:

School-based staff and services such as screenings, referral systems, mental health and wellness trainings

School District

FOR RESOURCES LIKE:

District-wide trainings, adoption of social emotional curricula, positive behavioral intervention and supports (PBIS), establishment of System of Care with other community partners

Individual School

FOR RESOURCES LIKE:

Full- or part-time school-based therapists, inexpensive teacher trainings, referral programs with community providers

In 2017, [five Colorado school districts](#)—Boulder Valley, Summit, Thompson, Cherry Creek, and Fountain-Fort Carson—received \$1.5 million from Kaiser Permanente’s Thriving Schools Initiative. The funding supports the districts’ efforts in improving the social and emotional health of their students, teachers, and staff at targeted schools. The Summit School District, for example, is using the funding to support the SAFE KIDS Summit County project, which among other activities, provides wellness training for teachers and staff in three elementary schools.

How to find grant funding

Grant opportunities can be found through state departments, philanthropic organizations, and national sources. For example:

State grants:

Explore funding options and current grants operating in Colorado at a state level with each of the following departments:

[Colorado Department of Education](#),

[Colorado Department of Human Services](#),

[Colorado Department of Public Health](#)

[and Environment](#), and

[Health Care Policy and Financing](#).

As an example, the [School Health Professional Grant \(SHPG\)](#) program provides funds to eligible education providers to enhance the presence

of school health professionals (school nurses, school psychologists, school social workers, and school counselors) in their secondary schools. To date, there are 64 grantees serving 257 schools across the state. Mental Health Colorado has recognized the importance of school mental health professionals, as well as the inadequacy of numbers to meet the needs in our state. Mental Health Colorado’s work at the legislature and with state departments has focused on expanding resources and funding to build school district capacity to provide preventative and intervention supports for students.

National Grants:

These sites track potential federal grant opportunities:

www.Colorado.grantwatch.com/

www2.ed.gov/programs/mentalhealth/index.html

Foundation Grants:

There are too many local and national foundations to mention here, but these are some local foundations that are active in funding educational initia-

tives: [Colorado Health Foundation](#), [Denver Foundation](#), [Generation Schools Network](#), the [Center for Rural School Health and Education](#), and [Kaiser Permanente’s Thriving Schools Initiative](#).

Is there any other funding I can pursue?

Determined advocates can find other sources of funding, from local philanthropic groups like the Rotary Club, local businesses and charities, and Chambers of Commerce. As you identify community partners, ask whether they are able to fund programs and services in schools—or in the community—to address student mental health needs. If so, arrange a meeting between a potential funder, your school champion(s) and school administrators to discuss next steps for crafting a proposal. Funders may want to choose which best practices and potential services are most appealing to them.

In 2016, Pagosa Springs Middle School received \$115,000 from the SHPG program. The school is using the funding to implement Project Venture, an outdoor, experiential-learning program. The program, which targets at-risk youth, aims to increase the protective factors, and decrease the risk factors that affect social emotional health. Three part-time mental health and substance use professionals, who provide substance use disorder prevention and intervention for middle school and high school students, are also being funded under the grant.

How does Medicaid funding help?

Medicaid reimbursement funding is used to finance a variety of health services and programs in schools in three main ways. First, the cost reconciliation reimbursements are utilized to provide additional health services to address unmet health needs of all students. Some examples of these additional services: anti-bullying programs, suicide prevention programs, health-related professional development and training, hiring health professionals (nurses, counselors, and therapists), insurance outreach and enrollment programs, and medically related supplies and equipment.

Second, Colorado now allows Medicaid reimbursement funding in schools for activities like Medicaid outreach and facilitation Medicaid enrollment. [The Consortium](#) is a nonprofit organization partnering with school districts in Colorado to ensure the successful implementation of the Medicaid School Health Services program.

Visit the [Colorado Department of Health Care Policy and Financing](#), the state's Medicaid administrator, to learn more about Medicaid funding, grants, and special projects. There are two programs under the Department's purview that can provide mental health funding for students, School Based Health Centers (described in [What Works?](#)) and the [School Health Services Program](#). The School Health Services Programs allows school districts to receive partial reimbursement for their costs of providing Medically Necessary health services to students with an Individualized Education Program (IEP) and Outreach and Enrollment for Medicaid for all students. School districts utilize these reimbursements to address the unmet health needs of all of their students. Districts participating in the School Health Services Program have brought in over \$300 million for additional health services for their students.

Now that you know a bit more about how funding for school-based mental health services can work, revisit the [Six-Steps-to-Change](#) tool. If you haven't already, be sure to check out the [What works?](#) and [How do I make changes?](#) sections of this Toolkit to learn about what types of programs to advocate for and strategies for success.



Medicaid example:

In the Adams 12 Five Star district, Medicaid reimbursements have paid for suicide prevention programs and increased nursing hours. The reimbursements have also allowed the district to leverage resources from local partners. For example, the district uses a combination of funding from Medicaid reimbursements and from a community mental health center to fund school-based mental health providers.

Funding Highlight

In 2011, Buena Vista School District, with a high proportion of Medicaid enrolled students, found an out-of-the-box way to provide school-based psychotherapy by partnering with a local private therapist who accepted Medicaid reimbursement to use a counselor's office to provide therapy to students. A flier was sent to families about the school-based services, and the high demand quickly filled the therapist's schedule.⁵⁰

Where can I find more resources?

If you need more information than outlined in this Toolkit, there are many national initiatives and resources, mental health and substance use prevention efforts in Colorado, and evidence-based programs and practices for schools. A few highlighted here:

The [Colorado Education Initiative](#) is a statewide nonprofit that invests in K-12 public education and has been at the forefront of improvement, innovation, and change in Colorado's public education system. They are an implementation expert, innovation thought leader, and statewide convener. They also have an extensive resource library.

[SAMHSA's Evidence-Based Practices Resource Center](#) provides communities, providers, and others with the information and tools they need to incorporate evidence-based practices into their communities or mental health services. The Resource Center is an online searchable database that allows you to customize your search to quickly identify the most relevant resources for their particular needs. Start by searching for programs for children and youth.

[Blueprints for Healthy Youth Development.](#)

This resource provides a registry of evidence-based positive youth development programs designed to promote the health and well-being of children and teens, along with costs where

available. Programs are family, school, and community-based and target all levels of need—from broad prevention programs that promote positive behaviors while decreasing negative behaviors, to highly-targeted programs for at-risk children and troubled teens that get them back on track.

Programs are identified based upon an initial review by the Center for the Study and Prevention of Violence (CSPV) and a final review and recommendation from a distinguished [Advisory Board](#) consisting of experts in the field of positive youth development. So far, more than 1,400 programs have been reviewed, but fewer than 5% of them have “made the cut” to be on this registry. Blueprints program Fact Sheets also report on endorsements from other federal and private agencies that have reviewed and rated the programs.

HELPFUL HINT

In Blueprints, it is helpful to search for elementary, middle, and high school aged mental health and substance use programs for a school setting.



Endnotes

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