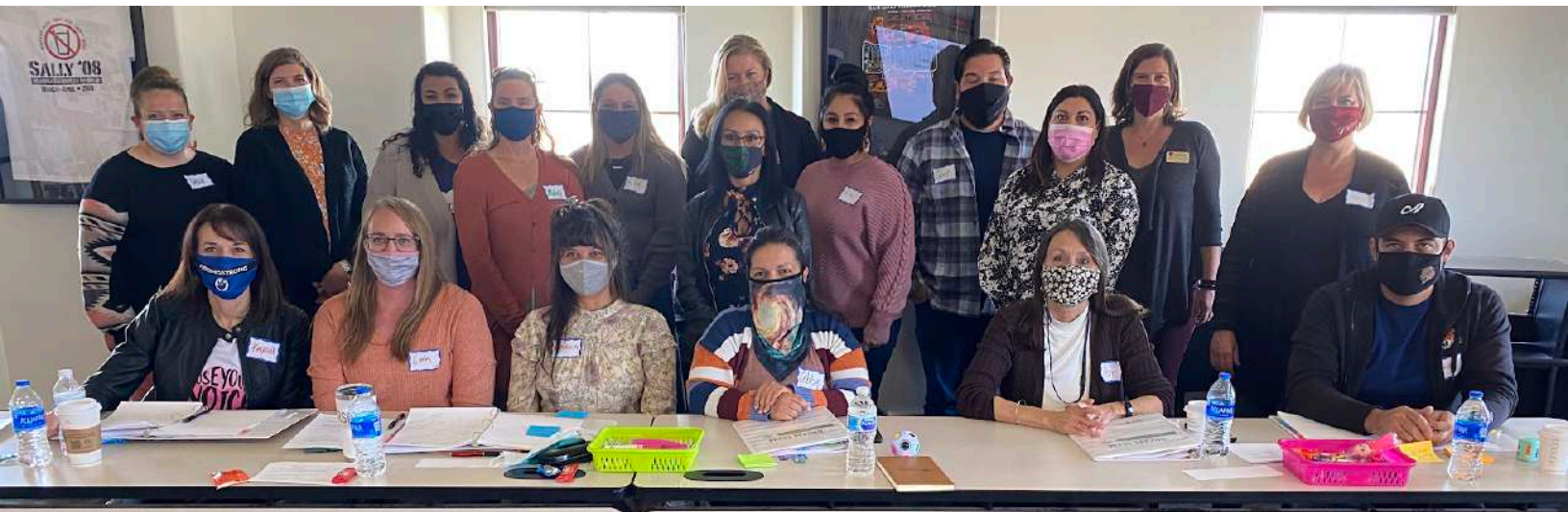


Coordinating services for youth mental health in the San Luis Valley

A collaborative, community-driven effort

JUNE 2022



Center for Rural School Health & Education
MORGRIDGE COLLEGE OF EDUCATION | UNIVERSITY OF DENVER

Who was involved

A “DREAM Team” of individuals from San Luis Valley school districts, mental health agencies, and education agencies carried out this effort. Facilitation and support was provided by the Center for Rural School Health & Education (CRSHE) through a grant from the Colorado Health Foundation.

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Introduction & Background

The purpose of this initiative was to create a systems-level regional approach to coordinate and leverage resources and ongoing initiatives that support mental health for all youth in the San Luis Valley.



A vision for coordinated youth mental health services

Our hard work and dedication will lead to:

1. Supports and systems that are community-driven, interconnected, and sustainable
2. A proactive and holistic approach to mental health that includes universal supports and prevention, as well as access to highly effective and equitable mental health services
3. Youth and families feeling engaged and empowered to live their best lives



Our definition of youth mental health

San Luis Valley students who are mentally healthy have a range of skills and strategies to develop and maintain well-being in thoughts, emotions, and behavior. Mentally healthy students demonstrate healthy lifestyle choices, positive self-concept, self-efficacy, and resiliency. These skills allow students to achieve a state of balance and feeling of safety that enable them to engage in daily activities at home, at school, and in the community, in pursuit of personal and academic goals.



Our commitment to equity

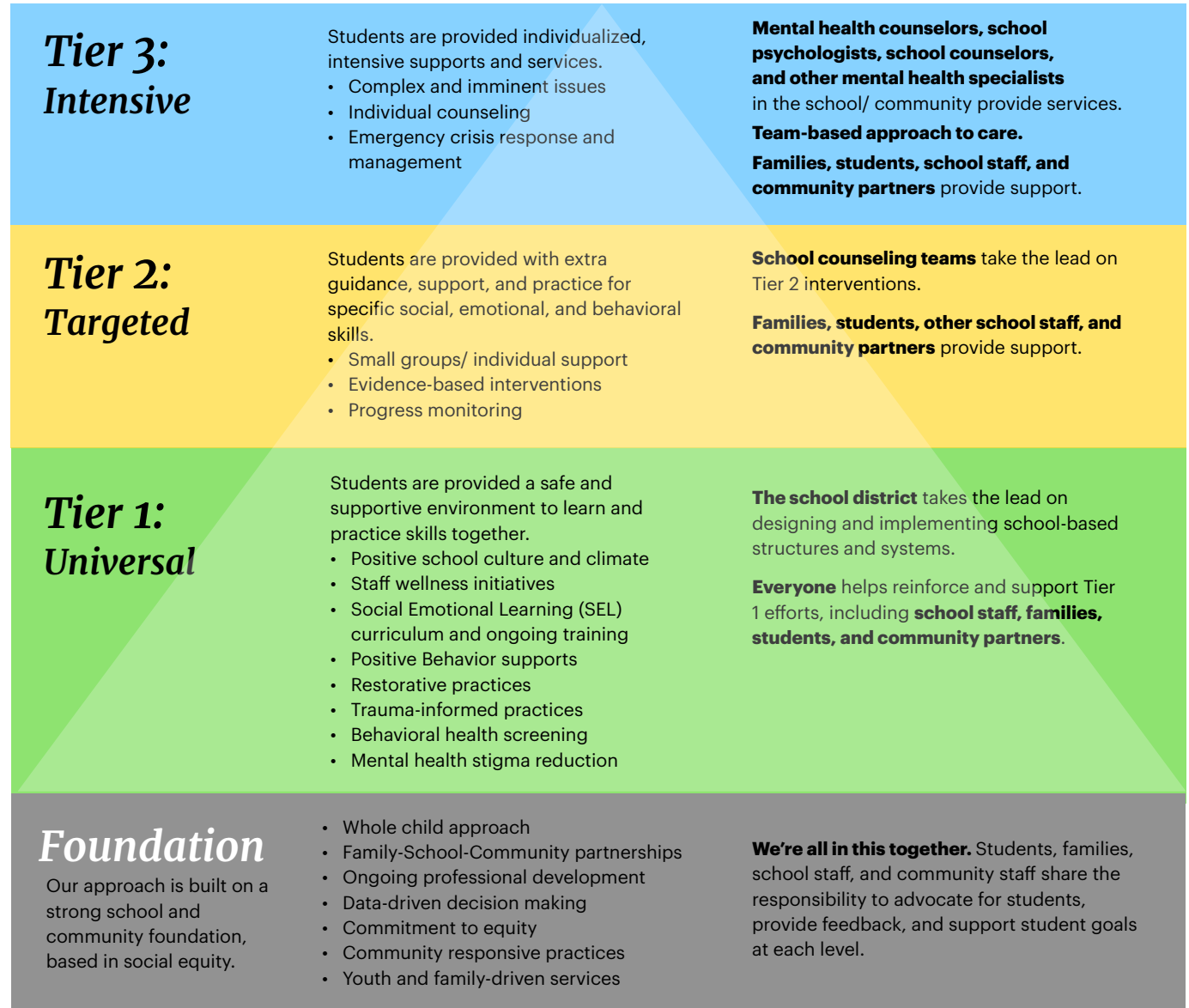
We believe health equity can be achieved when everyone has what they need to thrive no matter their race, religion, zip code, income, ability, or who they love. We believe that keeping equity at the heart of this work will lead to better health for all.

For that reason, we commit to partnering with a variety of people throughout this process, with special attention to those who may not usually get to share their opinions or experiences on these issues.

Priority populations include those who identify as Black, Indigenous, Latinx, Hispanic, and LGBTQ+; those with different abilities; those experiencing homelessness; those who speak a home language other than English; and those who have lived experiences that are different from the dominant culture.

Tiered approach to student mental health

The priorities and strategies outlined in this plan are based on the following tiered framework for mental health supports*:



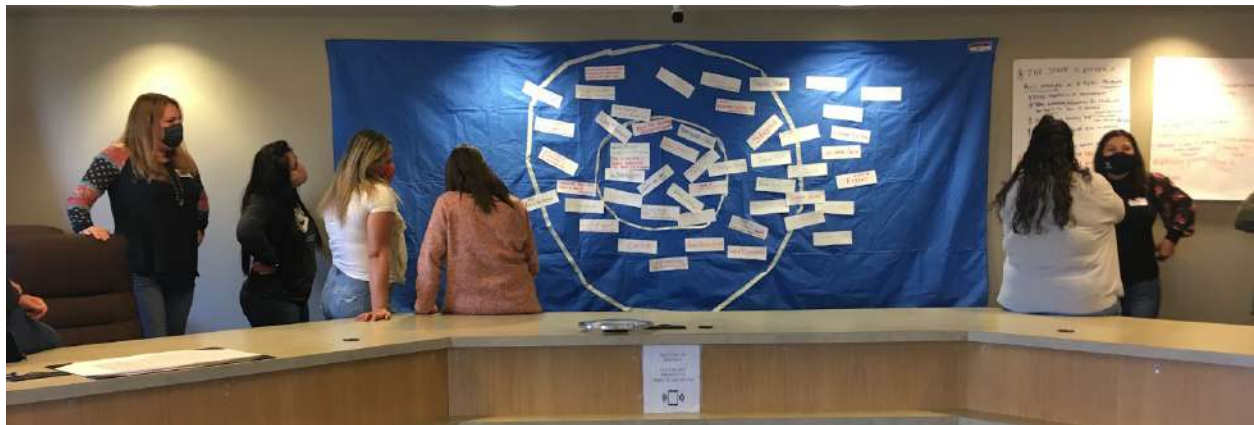
*This model is based on the layered continuum of supports framework used in RTI, MTSS, and similar programs. This version was created by CRSHE in collaboration with the SLV DREAM Team and draws on the following sources:
 Colorado Education Initiative. (2020). Colorado Framework for School Behavioral Health Services.
 Rossen, E., & Cowan, K. (2014) Improving Mental Health in Schools. Phi Delta Kappan. Continuum of school mental health services.
 School Health Assessment and Performance Evaluation System. (2021). Framework for a Layered Continuum of Supports.

Regional Plan Priorities

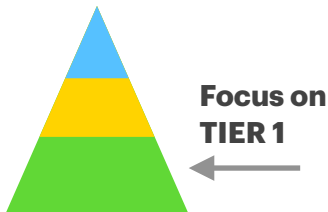
The DREAM team identified three priorities to guide the regional plan:

1. ***Comprehensive Tier 1 approach in every SLV school district that includes universal mental health promotion and supports***
2. ***Improve coordination of mental health services between schools and community agencies so adults and students who need support have timely access to the care they need (Tiers 2 and 3)***
3. ***Continue to meet regularly as a regional team to provide ongoing coordination of youth mental health efforts in the San Luis Valley***

These priorities were determined through an analysis of factors that promote and hinder equitable, sustainable, and coordinated youth mental health services in the San Luis Valley. DREAM Team members solicited input from young people, and in particular youth of color and other minoritized groups, to understand how schools and communities support youth mental health, and what they could do better. (See results of youth outreach, a list of strengths and resources, and a summary of barriers and challenges in Appendix A.)



Priority 1: Comprehensive Tier 1 approach in every SLV school district that includes universal mental health promotion and supports



There was broad consensus among DREAM Team members that in order to be truly effective and sustainable, a regional approach to youth mental health must have a robust, comprehensive approach to Tier 1 at its foundation. Tier 1 is not just a single curriculum or program, but a comprehensive approach that integrates positive mental health practices and strategies throughout the school day, with all people, and in all types of interactions and settings.

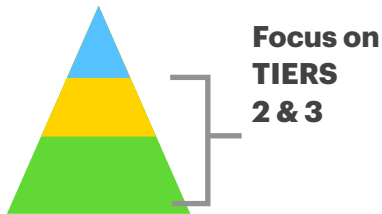
A regional approach to Tier 1 will be successful if:

- It is supported by local school and community leaders, teachers, school staff, students, and families;
- Each person understands their role, and has the knowledge, training, and skills they need to implement the strategies successfully;
- Schools have sufficient funding and support to plan, implement, and evaluate practices;
- Teacher and staff wellbeing is considered a key element of implementation

In order to move forward on these goals, we will take the following actions:

Action	Who	When
Pursue funding for Tier 1 mental health planning in SLV schools	CRSHE	Spr 2022
Present Regional Plan priorities to SLV SAC	CRSHE	Jun 2022
Communicate about Regional Plan with school stakeholders (e.g., principals, students, teachers, families)	DREAM Team	Fall 2022
Plan a regional professional development opportunity for SLV teachers and staff	DREAM Team & CRSHE	Fall 2022

Priority 2: Improve coordination of mental health services between schools and community agencies so adults and students who need support have timely access to the care they need (Tiers 2 and 3)



Through our discussions we concluded that effective coordination of mental health services among schools and community agencies is supported by:

- Ongoing communication among schools and agencies
- Common language and understanding about how schools and communities can use a layered continuum (tiers 1, 2, and 3) to support mental health
- A standardized referral process that can be generalized for use across all districts and agencies
- Knowledge and information about the mental health resources available in the San Luis Valley

Toward these ends we created the following resources:

1. Tiered System of Supports for Student Mental Health (Appendix B)



2. Mental Health Referral Checklist (Appendix C)



3. Resource Guide of SLV Community Mental Health Agencies (Appendix D)



Action steps to implement these strategies:

Action	Who	When
Start using documents (Tiered System of Supports, Referral Checklist, and Resource Guide)	DREAM Team	Fall 2022
Revise documents based on feedback	CRSHE	Fall 2022
Share updated documents with other school counselors and community agency staff, administrators, RTI teams, and other stakeholders; Gather feedback	DREAM Team	Spr 2023
Continue to revisit and revise documents based on user feedback each year	DREAM Team	Spring
Update Resource Guide each year	DREAM Team	Fall

Priority 3: Continue to meet regularly as a regional team to provide ongoing coordination of youth mental health efforts in the San Luis Valley

The DREAM Team is a unique professional learning community of school and community professionals dedicated to improving the mental health of youth in the San Luis Valley. By continuing to meet, the team will be able to support the ongoing work of a regional approach:

1. Evaluate and update the referral process and related documents
2. Engage in training and professional development to advance equity-focused approaches to youth mental health
3. Support next steps in a regional approach to Tier 1, such as coordinating regional professional development opportunities for teachers and staff
4. Build and maintain relationships as a network of school and mental health professionals



5. Share best practices and key strategies across district and agency lines
6. Advocate for young people and their mental health through education and awareness

CRSHE will coordinate and facilitate DREAM Team meetings through December 2022. Future plans are yet to be determined.

Plan for ongoing regional collaboration:

Action	Who	When
Plan professional development opportunities for DREAM Team to support implementation of Priorities 1 and 2	CRSHE	Summer 2022
Convene the DREAM Team for monthly meetings, September through December 2022	CRSHE	Fall 2022
Evaluate pilot interventions of referral documents and revise based on feedback	DREAM Team	Fall 2022
Participate in professional development related to implementation of Priorities 1 and 2	DREAM Team	Fall 2022
Plan post-December activities, funding, and coordination for the DREAM Team	DREAM Team	Dec 2022
Begin next stage of convenings	DREAM Team	Jan 2023

Additional considerations and interests

Below we note key ideas that surfaced during this process that pertain to the long term sustainability of a regional approach.



Community level:

- Increasing mental health literacy and reducing stigma around receiving mental health services throughout the community
- Working to increase the number of mental health professionals in the SLV, such as through a grow-your-own program
- Centering youth voice in all planning and implementation efforts that support youth mental health
- Maintaining a commitment to equity by elevating the experiences and needs of those most distanced from opportunity, and those who have historically been underserved in the area of mental health due to race, language, ethnicity, sexual orientation, gender identity, or other lived experiences that are different from the dominant culture

School level:

- Building a local cadre of coaches and trainers to support Tier 1 efforts in SLV schools
- Supporting the wellbeing and mental health of teachers and school staff

Family level:

- Providing mental health trainings and supports for families

Appendix

Appendix A:
***Summary documents from
regional planning process***

Resources and strengths

The San Luis Valley has considerable strengths to draw on to support positive youth mental health. Some example are:

- **Community mental and behavioral health agencies** serve every community in the SLV, including SLV Behavioral Health Group and Valley-Wide Health Services.
- **Youth serving organizations** operate facilities in several communities, such as the Boys and Girls Club of the San Luis Valley in Alamosa and Center, Monte Vista Kids Club, and High Valley Community Center in Del Norte.
- A variety of **arts, culture, and community programs and events** celebrate the diverse cultures and history of the San Luis Valley (e.g., Semillas de la Tierra, Fort Garland Museum, Mariachi San Luis).
- **Adams State University and Trinidad State College** offer many cultural and educational activities to the community.
- **School counselors and psychologists** provide services in schools across the SLV.
- Many young people participate in **sports and physical activity programs** in schools and in the community, and through facilities such as The Blanca-Fort Garland Community Center and Sand Dunes Swimming Pool.
- **Outdoor activities and recreation** abound, from local parks and playgrounds to the Great Sand Dunes National Park, campgrounds, mountains, and trails.
- Many **non-profit organizations** serve families in the San Luis Valley and offer support for a variety of needs, such as La Puente, the Center for Restorative Programs, the Immigrant Resource Center, and Tu Casa.
- Schools support youth mental health through **curriculum, programs, and practices**. Examples are social-emotional learning (SEL) curriculum, multi-tiered systems of support (MTSS), restorative practices, and positive behavior interventions and supports (PBIS).
- **Churches and faith-based groups** provide support to youth and families.

Barriers and challenges

The following themes emerged from the DREAM Team's work to identify barriers and challenges to achieving our vision of youth mental health. DREAM Team members were asked to share their own perspectives, as well as conduct outreach to school and community members to bring additional voices to the conversation.

Theme	Examples of barriers and challenges
Challenges to Collaboration Among Agencies, Schools, & Families	• Lack of trust • Poor communication • Lack of role clarity • Lack of stakeholder engagement • Lack of coordinated systems/ collaboration • Focus on educational accountability in schools • Not ready for change • Resistance from schools/ community • Territorialism
Limited Access to Services	• Lack of services and resources to meet many varied needs • Remote locations/ physical distance/ transportation • Economic disparity • Inadequate distribution of resources across the SLV
Low Mental Health Literacy	• Silence around issues • Stigma/ stereotypes/ mental health is taboo • Lack of buy-in/ support among school staff • Lack of understanding, knowledge, and awareness about mental health • Resistance to using services • Generational gaps
Difficulties with Sustainability	• Lack of consistent funding/ reliance on grant funding • Timing • Lack of problem-solving culture or systems
High Practitioner Workload/ Stress	• Burnout • Too many hats/ implementation fatigue • COVID-19 • Lack of energy • Lack of time • Lack of human capital/ qualified workers
Systemic Inequities	• Need for culturally- and community- appropriate interventions • Systemic racism/ discrimination • Language barriers

Youth perspectives on mental health

DREAM Team members conducted listening sessions with San Luis Valley youth to capture perspectives on youth mental health and what their school and/or community does to support youth mental health.

Participants

Total youth reached: 52

Identity groups represented in this data: Hispanic or Latinx; Black, Indigenous, Person of Color; Youth with disabilities; LGBTQ+; Home language other than English; Youth without stable or adequate housing

Counties: Alamosa, Conejos, Costilla, Rio Grande, Saguache

Grade levels: 17% elementary; 83% secondary

Themes and key takeaways

- ▶ **Importance of relationships:** Students seek kindness, compassion, empathy, belonging, and connection. Relationships with school staff were seen as both positive and negative influences on youth student mental health, depending on the attitudes and behaviors of staff members (such as honoring personal pronouns).
- ▶ **Access to mental health services:** Youth acknowledged that there were not enough counselors to respond to the mental health needs of students. Several appreciated the support they received through counseling, both in the school and community, while others mentioned barriers to receiving services, such as teachers being unwilling to let students out of class for counseling.
- ▶ **Need for training and professional development:** Youth identified a need for school staff to build awareness and knowledge around mental health and learn how to better support students from diverse backgrounds and identities. They also requested that both students and staff receive training on how to identify and respond to young people in crisis.
- ▶ **Prevalence of stigma:** Students reported that stigma around mental health from families and the community was detrimental to young people seeking and accessing services.
- ▶ **Impacts of stress:** There was a keen awareness about the amount of stress affecting both students and teachers. Social-emotional learning, community and peer support, and mindfulness were identified as helpful to reducing stress.
- ▶ **Extracurricular activities:** Art, music, and physical activity were suggested as positives that reduce stress and promote well-being. Young people recognized the importance of LGBTQ+ groups, and expressed interest in other clubs being offered, such as a Spanish language club.

Appendix B:
Tiered System of Supports for
Student Mental Health

Tiered System of Supports for Student Mental Health

Practices and approaches

Roles

Tier 3: Intensive

Students are provided individualized, intensive supports and services.

- Complex and imminent issues
- Individual counseling
- Emergency crisis response and management

Mental health counselors, school psychologists, school counselors, and other mental health specialists in the school and/or community provide services.

Team-based approach to care.

Families, students, school staff, and community partners provide support.

Tier 2: Targeted

Students are provided with extra guidance, support, and practice for specific social, emotional, and behavioral skills.

- Small groups/ individual support
- Evidence-based interventions
- Progress monitoring

School counseling teams take the lead on Tier 2 interventions.

Families, students, other school staff, and community partners provide support.

Tier 1: Universal

Students are provided a safe and supportive environment to learn and practice skills together.

- Positive school culture and climate
- Staff wellness initiatives
- Social Emotional Learning (SEL) curriculum and ongoing training
- Positive Behavior supports
- Restorative practices
- Trauma-informed practices
- Behavioral health screening
- Mental health stigma reduction

The school district takes the lead on designing and implementing school-based structures and systems.

Everyone helps reinforce and support Tier 1 efforts, including **school staff, families, students, and community partners**.

Foundation

Our approach is built on a strong school and community foundation, based in social equity.

- Whole child approach
- Family-School-Community partnerships
- Ongoing professional development
- Data-driven decision making
- Commitment to equity
- Community responsive practices
- Youth and family-driven services

We're all in this together. Students, families, school staff, and community staff share the responsibility to advocate for students, provide feedback, and support student goals at each level.



Key terms

Tiered System of Supports	A framework that uses data and best practices to support students across all levels of the educational system. The tiered approach helps educators and school staff meet the academic, social, emotional, and behavioral needs of each student. The goal is to support the whole child, identify what each student needs to thrive, and quickly provide that support.
Foundation	The set of beliefs and practices in the school and community that support the three tiers. The entire learning community knows and understands the school's culture, values, goals, and operating practices.
Tiers 1, 2, and 3	Tier 1 provides the basis of the system. Interventions at Tiers 2 and 3 build upon and reinforce Tier 1 practices, creating a wraparound system of support for students and consistent messaging for practicing and reinforcing skills. Higher tiers represent more individualized and differentiated supports.
Counseling	A professional relationship between a counselor and individuals, families, and groups that supports and empowers people to accomplish goals in the areas of mental health, wellness, relationships, education, career, and more. Counseling sessions focus on strategies to overcome obstacles and personal challenges, and support people in improving their quality of life.
School Counselor	Works in primary or secondary schools to provide academic, career, college, and social-emotional competencies to all students through a school counseling program. School counselors collaborate with other professionals to meet student needs, and serve as a resource to families and students.
School Psychologist	Works with students, families, and school staff to promote a safe and supportive learning environment. They have expertise in mental health, learning, and behavior. School psychologists help students succeed academically, socially, behaviorally, and emotionally, and collaborate with teachers, parents, and school counselors to make sure student needs are understood and met.
Mental Health Counselor	Works with individuals and groups to promote optimal mental and emotional health. Mental health counselors work in schools, community agencies, and private practice.

This document was created by CRSHE in collaboration with the SLV DREAM Team, and draws on the following sources:
Colorado Education Initiative. (2020). *Colorado Framework for School Behavioral Health Services*.
Rossen, E., & Cowan, K. (2014) Improving Mental Health in Schools. *Phi Delta Kappan*. Continuum of school mental health services.
School Health Assessment and Performance Evaluation System. (2021). *Framework for a Layered Continuum of Supports*.

Appendix C:
Mental Health
Referral Checklist

Mental Health Referral Checklist

A Resource for Schools and Community Agencies in the San Luis Valley

GUIDING PRINCIPLES

- Ongoing communication
- Trusting relationships
- Youth and family-driven services
- Consideration of impact of stigma
- Trauma-informed, evidence-based, community-responsive practices



Build trusting relationships

☐

Put supportive structures in place

☐

Assess student mental health needs

☐

Reach out to the student/family

☐

Complete a Release of Information

☐

Make the referral

☐

Provide ongoing support

☐



Build trusting relationships

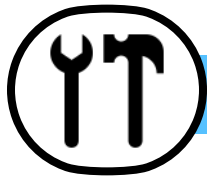
Positive and trusting relationships among school staff, families, students, and community agencies are the foundation for success. Below are some strategies school counselors and other school-based mental health professionals can use to build these relationships.

In the school community:

- ☐ Create an inclusive, welcoming, and safe space in the school for all students, families, and staff (e.g., hold open office hours, create a space where students and staff can go for some “downtime” during the day).
- ☐ Be visible throughout the school and at school events (e.g., eat lunch in the cafeteria, help serve meals, visit classrooms, attend sporting events).
- ☐ Communicate about your role and make sure students, staff, and families know how to contact you with questions or concerns.
- ☐ Learn about the diverse cultures and backgrounds of students and families in the school community.
- ☐ Reach out to families (e.g., make positive phone calls home, conduct home visits).

With community mental health agencies:

- ☐ Connect with community mental health agencies early in the year to learn what services are available, who your contact person is, and how to make a referral.
- ☐ Share your role and contact information with agency staff.
- ☐ Ask to receive correspondence about school and youth-related programming and services.



Put supportive structures in place



Efficient systems and clearly identified resources lay the groundwork for effective communication among schools, families, and agencies. Set these up in the school at the beginning of the year.

School operating practices:

- ☐ Include students in the design and implementation of mental health supports in the school. Specifically, reach out to students of diverse identities and lived experiences (e.g., LGBTQIA+, Hispanic, Latinx, Black, Indigenous; students experiencing homelessness) to engage their perspectives.
- ☐ Ensure the RTI or problem-solving team at the school includes at least one mental health professional.
- ☐ Have a tracking system in place to keep track of students as they move through the referral process.

Communication about processes and resources:

- ☐ Share the process for making a referral with students, staff, and families.
- ☐ Inform older students that they can self-consent to receive mental health services at the age of 12.
- ☐ Share information about the mental health resources available at all three tiers with staff, students, and families.
- ☐ Provide students, staff, and families a resource sheet that includes contact information for community mental health providers, referral information, and how to get help for a mental health emergency.



Assess student mental health needs

Determining whether to refer a student to a community mental health provider depends on a variety of factors, including resources available at the school and the individual student's needs. Schools using an MTSS framework can integrate referrals into this system.

Identifying students who may be at risk for a mental health concern:

- Use an evidence-based universal screener, such as the BASC-3 BESS, BIMAS-2, or DESSA.
- Allow students, staff, and families to refer individuals to the school counselor or MTSS/RTI/ problem-solving team. For example, provide referral forms and educate the community about how to use them.

Sample process using an MTSS, RTI, or other school-based problem-solving team:

- Convene the team to review referrals made by students, families, and school staff; students identified through a universal screener; or those identified through other means.
- Collect background information to understand the student's history and factors that may be influencing the behavior.
- Conduct classroom or other observations to understand the context of the concern.
- Reach out to teachers, other school staff, and community partners to understand how the student functions in a variety of settings.
- Meet to review all relevant student information and select an evidence-based intervention. A referral to a community-based mental health provider is one possible outcome to this process. Other possible outcomes include school and classroom-based interventions, or group or individual interventions at the school.

If an RTI or problem-solving team is not an option:

- Consult with a mental health professional inside or outside of the school (e.g., school psychologist, behavioral health school specialist). If an ROI has not been signed, do not disclose the student's identity during consultation with professionals outside of the school.



Reach out to the student/family

Meeting with the student and/or family prior to making a referral can help build trust, create the conditions necessary for a successful transition to community services, and set up effective ongoing communication. Because students age 12 and older may opt for self-consent, the checklist below is intended to be flexible for conversations with students, families, or both.

- ☐ Reach out to the student/family about the referral. *Note: If the school counselor does not know the family, consider having another staff member make this initial outreach. For example, the staff member that has the best relationship with the student/family and/or deepest understanding and respect of the family's culture, beliefs, and values. Some examples are the teacher, school nurse, or family liaison.*
- ☐ Schedule a meeting with the student/family to discuss the referral. This meeting is led by the school counselor and may include other school and/or mental health professionals based on the student and family's preferences.
- ☐ Review student's strengths and goals.
- ☐ Come to an agreement with the student/family about the reason for the referral.
- ☐ Review the mental health resources available in the community and determine the best fit for the student/family.
- ☐ Walk through the referral and intake process. Explain what happens next and what to expect when they go to the first appointment.
- ☐ Discuss barriers to following through on the referral and how to overcome them (cost, transportation, availability of services, wait time).
- ☐ Clarify next steps in the referral process and a timeline for completion.
- ☐ Provide relevant contact information to student/family and information on how to follow up if they have additional questions.



Complete a Release of Information

A Release of Information (ROI) may be completed at various stages of the process, and more than one may be required depending on what information is being shared and who is sharing/receiving information. We recommend completing the ROI as soon as possible to facilitate a warm hand-off and limit the burden on the family.

- Meet with the family to review what a Release of Information (ROI) is and how it benefits the family and student (e.g., helps school staff understand what the student needs and provide wraparound support; takes the burden off the family to facilitate information sharing).
- Explain what information is shared through the ROI, how it is shared, and with whom.
- Work with the family to identify individuals to designate on the ROI.
- If the family chooses not to sign the ROI, you may want to revisit the topic for their consideration in the future, especially if the ROI would benefit the student.



Make the referral

Each agency has a different referral process, so once a referral to a community agency has been decided, reach out to the agency for specific guidance on how to complete their process.

What the school does:

- Contact the community mental health provider to let them know you are making a referral:
 - *If ROI WAS signed:* Share necessary information such as the reason for the referral, background and history, strengths and culture of the family, and any known barriers.
 - *If ROI was NOT signed:* Maintain confidentiality of the student.
- Use a secure process to make the referral.
- Confirm that the referral has been received by the community provider.
- Follow up with the family and student to let them know the referral was made.
- Ask the family how you can support them (e.g., accompanying them on the first visit, helping with transportation, finding answers to their questions).

What the community agency does:

- Within 24 hours, review the referral and let the referring party know it has been received.
- *If an ROI has been signed,* reach out to the school for necessary information relevant to the referral, such as the reason for the referral, background and history, strengths and culture of the family, and any known barriers.
- Within 72 hours, reach out to the family and set up an initial visit (*If an ROI was signed,* do this in collaboration with the school and ask the school to assist with a “warm hand-off”).
- Within 2 weeks, complete the initial visit with the student and set up the first appointment with the provider. If contact with the family is not successful within 2 weeks, work with school to make a plan for next steps.
- Inform school about the outcome of the referral.



Provide ongoing support



Ongoing communication between the school and provider offers the benefit of wraparound care for the student and family. The nature of what the agency and the school can discuss is connected to the Release of Information.

If ROI was signed:

- ☐ Send any necessary documentation or information to the mental health provider prior to the first visit.
- ☐ Reach out to the student and family to check in and offer support.
- ☐ While the student is receiving services, regularly reach out to the community mental health provider to learn how the school can reinforce and support the student during the school day.
- ☐ Share relevant information with others in the school who are named on the ROI, with the purposes of providing support to the student.
- ☐ Share important updates about the student's progress or behaviors with the community provider.

If ROI was not signed:

- ☐ Reach out to the student and family to check in and offer support.
- ☐ Continue to support the student during the school day.
- ☐ Revisit the ROI with the family if you believe sharing information between the school and agency would benefit the student and family.

Source of this checklist

This checklist was created by the Center for Rural School Health & Education (CRSHE) in partnership with the San Luis Valley DREAM Team. Further, the following sources were referenced and adapted to create this document:

Krubsack, L., Caldwell, M., Collins, R., Herlitzke, T., & Schoening, J. (2019). *School Mental Health Referral Pathways Guide*. Wisconsin Department of Public Instruction. https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/DPI_Mental_health_referral_pathways_web.pdf

National Center on Early Childhood Health and Wellness. (2018). *Facilitating a Referral for Mental Health Services for Children and Their Families (EHS/HS)*. <https://eclkc.ohs.acf.hhs.gov/mental-health/article/facilitating-referral-mental-health-services-children-their-families-within-early-head-start-head>

Substance Abuse and Mental Health Services Administration, Now Is The Time Technical Assistance Center. (2015). *School Mental Health Referral Pathways (SMHRP) Toolkit*. https://www.escneo.org/Downloads/NITT%20SMHRP%20Toolkit_11%2019%2015%20FINAL.PDF

Appendix D:
***Resource Guide of Community
Mental Health Agencies***

1. *Rocky Mountain Counseling*
2. *San Luis Valley BOCES*
3. *SLV Behavioral Health Group*
4. *SLV Behavioral Health Group—Crisis Services*
5. *Tu Casa, Inc.*
6. *Valley Wide Health Services*

Rocky Mountain Counseling Group

719-589-0202

1123 West Ave Suite C, Alamosa, CO

\$ = Some cost
0—\$ = Sliding scale
Free = No cost

Overview of services. Rocky Mountain Counseling Group provides outpatient behavioral and mental health services to the San Luis Valley. Services include behavioral health appointments for individuals and families. School-based behavioral health providers provide support in schools.

How schools can partner with Rocky Mountain Counseling Group. Reach out to RMCG to discuss options for having a behavioral health provider placed in your school.

Cost and insurance. Rocky Mountain Counseling Group contracts with schools to provide a behavioral health counselor in the school building for a fee. RMCG works with each individual to determine the payment option that works best for them.

Languages: English, Spanish

Areas of expertise/ special populations served: Students, Individuals, Families, Schools

Select services provided to schools

All San Luis Valley school districts are eligible for services

COST

Mental health counseling for youth: Office visit, in school, and telehealth options available

\$

Mental health counseling for staff: Office visit and telehealth options available

\$

Select services available to families

COST

Mental health counseling

\$

San Luis Valley BOCES
Board of Cooperative Educational Services
 719-589-5851 | alee@slvboces.org
 2261 Enterprise Drive, Alamosa, CO
 Website: www.slvboces.org

\$ = Some cost
 0—\$ = Sliding scale
 Free = No cost

Overview of services. The SLV BOCES collaborates with all San Luis Valley school districts by providing services, support, and leadership to promote student achievement and success. Services and supports include professional development, exceptional student services, gifted education, McKinny-Vento, speech, MTSS, school counselor support, student screenings, and others. Works with regional superintendents. Provides schools with specialized teachers, school psychologists, occupational therapists, speech therapists, and program coordinators. School-based mental health specialists provide support in schools.

How schools can partner with the SLV BOCES. Reach out to the SLV BOCES to learn which school psychologist is assigned to your school. Talk with the school psychologist to learn how the SLV BOCES can support your school's students, staff, and families.

Cost and insurance. School districts that are members of the SLV BOCES have access to the services provided.

Languages: English, Spanish

Areas of expertise/ special populations served: BOCES partners with school districts

Select services provided to schools

All San Luis Valley school districts are eligible for services

COST

Mental health counseling for youth, through partnership with the school	Free
Consultation and intervention services	Free
Professional Development	Free
Support services for ESS, MTSS, McKinny-Vento, speech, gifted education, grants, school counselors, and other supportive programs	Free

San Luis Valley Behavioral Health Group

info@slvbhg.org | 719-589-3671
8745 CR 9 South, Alamosa, CO
Website: www.slvbhc.org

\$ = Some cost
0—\$ = Sliding scale
Free = No cost

Overview of services. Behavioral health services include crisis intervention, psychiatric, mental health outpatient services, and substance abuse treatment. Offers supportive services such as housing and client/family resources. Also offers prevention/intervention services and works with the community on various coalitions and task forces. School-based mental health specialists provide support in schools. See all services here: <https://www.slvbhc.org/services-and-programs/>

Emergency crisis services. 719-589-3671. In an emergency dial 911. If there is not an immediate threat of physical danger, the SLVBHG phone line is staffed 24 hours a day and is available to support your school in the event of a crisis. (See following page for more information on crisis services)

How to make a referral. Reach out to your school-based mental health specialist to start the referral process.

Cost and insurance. Services are free to schools. SLVBHG works with each individual to determine the payment option that works best for them. They use a sliding scale for out-of-pocket expenses. Medicaid and private insurance are accepted.

Languages: English, Spanish, ASL

Areas of expertise/ special populations served: Students, Individuals, Families, Schools

Select services provided to schools

All San Luis Valley school districts are eligible for services

COST

Mental health counseling for youth: Office visit, in school, and telehealth options available

\$

Mental health counseling for staff: Office visit and telehealth options available

\$

Mental health trainings: For school staff and/or youth, see website for details

Free

Select services available to families

COST

Mental health counseling: Including telehealth services, group counseling, and play therapy

0—\$

Trainings and classes: Parenting classes, mental health trainings

0—\$

San Luis Valley Behavioral Health Group— Crisis Services

719-589-3671 | info@slvbhg.org

8745 CR 9 South, Alamosa, CO

Website:

<https://www.slvbhg.org/services-and-programs/community-behavioral-health-outpatient-services/crisis-services/>

\$ = Some cost
0—\$ = Sliding scale
Free = No cost

Overview of services. Dial 911 for police assistance if the situation is life threatening and it looks like someone may get hurt. If there is not an immediate threat of physical danger, the Crisis phone line is staffed 24 hours every day and is available to support individuals and schools in the event of a crisis. They provide confidential help for any mental health, substance use, or emotional crisis. Crisis Services is a division of the San Luis Valley Behavioral Health Group. The Behavioral Health Group Crisis Team can also assist clients in finding an appropriate placement for psychiatric inpatient care, if needed.

Additional Supportive Programming. Mi Esperanza Wellness Center, a walk-in crisis center, is a safe house where community members can receive immediate support and treatment to focus on recovery. Located at 311 San Juan Ave in Alamosa.
<https://www.slvbhg.org/services-and-programs/mi-esperanza-wellness-center/>

How schools can partner with Crisis Services. Call 719-589-3671 in a crisis situation or to build a relationship with the Crisis Team. Phone line is staffed 24 hours every day.

Cost and insurance. Services are free to schools. SLV Behavioral Health Group works with each individual to determine the payment option that works best for them. Sliding scale is available for out-of-pocket expenses. Medicaid and private insurance are accepted.

Languages: English, Spanish, ASL

Areas of expertise/ special populations served: Students, individuals, and families in crisis. Supports schools in the event of a crisis situation.

Select services provided to schools

All San Luis Valley school districts are eligible for services

Crisis Services for youth

COST

\$

Crisis Services for staff

\$

Select services available to families

COST

Crisis Services

0—\$

Tu Casa, Inc. & Children's Advocacy Center

719-589-2465 | info@slvtucasa.net
202 Carson Ave, Alamosa, CO
Website: www.slvtucasa.net

\$ = Some cost
0—\$ = Sliding scale
Free = No cost

Overview of services. SLV Tu Casa provides crisis intervention, shelter services, and advocacy to victims and survivors of domestic and sexual violence and human trafficking, and their non-offending family members and caregivers. They coordinate professional efforts to respond to interpersonal violence in a victim-centered manner, and provide community awareness and prevention education. Tu Casa coordinates regional task forces and response teams, and provides prevention education. Tu Casa's mission is to support healthy, violence-free lives and relationships for all children and adults.

Additional Resources: Tu Casa is home to **The Children's Advocacy Center of the SLV**, which is a safe place for child victims and their non-offending families/caregivers to receive support and guidance.

24-hour Help Line 719-589-2465. In an emergency dial 911. If there is not an immediate threat of physical danger, the help line is staffed 24 hours a day for crisis or assistance.

How to make a referral. Reach out to Tu Casa to discuss the best course of action.

Cost and insurance. Services are free.

Languages: English, Spanish

Areas of expertise/ special populations served: Victims and survivors of domestic and sexual violence, including child victims, and their non-offending families/caregivers

Select services provided to schools

All San Luis Valley school districts are eligible for services

	COST
Crisis intervention and advocacy services to victims and survivors	Free
Trainings and presentations for students, curriculum-based	Free
Trainings and presentations for educators and staff	Free
Trainings and presentations include information on healthy relationships, healthy sexuality, domestic violence, teen dating violence, sexual harassment, and sexual abuse. See website or call for more info.	Free

Select services available to families

	COST
Crisis intervention and advocacy services to victims and survivors	Free
Child Advocacy Center: a safe place for child victims and their families	Free

Valley-Wide Behavioral Health Services

719-587-5955 | info@valley-widehealth.org

128 Market Street and 204 Carson Ave, Alamosa, CO

Website:

<https://valley-widehealth.org/valleywide-locations/valley-wide-counseling-support-center/>

\$ = Some cost
0—\$ = Sliding scale
Free = No cost

Overview of services. Behavioral health services include integrated services and outpatient services. Integrated services are behavioral health services offered during an appointment with a primary care provider. Outpatient services are separate appointments that are scheduled with a behavioral health provider at the Valley-Wide Counseling and Support Center. School-based behavioral health counselors provide support in schools.

Additional Resources: Crisis Line 1-844-493-8255 or text “TALK” to 38255
Suicide Prevention 1-800-273-8255
Medication Assisted Treatment for Substance Use Disorder <https://rrnco.org/>

How schools can partner with Valley-Wide Behavioral Health Services. Reach out to the Chief Behavioral Health Officer to discuss options for having a behavioral health provider placed in your school. Call 719-587-1055 or email danielk@vwhs.org

Cost and insurance. Valley-Wide Behavioral Health Services contracts with schools to provide a behavioral health counselor in the school building for a fee. Valley-Wide works with each individual receiving services to determine the payment option that works best for them. Medicaid and private insurance are accepted.

Languages: Interpretation services available upon request

Areas of expertise/ special populations served: Students, Individuals, Families, Schools

Select services provided to schools

All San Luis Valley school districts are eligible for services

COST

Behavioral health counseling for youth: In school

\$

Behavioral health counseling for staff: Office visit and telehealth options available

\$

Select services available to families

COST

Behavioral health counseling: Integrated into a primary care appointment or scheduled separately as an outpatient appointment

\$