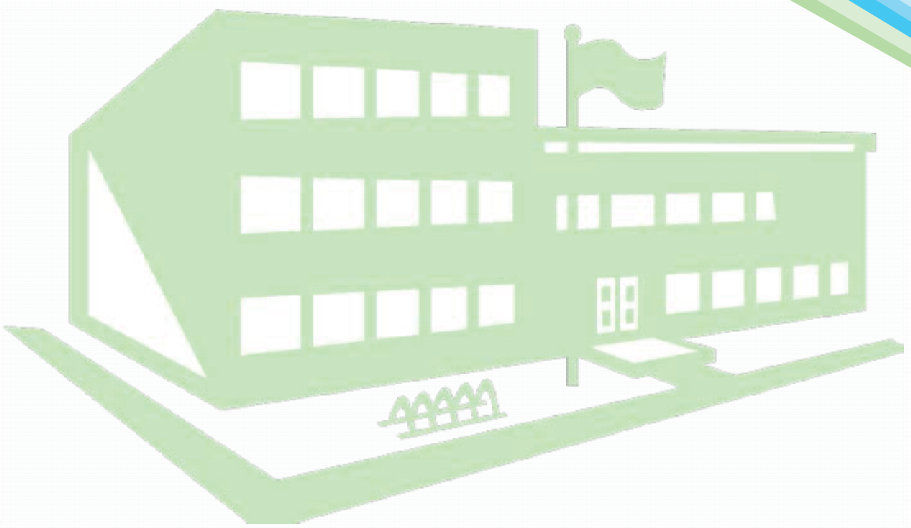

School Health Professional Grant Toolkit

2017

COLORADO
Department of Education

CDE OFFICE OF HEALTH AND WELLNESS

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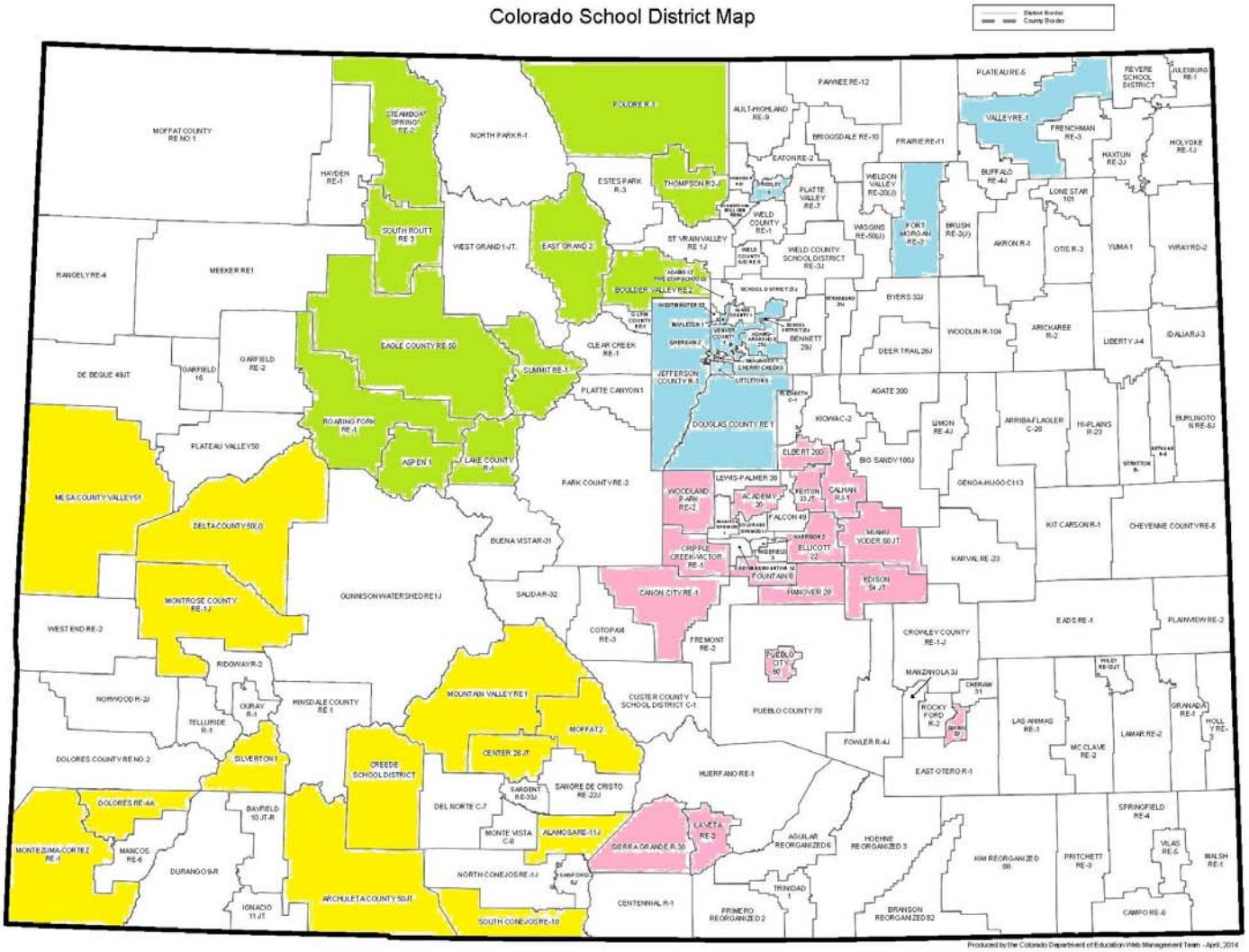
SHPG TOOLKIT

SCHOOL HEALTH PROFESSIONAL GRANTEES

IN THIS SECTION:

Colorado School District Map



Produced by the Colorado Department of Education Web Management Team - April, 2014

Charter School Institute Grantees:

Colorado Early Colleges Fort Collins

New Legacy Charter School
Colorado Early Colleges Parker
Colorado Early Colleges Aurora
New America School Lowry
New America School Lakewood
New America School Thornton

Colorado Springs Early Colleges
Pikes Peak Prep School

Mountain Middle School

Delta County School District:
Vision Charter Academy

Denver Public Schools:
Academy of Urban Learning

Number of grantees per color:

12 grantees

18 grantees

12 grantees

15 grantees

2016-19 School Health Professional Grantees

Grantee	Congressional District	Recipient Schools
Archuleta School District 50JT	3	Pagosa Springs High School Pagosa Springs Middle School
Boulder Valley School District	2	Arapahoe Campus/Arapahoe Ridge High School Boulder High School Nederland Middle/Senior High School
Canon City Schools (Fremont RE-1)	5	Canon City High School Canon City Middle School Florence High School Fremont Middle School Canon Exploratory School Harrison K-8 School Mountain View Core Knowledge School Cotopaxi K-12 School
Center Consolidated School District 26JT	3	Center High School Haskin Elementary Skoglund Middle School Alternative Recovery Center of the SLV
Cripple Creek-Victor School District RE-1	5	Cripple Creek-Victor Junior/Senior High School
Charter School Institute	1	Colorado Springs Early Colleges
Charter School Institute	1	New American Schools: Lowry, Thornton, Lakewood
Charter School Institute	1	New Legacy Charter School
Denver Public Schools (funded for 2016-17 only)	1	DCIS Montbello Denver Online High School Hamilton Middle School Merrill Middle School
Douglas County School District RE-1	6	HOPE Online Learning Academy
Fountain-Fort Carson School District 8	5	Carson Middle School Fountain-Fort Carson High School Fountain Middle School Welte Education Center
Jefferson County Public School District	7	Wheat Ridge High School Everitt Middle School
La Veta School District RE-2 (funded for 2016-17 only)	3	La Veta Junior/Senior High School
Littleton School District 6	6	Goddard Middle School Powell Middle School Arapahoe High School Littleton High School Euclid Middle School Newton Middle School Heritage High School Options Middle School and High School
Moffat Consolidated School District 2	3	Crestone Charter School

Montezuma-Cortez School District RE-1	3	Southwest Open School
Morgan County School District RE-3 (funded for 2016-17 only)	4	Fort Morgan High School Lincoln High School Fort Morgan Middle School
Pueblo City Schools District 60	3	Central High School South High School Centennial High School East High School
Roaring Fork School District RE-1 (funded for 2016-17 only)	3	Bridges High School
Sierra Grande School District R-30	3	Sierra Grande High School
South Routt School District	3	Soroco Middle School Soroco High School
Steamboat Springs School District RE-2	3	Steamboat Springs Middle School Steamboat Springs High School
Summit School District RE-1	3	Summit Middle School Summit High School Snowy Peaks High School
Thompson School District	2	Bill Reed Middle School Turner Middle School Conrad Ball Middle School Walt Clark Middle School Lucile Erwin Middle School

School Health Professional Grant Program

2017-2020 Grant Recipients

Local Education Agency (LEA)	Recipient Schools
Academy School District 20	Classical Academy Charter School
Adams-Arapahoe 28J (APS)	Vanguard Classical School East Vanguard Classical School West
Alamosa School District	Alamosa High School Ortega Middle School Alamosa Elementary School
Archuleta School District 50JT	Pagosa Springs Elementary Pagosa Springs Middle School Pagosa Springs High School
Aspen School District	Aspen Preschool and Cottage Aspen Elementary School Aspen Middle School
Boulder Valley School District RE-2	17 Schools across district
Canon City Schools (Fremont RE-1)	Canon City Exploratory School Mountain View Core Knowledge School Harrison K-8 School Lincoln School of Science and Technology McKinley Elementary Washington Elementary Florence High School Fremont Elementary Penrose Elementary Cotopaxi K-12 School
Center Consolidated School District 26JT	Center High School Haskin Elementary Skoglund Middle School Alternative Recovery Center of the San Luis Valley
Charter School Institute	New Legacy Charter School
Charter School Institute	Colorado Springs Early Colleges Colorado Early Colleges Fort Collins Colorado Early Colleges Parker Colorado Early Colleges Aurora
Charter School Institute	Pikes Peak Prep
Charter School Institute	Mountain Middle School
Charter School Institute	New America School Lowry New America School Lakewood New America School Thornton
Cherry Creek School District 5	Eaglecrest High School Horizon Middle School Thunder Ridge Middle School
Creede School District	Creede School

Local Education Agency (LEA)	Recipient Schools
Delta County School District 50J	Delta High School Delta Middle School Garnet Mesa Elementary Lincoln Elementary Delta Opportunity School
Delta County School District 50J	Vision Charter Academy
Denver Public Schools	Academy of Urban Learning
Denver Public Schools	22 schools - See application
Dolores School District RE-4A	Dolores Elementary Dolores Middle School Dolores High School
Douglas County School District RE-1	Cresthill Middle School Castle Rock Middle School Mountain Ridge Middle School Mesa Middle School Sierra Middle School Cimarron Middle School Sagewood Middle School Ranchview Middle School
Eagle County School District	Battle Mountain High School Eagle Valley High School Berry Creek Middle School Eagle Valley Middle School Gypsum Creek Middle School Homestake Peak School
East Grand School District RE-2	Fraser Valley Elementary Granby Elementary East Grand Middle School Middle Park High School East Grand Alternative School
Fountain-Fort Carson School District 8	Fountain Middle School Carson Middle School Fountain-Fort Carson High School Welte Education Center
Greeley-Evans School District 6	Northridge High School Greeley Central High School Greeley West High School Jefferson Senior High School
Jefferson County Public School District	14 Schools across district
Lake County School District	Lake County High School Lake County Intermediate School West Park Elementary
Littleton School District 6	Options Middle School Options High School Transition Program Redirection Middle School Redirection High School

Local Education Agency (LEA)	Recipient Schools
Mapleton Public Schools	Academy High School Big Picture College and Career Academy Mapleton Expeditionary School of the Arts Valley View K-8
Mesa County Valley School District 51	17 Schools across district
Montrose County School District RE-1J	Northside Elementary Montrose High School Pomona Elementary Columbine Middle School
Mountain Valley School District RE-1	Mountain Valley Elementary School Mountain Valley Middle School Mountain Valley High School
Pikes Peak BOCES	7 Districts
Poudre School District	Fort Collins High School Poudre High School Rocky Mountain High School Irish Elementary Johnson Elementary Laurel Elementary
Roaring Fork School District RE-1	Glenwood Springs Middle School Basalt Middle School
Silverton School District	Silverton Elementary School Silverton Middle School Silverton High School
South Conejos School District	Guadalupe Elementary Antonito Jr/Sr High School
South Routt School District	South Routt Elementary School
Steamboat Springs School District	Soda Creek Elementary School Strawberry Park Elementary School Yampa Valley High School
Swink School District 33	Swink Elementary Swink Jr/Sr High School
Valley School District RE-1	Sterling Middle School Sterling High School Caliche Jr/Sr High School
Woodland Park School District RE-2	Woodland Park High School Woodland Park Middle School

SHPG TOOLKIT

SHPG KICKOFF EVENT & TRAINING

IN THIS SECTION:

- Day 1 Schedule – General Meeting
- Day 2 Schedule – Breakout Sessions
- Attention All Educators and Parents – inspirational article
- Hugging a Porcupine – inspirational article

School Health Professional Grant
Kick Off Meeting

Tuesday September 26	
11:00 – 11:45 am	Participant check-in
11:45 – 12:45 pm	Lunch & Welcome and Introductions - *Phyllis*
12:45 – 12:55 pm	Table talk & introductions with participants
12:55 – 1:20 pm	Introduction to the SHPG Toolkit – *Phyllis & Kristi*
1:20 – 1:30 pm	SHPG learning– Fountain Fort Carson – *Lisa Zimprich*
1:30 – 1:40 pm	Grant Allowables, Reporting & Budget procedures– *Sarah Mathew*
1:40 – 1:50 pm	Special Education Resources & support – *Julia Wigert*
1:50 – 2:00 pm	Colorado School Safety Resource Center – *Margaret Ochoa & Dustin Hunter*
2:00 – 2:10 pm	Break
2:10 – 2:20 pm	Minor Consent Laws – *Kathy Patrick*
2:20 – 2:30 pm	SHPG learnings– *Canon City District - Brian VanIwarden*
2:30 – 2:50 pm	HKCS & Smart Source – *Lauren Cikara & Andrea Pulskamp*
2:50 – 3:00 pm	Marijuana Resource Bank – *Omar Estrada*
3:00 – 3:10 pm	Positive Youth Engagement – *Omar Estrada*
3:10 – 3:20 pm	SHPG learnings – Boulder Valley – *Stephanie Faren*
3:20 – 3:30 pm	General Session closing - *Phyllis*
3:30 – 3:40 pm	Break
3:40 – 4:00 pm	Break out meeting for grantees with TA provider

School Health Professional Grant
Kickoff & Breakout Session Schedule

Update 8/30

Wednesday September 27, 2017 AM Sessions

9:00 am	
Session	**Room**
Mindfulness *Amanda Brantley*	Golden
Youth Mental Health First Aid *Alejandra Venzor & Sarah Mathew*	Lookout Mountain
An Effective Behavioral Health System starts with Every Student *Kim Watchorn & Katy Goebel*	Morrison
What Does it Look Like Working in Schools Pagosa Springs *Public Schools- Ashley Wagle*	Union Square
Comp Health Standards & Health Skills *Jamie Hurley & Kathy Kopp*	Mount Vernon
Optional TA meeting w/ *Phyllis & Kristi*	Bergen Park

10:00 am	
Session	**Room**
Mindfulness *Amanda Brantley*	Golden
Behavioral Health *Finessa Ferrell*	Bergen Park
An Effective Behavioral Health System starts with Every Student *Kim Watchorn & Katy Goebel*	Morrison
Comp Health Standards & Health Skills *Jamie Hurley & Kathy Kopp*	Mount Vernon
Sources of Strength *Janell Anema*	Lookout Mountain
Building Referrals *Kristi Elliott*	Union Square

11:00 am	
Session	**Room**
Behavioral Health *Finessa Ferrell*	Bergen Park
LifeSkills	Mount Vernon

Craig Zettle & Diane Ballard	
Marijuana Education Initiative *Molly Lotz*	Morrison
Sources of Strength *Janell Anema*	Lookout Mountain
What Does it Look Like Working in Schools *Pagosa Springs Public Schools- Ashley Wagle*	Union Square
Motivational Interviewing: Mutual Respect In the Change Process *Pam Gillen*	Golden

PM Sessions

1:00 PM	
Sessions	**Room**
Brain-Based Learning *Amanda Brantley*	Golden
Sources of Strength *Janell Anema*	Lookout Mountain
Comp Health Standards & Health Skills *Jamie Hurley & Kathy Kopp*	Mount Vernon
Marijuana Education Initiative *Molly Lotz*	Morrison
What Does it Look Like Working in Schools *Jeffco Public Schools-Erin Whipple*	Union Square
Building Referrals *Kristi Elliott*	Bergen Park

2:00 PM	
Sessions	**Room**
Brain-Based Learning *Amanda Brantley*	Golden
Marijuana Education Initiative *Molly Lotz*	Morrison
Building Referrals *Kristi Elliott*	Bergen Park
Youth Mental Health First Aid *Alejandra Venzor Sarah Mathew*	Lookout Mountain
LifeSkills *Craig Zettle & Diane Ballard*	Mount Vernon
Motivational Interviewing: Mutual Respect In the Change Process & SBIRT *Pam Gillen*	Union Square

3:00 PM	
Session	**Room**
LifeSkills *Craig Zettle & Diane Ballard*	Mount Vernon
Youth Mental Health First Aid *Alejandra Venzor & Sarah Mathew*	Lookout Mountain
What Does it Look Like Working in Schools *Jeffco Public Schools-Erin Whipple*	Morrison
Motivational Interviewing: Mutual Respect In the Change Process & SBIRT *Pam Gillen*	Union Square
Optional TA meeting w/ Phyllis	Bergen Park
Optional TA meeting w/ *Kristi*	Golden

Attention All Educators and Parents

Every Friday afternoon Chase's teacher asks her students to take out a piece of paper and write down the names of four children with whom they'd like to sit the following week. The children know that these requests may or may not be honored. She also asks the students to nominate one student whom they believe has been an exceptional classroom citizen that week. All ballots are privately submitted to her.

And every single Friday afternoon, after the students go home, Chase's teacher takes out those slips of paper, places them in front of her and studies them. She looks for patterns.

Who is not getting requested by anyone else?

Who doesn't even know who to request?

Who never gets noticed enough to be nominated?

Who had a million friends last week and none this week?

You see, Chase's teacher is not looking for a new seating chart or "exceptional citizens." Chase's teacher is looking for lonely children. She's looking for children who are struggling to connect with other children. She's identifying the little ones who are falling through the cracks of the class's social life. She is discovering whose gifts are going unnoticed by their peers. And she's pinning down- right away- who's being bullied and who is doing the bullying.

As a teacher, parent, and lover of all children – I think that this is the most brilliant Love Ninja strategy I have ever encountered. It's like taking an X-ray of a classroom to see beneath the surface of things and into the hearts of students. It is like mining for gold – the gold being those little ones who need a little help – who need adults to step in and TEACH them how to make friends, how to ask others to play, how to join a group, or how to share their gifts with others. And it's a bully deterrent because every teacher knows that bullying usually happens outside of her eyeshot – and that often kids being bullied are too intimidated to share. But as she said – the truth comes out on those safe, private, little sheets of paper.

As Chase's teacher explained this simple, ingenious idea – I stared at her with my mouth hanging open. "How long have you been using this system?" I said.

Ever since Columbine, she said. Every single Friday afternoon since Columbine.

Good Lord.

This brilliant woman watched Columbine knowing that ALL VIOLENCE BEGINS WITH DISCONNECTION. All outward violence begins as inner loneliness. She watched that tragedy KNOWING that children who aren't being noticed will eventually resort to being noticed by any means necessary.

And so she decided to start fighting violence early and often, and with the world within her reach. What Chase's teacher is doing when she sits in her empty classroom studying those lists written with shaky 11 year old hands - is SAVING LIVES. I am convinced of it. She is saving lives.

And what this mathematician has learned while using this system is something she really already knew: that everything – even love, even belonging – has a pattern to it. And she finds those patterns through those lists – she breaks the codes of disconnection. And then she gets lonely kids the help they need. It's math to her.

It's MATH.

All is love- even math. Amazing.

Chase's teacher retires this year – after decades of saving lives. What a way to spend a life: looking for patterns of love and loneliness. Stepping in, every single day- and altering the trajectory of our world.

http://momastery.com/blog/2014/01/30/share-schools/

POSTED BY MILLER727@ICLOUD.COM

POSTED ON APRIL 11, 2017

POSTED UNDER UNCATEGORIZED

COMMENTS 107 COMMENTS

HUGGING A PORCUPINE

He is ours.

He was ours when he arrived in kindergarten thirteen years ago – precocious, curious, and bursting with spirit. His blue plaid shirt brought out the tint of his eyes and his bountiful smile brought joy to those around him. He was smart, impish, naturally clever, and full of promise. **He was five.**

He was ours when learning became more challenging in second grade. When his emerging struggles with dyslexia and distractibility started to manifest themselves in emotional outbursts and disruptive behaviors. He was ours when he began to indiscriminately hit and kick other kids on the playground. He was ours when he drew an intricate picture of a prairie landscape in art class, amazing us all with his innate artistic talent. **He was seven.**

He was ours when he began testing the limits of acceptable classroom behavior. When his self-esteem began to slowly die and his personality turned increasingly stormy. He was ours when he intentionally punched his teacher in the arm in third grade and threw a book at another child's head. When he curled up in a corner of the room, hyperventilated, cried, and said he was sorry. **He was nine.**

Search ...

RECENT POSTS

Consciously Ignorant

Growing Your Heart

The Good Old Days?

Those Kids...

A New Approach for Teacher Evaluation?

No Room for Mr. Wonderful

Sometimes They're Right

The Box of Shame

ARCHIVES

He was ours in fifth grade when his parents divorced and when he witnessed his 54-year-old grandmother die after an excruciating battle with cancer. We were there when his dad remarried and moved to California, the last time he's seen his father. He was ours when his mother lost another job after showing up drunk at work. He was ours when the home he'd lived in all his life went through foreclosure and when his mother and he moved into a local shelter. He was ours when he started stealing and tormenting smaller kids at the bus stop. **He was 11.**

He was ours when his beautiful, infectious smile retired and the darkness began to encircle him.

He was ours when we had to reassure the other children in his seventh-grade class they were safe, despite his nearly constant threats.

He was ours when he stopped doing homework, when he stopped caring about his grades and when he started skipping school to play violent video games. He was ours when he tried his first cigarette, drank his first beer, popped his first pills, smoked his first joint, and became sexually active. **He was 14.**

He was ours when he got suspended for fighting, for chronic disruptive behavior, for cussing out a teacher, for breaking a computer. He was ours when we couldn't find his mom to pick him up on the day he said he was going to hurt himself after "taking out a few others." When he told his counselor **he wished he'd never been born**.

He was ours when the police handcuffed him and delivered him to the local adolescent care center. **He was 15.**

He was ours six months later when his mom died of an overdose in the back seat of a drug dealer's car. He was ours when he returned to school as a hollow shell of his previous self, nearly catatonic from his prescribed regimen of daily depression medications.

He was ours when a caring teacher decided to take a chance and bring him into her family's home. When the color came back to his eyes. He was ours when he won the grand prize in the Philbrook Museum's Young Artist contest. He was ours when he found a counselor he trusted, who took the time to listen and who was patient enough to peel through the many layers of anger and angst surrounding his soul to discover the sad, insecure, yet lovable boy inside.

He was ours when he recovered his smile again. When he joined a local church youth group and found meaning in his life. He was ours when a beautiful girl with deep blue eyes and an angel's heart gave him a reason to love himself again. **He was 17.**

He will be ours when he walks across the stage next month at graduation. When he hugs his adoptive mom and dad and says, "I love you. Thank you for saving my life." He will be ours when he leaves our school in May to become the best version of what he can be.

This child is ours. He is smart and bright and kind and troubled and hurt and angry. For 13 years, he has struggled mightily to overcome trauma, despair, learning challenges, and a self-defeating mentality. He wrestled for most of his young life to keep himself balanced, to calm his inner demons, to make friends, to trust adults, to show compassion, to love himself, and to learn with any consistency.

To simply be a kid.

You see, **he was always ours**. He belongs to us as much as the star quarterback, the future Ivy League scholar, the homecoming queen, and the valedictorian. For much of his schooling, he was tough to love. We didn't want to own him.

If you have been in education very long, especially in a larger district, you have met "him" or "her," likely more than once. These children frustrate us, make us angry, and cause us to cry. They cause us to question our effectiveness as educators and the meaning and value of our work.

It hurts to get close to children like "him." **It's like hugging a porcupine**. But they are ours, and *hugging porcupines* is occasionally the most important part of our job.

A core belief I hold tightly is this: When children are in our schools, they are our kids. All. Of. Them. If a kid walks through the doors of our public school, we should see them, listen to them, push them, care for them, support and believe in them as if they are our own.

When we help these children survive and thrive – academically, socially, and emotionally – we are reminded of the beliefs and passion that power our work as educators. All kids can learn. We know how to teach them. **Together, we have what it takes.**

All the kids at our schools are "ours." For some, we have but a brief opportunity to do the one thing – the RIGHT thing – to change the course of their life in a positive way. What an awesome privilege and frightening burden that is.

This much is certain. **This boy is ours.**

And when you take the chance to ***hug a porcupine*** like him, the reward **will be yours.**

Photo credit: http://www.healthforteens.co.uk/feelings/anger-management/

SHPG TOOLKIT

GRANT SUPPORT

IN THIS SECTION:

- Allowables, Rules & Procedures of the Grant
- Grant Budgets and Reporting
- Minor Consent Laws & Confidentiality
- Special Service Provider Endorsements

School Health Professional Grant Program (SHPG)

The School Health Professional Grant (SHPG) program is designed to provide funds to eligible education providers to enhance the presence of school health professionals in their secondary schools. School Health Professionals are defined as School Nurses, School Psychologists, School Social Workers and School Counselors.

This grant program intends to:

- Increase the presence of school health professionals in secondary schools to provide substance abuse and behavioral health care to students who have substance abuse or other behavioral health needs
- Implement substance abuse prevention education and provide evidence based resources to school staff, students and families
- Reduce barriers for enrolled secondary students, who are at risk for substance abuse, to access services provided by community-based organizations for treatment and counseling.

Funded Sites

- 2017-2020 Grantees
- 2016-19 Grantees
- 2015-16 Grantees

Budget Template 2017-2020

- 2017-2020 Budget Template

Resources for School Health Professionals

- Marijuana in Colorado
- Colorado's Good to Know Campaign
- "Askable Adults" - Tools to Help Adults be Informed
- Order Marijuana Resource Materials
- SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP - leaving CDE website)

General Resources

- Colorado Crisis Services
- Youth Mental Health First Aid Colorado
- SBIRT
- Trauma-Informed Care (COACT Colorado)
- Creating Trauma-Sensitive Schools
- Colorado's Commitment to Become the Healthiest State (link to Colorado.gov/Health)

The State Board of Education adopted Rules for the Administration of the School Health Professional Grant Program (CCR 301-97) (pdf)

For more information, please contact:
Phyllis Reed
Health and Wellness
Phone: 303.866.6593
Email: reed_p@cde.state.co.us

School Health Professional Grant End of Year Reporting

Please provide the following information on the School Health Professional Grant awarded during the 2017-18 school year. ***Please note that the first 5 questions are mandatory and the last 6 questions are optional.***

Mandatory:

1a. Number of school health professionals hired using grant monies. (*This means the number of physical staff, regardless of their FTE).
b. How do those positions break down by their FTE?

2. A list and explanation of the evidence-based training in substance abuse, behavioral health, and/or mental health strategies **to school health professional(s).**

3. A list and explanation of the training and resources **for school staff** on evidence-based substance abuse prevention and/or behavioral health programming.

4. A list and explanation of substance abuse and behavioral health care services provided to students using grant monies.

5. Information indicating an increase in the level of **evidence-based programming** on substance abuse prevention and behavioral health to secondary students, including screening and referral programs.

Optional:

6. Number of students served by the **newly-hired** school health professional(s), accounted for by grade level.

7. The ratio of **newly-hired** school health professional(s) to students.

8. A breakdown of the use of **matching** ($ that your organization provided as a match) and **matched** ($ that you received from the SHPG) grant monies.

9. A list and explanation of **community-based resources** that were utilized for treatment/counseling for students.

10. Evaluate the impact of the School Health Professional Grant program. Include a comparison of data from before grant was awarded and after. This could include numbers of students served, office discipline referrals, attendance, suspensions, and other relevant data to describe the impact.

11. Additional comments or feedback.

ALLOWABLE COSTS:

This list is not inclusive but is presented to show items that would be allowed under the SHP grant.

-SALARIES AND BENEFITS

Licensed (or eligible for licensure within 60 days of hire) School Health Professionals (SHP). All positions must be supplemental and cannot supplant current staffing levels. Additional position costs for:

- School nurses
- School social workers
- School counselors
- School psychologists

In addition the following salary costs are allowed:

- Extra Duty" stipends for staff. These must be in line with district procedures and outside of contract hours;
- Substitute pay for staff attending PD activities during contract hours.

-PROFESSIONAL DEVELOPMENT (PD)

Behavioral healthcare/substance abuse prevention for SHPs and all school staff. Must be clearly described in the application and budget description. Subsequent years cannot be repetitive in nature unless there is a new cohort of staff being trained and must be reflective of a comprehensive training program. The money allocated for professional development must be appropriate to district size and reflect objectives of SMART goals.

Registration fees for applicable conferences (within reason).

-TRAVEL COSTS

- Mileage for SHPs to travel between schools and/or attend meetings/conferences
- Travel fees associated with mandatory CDE training at start of 17-18 school year and potentially 2 other trainings.

-ELEMENTARY SCHOOLS

If a district has applied for funds in order provide services to elementary students, it is allowable to use funds for planning activities for year 1, related to elementary grade-level implementation of the above allowable activities in years 2 and 3.

RESOURCES

Specific resources needed for providing behavioral healthcare services to students are covered by the SHP grant. The SHP grant's intent is to supplement not supplant activities that have already been implemented by the school/district. The implementation of the following would be allowed under supplemental activities:

- Screening referral and training (these should be reflective of SMART goals):
- Curriculum;
- Programmatic software;

- Supplies;
- Food for student groups and parent meetings;
- Laptop/phone for newly hired SHPs;
- Subscription to behavioral health/substances abuse assessment/screening tool
- Device needed to conduct assessments
- Speakers fees for assemblies (must be within reason);
- Membership fees to professional organizations.
- Certification for a standard curriculum is allowed. Train the trainer is allowed; this type of certification would allow this individual to return to the school and provide the specific professional development.

UNALLOWABLE COSTS:

-Salaries for district-level employees (the SHPs must be school-based direct service positions).
-Administrative costs for coordinating the SHP program at the district.
-Incentives for students
-Treatment/therapy costs
-Indirect costs
-Contracted services - If a school contracts with an outside agency to provide services, this is not an allowable to increase the contract under the grant to provide additional services. The grant is intended to increase staffing levels.
-Certification – Costs associated with credentials that require graduate course work is not allowable. The certification for an addiction counselor certification would not be covered by the grant.

COLORADO MINOR CONSENT LAWS – Quick Reference Chart[1]	
SERVICES YOUTH CAN OBTAIN ON THEIR OWN	
Family Planning Services Funded by Title X[2] • Includes (among others) contraception, STD testing, and breast and pelvic examinations.	Minors of any age
Prenatal, Delivery, and Post- Delivery Care • Medical care related to the intended live birth of a child.	Pregnant minors of any age
Contraception • Birth control procedures, supplies, and information. • This does not include sterilization	Minors of any age who request and need birth control
Abortion[3]	Minors of any age
Sexually Transmitted Infections • Diagnosis and treatment	Minors of any age
HIV • Diagnosis and treatment	Minors of any age
Treatment after Sexual Offense (Sexual Assault) • Examinations, prescription and treatment of victim for any immediate condition caused by a sexual offense • For this purpose, "sexual offenses" include (but are not limited to) sexual assault, sexual assault on a child and unlawful sexual contact as defined by Colorado law.	Minors of any age
Mental Health Treatment • Includes outpatient treatment • Minors cannot consent to electroconvulsive treatment	Minors 15 years of age or older
Alcohol / Drug Abuse Treatment • Includes treatment for addiction to or use of drugs, emergency treatment for intoxication, and treatment for alcoholism.	Minors of any age

[1] For more information and detail about these laws, see the companion tool entitled "*Colorado Minor Consent Laws*." Remember that consent and confidentiality are different concepts. For more information on confidentiality laws, see the tool entitled "*Confidentiality of Adolescent Medical Records under Colorado Law*."

[2] The Title X Family Planning Program is part of the federal Public Health Services Act. For more information on Title X family planning services and Title X funded providers in Colorado, go to www.cdphe.state.co.us/pp/womens/famplan.html.

[3] A parent is not required to consent to a minor's abortion. However, the minor's parent(s) must be notified 48 hours before the abortion can be performed unless an exception applies or the minor obtains a court order through the judicial bypass process. See the tool entitled "*Confidentiality of Adolescent Medical Records under Colorado Law*" for more information.

Direct link to full document *Understanding Minor Consent and Confidentiality in Colorado*: https://docs.wixstatic.com/ugd/fe8e5e_12f90bcc6b7e45dc99b75d13128a75d7.pdf

Special Service Provider Endorsements

School Counselor Ages 0-21 - 11.09 (PDF)	• Master's or higher degree in School Counseling as defined by accreditation by the Council for Accreditation of Counseling or Related Educational Programs (view information about CACREP Accreditation) • Minimum of 100 clock-hour practicum • Minimum of 600 clock-hour internship, with multiple grade levels of students under the supervision of a licensed school counselor Passing of the Colorado state approved content exam	PLACE 41 Passing Score: 220 OR Praxis 5421 Passing Score: 156
School Nurse Ages 0-21 - 11.05 (PDF)	• Bachelor's or higher degree in nursing from a regionally accredited institution • Must hold a license to practice professional nursing in Colorado pursuant to the provisions of the Colorado Nurse Practice Act or hold a license in another state and is practicing in Colorado pursuant to the nurse licensing compact agreement • Successful completion of field experiences and a supervised practicum as prescribed by the preparing institution, including experiences with school-age children in a community health/public health or school setting.	None

School Psychologist Ages 0-21 - 11.06 (PDF)	• Successful completion of a specialist-level program from a regionally accredited institution with a minimum of 60 graduate-level semester hours or a doctoral program for the preparation of school psychologists, serving children/students ages birth-21, at an accepted institution of higher education • Passing of the national school psychology exam • Successful completion of practicum consisting of a sequence of closely supervised on-campus or field-based activities, designed to develop and evaluate a candidate's mastery of distinct professional skills, consistent with program and/or course goals • Successful completion of internship consisting of a full-time experience over one year, or half-time over two years with a minimum of 1200 clock hours, of which 600 must be in a school setting • The internship may include, beyond the 600 hours in the school setting, other acceptable internship experiences, including in private or state-approved educational programs or in other appropriate mental health or education-related programs. • May hold a valid NCSP credential, issued by the national school psychology	Praxis 5402 Passing Score: 147 **OR** National Certified School Psychologist (NCSP) certification

	certification board	
School Social Worker Ages 0-21 - 11.07 (PDF)	• Master's or higher degree in social work from a regionally accredited institution • Documented evidence of completion of coursework in the areas of school and special education law, including content covering Functional Behavior Assessment (FBA) and the development of behavior intervention plans • Successful completion of Colorado-approved content exam • Successful completion of a supervised 900 clock-hour practicum in the field of social work, which shall have been completed in a school, social service agency, mental health clinic or facility and/or hospital setting • Successful completion of at least one field experience with school age children/students	Colorado Assessment for Licensed Clinical Social Workers **OR** ASWB

http://www.cde.state.co.us/cdeprof/endorsementrequirements#ssp

SHPG TOOLKIT

SCHOOL BEHAVIORAL HEALTH SERVICES FRAMEWORK

IN THIS SECTION:

- Colorado Framework for School Behavioral Health Services

Colorado Framework

for School Behavioral Health Services

A Guide to K-12 Student Behavioral Health Supports with a Focus on Prevention, Early Intervention, and Intervention for Students' Social, Emotional, and Behavioral Health Needs

THE COLORADO EDUCATION INITIATIVE

Colorado Framework

for School Behavioral Health Services

THE COLORADO EDUCATION INITIATIVE

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- **Bill Bane**—Colorado Department of Human Services, Office of Behavioral Health, Children, Youth, and Family Mental Health Programs Manager
- **Dr. Skip Barber**—Colorado Association of Family and Children's Agencies, Executive Director
- **Barb Bieber**—Colorado Department of Education, Serious Emotional Disturbance Specialist
- **Liz Davis**—Poudre School District, Early Childhood Out of District Integrated Services Coordinator
- **Bob Dorshimer**—Mile High Council/Comitis Crisis Center, Chief Executive Officer
- **Jose Esquibel**—Colorado Department of Human Services, Office of Children, Youth and Families, Prevention Systems for Children and Youth Director
- **Chris Harms**—Colorado School Safety Resource Center, President
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- **Kathleen Sullivan**—Colorado Association of School Boards, Chief Counsel
- **Brian Turner**—Colorado Behavioral Healthcare Council, Special Projects Director
- **Hope Wisneski**—Gill Foundation, Program Officer
- **Claudia Zundel**—Colorado Department of Human Services, Child, Adolescent and Family Services Director

ROSE COMMUNITY FOUNDATION

Executive Summary

A Guide to K-12 Student Behavioral Health Supports with a Focus on Prevention, Early Intervention, and Intervention for Students' Social, Emotional, and Behavioral Health Needs

Comprehensive School Behavioral Health Systems Defined

K-12 comprehensive school behavioral health systems include district- and school-level educational and local behavioral health professionals working in concert with families to improve prevention, early intervention, and intervention strategies within the school and community to meet students' social, emotional, and behavioral health needs.

Why School Behavioral Health Systems

Research increasingly points to the link between students' academic success and social, emotional, and behavioral health. However, schools are generally not measured and evaluated on social, emotional, and behavioral health outcomes for students. As a result, they are often unable to justify and provide the attention, data infrastructure, and funding necessary to embed social, emotional, and behavioral health initiatives into school culture. Additionally, many schools do not have the necessary resources and support to address the misconceptions and lack of understanding about behavioral health, which contributes to its stigma.

The Colorado Opportunity

While multiple barriers persist in regard to implementing comprehensive school behavioral health systems, recent state and federal legislation and various state-wide behavioral health initiatives are now affording Colorado schools more opportunities to improve student behavioral health. With this improvement, the state will be positioned to realize greater academic achievement, enhanced student and staff wellbeing, and improved school climate and culture.

Framework Snapshot

Includes:

- Best Practices Guide
- Tools and Resources
- Implementation Spotlights From Districts and Schools

"Given schools' unique ability to access large numbers of children, they are most commonly identified as the best place to provide supports to promote the universal mental health of children" (CASEL 2008, p. 1).[1]

The Framework

To reduce barriers to learning, schools need comprehensive systems that integrate behavioral health supports into the daily academic life of the school. With this understanding and with support from Rose Community Foundation, The Colorado Education Initiative (CEI) created a statewide *Framework* for school behavioral health services. Additionally, CEI identified challenges to and opportunities for improving school behavioral health systems in Colorado. Along with a state-wide gaps and barriers analysis, CEI has investigated the scalability of the Colorado Department of Education's Building Bridges for Children's Mental Health. Building Bridges was piloted in Mesa County and integrated two complementary approaches: 1). Positive Behavioral Interventions and Supports (PBIS), "an implementation *Framework* that is designed to enhance academic and social behavior outcomes for all students" (Sugai and Simonsen, 2012, p. 1)[2] and 2). System of Care (SOC) from the behavioral health system (see definition below). Other research that informed the development of this *Framework* includes: a review of appropriate literature and state policy documents, interviews and focus groups throughout Colorado with district and school personnel and behavioral health and education experts, a scan of national models, and interviews with school district leaders throughout the nation engaging in this work. The development of the *Framework* was guided by a leadership advisory committee comprised of education and behavioral health professionals.

Based on the aforementioned methods, the *Colorado Framework for School Behavioral Health Services* blends a Multi-Tiered System of Supports (MTSS) from the education realm with a System of Care (SOC) more commonly used in the public health arena. Along with state and federal movements toward MTSS, CDE is using a MTSS system, which combines Positive Behavioral Interventions and Supports (PBIS) with Response to Intervention (RTI) so that all students receive a layered continuum of supports.

Definitions

MTSS combines Positive Behavioral Interventions and Supports (PBIS) with Response to Intervention (RtI). MTSS is a whole school, data-driven, prevention-based framework for improving learning outcomes for every student through a layered continuum of evidence-based practices and systems. MTSS includes: shared leadership; a layered continuum of supports; universal screening and progress monitoring; evidence-based instruction, intervention, and assessment practices; data-based problem solving and decision-making; and family, school, and community partnering (Colorado Department of Education 2013).

A System of Care is a "spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated school network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life" (Stroul, et.al, 2010, p. 3).[3]

Introduction

According to the American Psychological Association, less than half of children with mental health problems get treatment, services, or support.[4] Yet, research increasingly reveals the connection between social, emotional, and behavioral health and academic achievement.[5] Because students are much more likely to seek behavioral health support when school-based services are available (Slade, 2002),[6] schools need comprehensive behavioral health systems to create positive learning environments where all students can flourish.

Historically, school policies and procedures have separated behavior and academics; as a consequence, classroom management has been largely addressed in a superficial manner. Students who have *externalizing* behavioral health problems have traditionally received behavioral health services because they have been referred through a disciplinary approach—for example, an office referral, suspension, or expulsion. Conversely, students with behavioral health issues that are often *internalized* – for example, anxiety and depression – have largely been under-identified. In addition, educators have long noted that the unmet social, emotional, and behavioral health needs of children challenge their capacity to effectively teach their students (Atkins, et al., 2010, p. 2).[7] However, research reveals that when schools focus on district- and school-wide systemic improvements to prevention and early intervention for student's social, emotional, and behavioral health needs, both externalizing and internalizing students not only improve their social outcomes, but they also have increased academic outcomes.

What is *externalizing* behavior?

Externalizing behavior is the undercontrol of emotions, which could include difficulties with attention, aggression, and conduct.[8]

What is *internalizing* behavior?

Internalizing behavior is the overcontrol of emotions, which could include withdrawal, anxiety, fearfulness, and depression.[9] Internalizing behaviors may not be apparent to others and may manifest themselves as frequent worrying, self-denigrating comments, and low self-confidence.[10]

"A study estimating the relative influence of 30 different categories of educational, psychological, and social variables on learning revealed that social and emotional variables exerted the most powerful influence on academic performance"

(CASEL, 2003, p. 7). [11]

It is the shared responsibilities of a given district, school, and the people they serve to gauge their local needs and ensure they are building the best system for all stakeholders.

Comprehensive School Behavioral Health Systems Overview

The *Colorado Framework for School Behavioral Health Services* melds a System of Care within a Multi-Tiered System of Supports. *The Framework* includes three models of service delivery for students with high behavioral health needs: 1). Co-located services, where a district or school has a school-based health center that includes behavioral health and primary care; 2). A school-based therapist, where a therapist from the community comes to the district or school to deliver group and individual based therapy; and 3). A referral to a community based therapist, where a district or school has a strong relationship with a Community Mental Health Center (CMHC) and has a streamlined referral process with the center to create a seamless service delivery model for children, adolescents, and their families. Given the Colorado context, the service delivery model should be determined based on each community's location, needs, and resources. While the specific model may vary between communities, there are critical foundational elements both within and outside of the school that must be in place to foster and sustain comprehensive school behavioral health systems. In addition, it is the shared responsibilities of a given district, school, and the people they serve to gauge their local needs and ensure they are building the best system for all stakeholders.

The following *Framework* and best practices guide provide the key elements required to implement comprehensive school behavioral health systems in districts and schools across Colorado. As part of a tiered system of supports, school staff must realize that individual students' needs are not fixed at one of the tiered levels; instead, students may move fluidly between tiers—up or down—at any time, depending on circumstances. While the pyramid is fixed, students' needs are not.

Definitions

Who are local behavioral health professionals?

Local behavioral health professionals are therapists from the Community Mental Health Center (CMHC), School-Based Health Center (SBHC), or other children- and adolescent-serving behavioral health practice.

Who are school behavioral health professionals?

School behavioral health professionals include school psychologists, school social workers, and school counselors.

What is student behavioral health?

Student behavioral health includes the social, emotional, and mental health needs as well as the substance abuse behaviors of students. All students require social and emotional skill-building opportunities while some students may have more complex needs as suggested by the three-tiered pyramid in this guide (see p. 9).

School Behavioral Health Services Framework

Linking with Systems of Care

- Adequate Information Sharing
- Strong Communication Loop
- Warm Hand-Off
- Wraparound Services
- Youth-Driven and Family-Guided Services

Tier 3 FEW

Crisis Response
Re-entry Plan
Individual/Group Counseling/Therapy

Tier 2 SOME

Progress Monitoring
Evidence-Based Interventions

Tier 1 ALL

Referral Process
Behavioral Health Screening
Social, Emotional Learning Opportunities
Positive Behavior Supports

FOUNDATION

Family-School-Community Partnerships
Mental Health Stigma Reduction Staff Professional Development
Positive School Climate and Culture Accountability Systems
Data-Based Decision Making

District and School Teams Drive the Work

"The Surgeon General identified the stigma surrounding mental illness as one of the primary reasons that individuals and families don't seek help."[13]

Best Practices Guide

for Implementing Comprehensive School Behavioral Health Systems

District and school teams guide the behavioral health work.
District- and school-based teams must be the drivers of the work, and these teams must garner buy-in from administration and school staff. For many districts and schools, the teams could be the pre-existing RtI/PBIS/MTSS, health and wellness, school climate and culture, or leadership team. It is important the teams are comprehensive with representation from various stakeholders, including family representation, to create buy-in. The teams should gauge their local needs to inform next steps and to create sustainable school behavioral health policies. Teams can use the readiness assessment in the tools and resources section of this *Framework* to do so.

The foundational elements that support the tiered levels of support students receive are critical to the success of prevention, early intervention, and intervention for the positive development of students' social, emotional, and behavioral health. The foundational elements drive districts' and schools' abilities to engage in comprehensive school behavioral health efforts.

Foundation Best Practices

Districts and schools have strong family-school-community partnerships.
The district and school teams engage families, community members, and community organizations to advance student behavioral health and learning. Families are aware of their individual student's social and emotional development and know how to support behavioral learning at home, and families are included in intervention and counseling efforts. Family-school-community partnerships provide a foundation to leverage resources for students' behavioral health needs. Research explains that "mental health resides not only within the child but also within the influential web of interactions surrounding the child, including the family, the school, and the neighborhood and community in which the child lives" (Kellam, Ensmiger, & Branch, 1975, from SAMHSA, 2011, p. 5).[12] One of the critical success elements of creating comprehensive systems of care in education is the stakeholder relationship, especially among school leadership, the behavioral health provider, community members, and families. In Colorado, evidence of family and community involvement is required to renew accreditation. Learn about Colorado's new family-school-community partnership legislation in the tools and resources section.

District, school, and community leaders ensure pointed efforts to reduce the stigma around mental health. Over the past decade, state-wide and national campaigns have helped reduce the stigma of mental health; yet, there is still a major need for school systems to address the stigma. "The Surgeon General identified the stigma surrounding mental illness as one of the primary reasons that individuals and families don't seek help" (U.S. Public Health Service, 1999 from SAMHSA, 2011, p. 8).[13] Along with staff professional development, the school, community, families, and students should engage in mental health stigma reduction efforts. Students can do this through project-based learning assignments (see the tools and resources section for examples), and school personnel can work closely with the community to engage in joint efforts to reduce the stigma around mental health by providing Youth Mental Health First Aid Trainings (MHFA) and creating a culture of care. Youth MHFA trainings are discussed on page 19.

Staff professional development opportunities address social, emotional, and behavioral health systems. Staff must acquire the knowledge, tools, and resources to promote the positive development of students' social, emotional, and behavioral health. Because social, emotional, and behavioral health interrelate to academic success and school climate and culture, school leaders should schedule staff professional development for behavioral health throughout the entirety of the year. Professional development should include:

- **Working within a comprehensive school behavioral health system:** The staff should be trained on who will refer and how to refer students for services, how to speak with families about their concerns, how to promote mental health stigma reduction and mental health awareness, and how to universally screen and progress monitor students. These elements of a comprehensive school behavioral health system will be discussed further in the guide, and there are tips in the tools and resources section that address these professional development needs.
- **Creating trauma-sensitive and culturally-responsive schools:** "A trauma-sensitive school is a safe and respectful environment that enables students to build caring relationships with adults and peers, self-regulate their emotions and behaviors, and succeed academically, while supporting their physical health and well-being" (Lesley University and Massachusetts Advocates for Children 2012).[14] Research increasingly reveals that students who have experienced trauma or adverse childhood experiences [15] struggle to regulate emotions, attend to classroom activities, and/or achieve normal developmental milestones (Wisconsin Department of Public Instruction).[16] Culturally responsive classrooms acknowledge the lived experiences of all students in a classroom, including those in poverty, LGBT students, and students who are culturally and linguistically diverse. School leaders must provide opportunities for teachers to learn about creating trauma-sensitive and culturally-responsive classrooms. For tips on how to help teachers create trauma-sensitive and culturally responsive classrooms see the tools and resources section.
- **Understanding child and adolescent development:** Through the Building Bridges for Children's Mental Health pilot in Mesa County, school staff developed rubrics to help school and community agency staff as well as families and teachers "talk the same language" and understand social/emotional stages in a student's development. The rubrics were developed from the national Counseling Standards and cross walked with Colorado's Emotional Social Wellness Standards. The rubrics are included in the tools and resources section.

"A trauma-sensitive school is a safe and respectful environment that enables students to build caring relationships with adults and peers, self-regulate their emotions and behaviors, and succeed academically, while supporting their physical health and well-being."[14]

- **Promoting staff self-care:** Many educators and behavioral health practitioners burnout, and as a result, negatively impact students, suffer health consequences, and leave their profession. Now, research is pointing to vicarious trauma and compassion fatigue that can result from burnout. Vicarious trauma and compassion fatigue can lead to changes in one's psychological, physical and spiritual well-being (Headington Institute).[17] Staff self-care is not only part of the coordinated school health model, it is a necessary ingredient to the success of students. School leaders must provide their staff the knowledge, tools, and resources about being self-aware and maintaining one's own care; a healthy staff is necessary to create a positive learning environment for all students. For tips on improving staff self-care see the tools and resources section.

District and school leaders prioritize a positive school climate and culture. The interplay of environment and pathology is unquestionable. School climate refers to patterns of people's experiences of school life; it reflects the norms, goals, values, interpersonal relationships, teaching, learning and leadership practices, as well as the organizational structure that comprise school life.[18] School culture is a critical factor in school success. For nearly two decades, a growing body of research has described the link between positive school climate and student absenteeism, suspension, feeling connected and attached to school, student self-esteem, positive self-concept and motivation to learn. A school's culture, in short, either promotes or undermines student learning (CEI, Transforming School Climate Toolkit, 2013). To learn more about improving school climate and culture see: CEI's school climate toolkit at http://coloradoedinitiative.org/resource/transforming-school-climate/.

As part of building a positive school climate, behavioral health professionals, both within and outside of the school, should be embedded into the culture of the school. These professionals should work closely with educators to create a collaborative support system for students. They should also play a meaningful role on the school team tasked with guiding this work. The school behavioral health professionals should have clear roles, which are now clarified as a result of Colorado's Great Teachers and Leaders Act of 2010 (SB 10-191).

It is also critical that school efforts focus on creating trauma-informed and culturally responsive classrooms as discussed on page 11. There should be district- and school-wide efforts to implement PBIS, Positive Behavior Interventions and Supports. CDE has trained over 900 schools across Colorado in PBIS. For more information about PBIS, visit http://www.cde.state.co.us/pbis/.

Social, emotional, and behavioral health efforts are included in accountability systems. Schools focus on current accountability measures regarding academic achievement, which often means that students' social, emotional, and behavioral health do not receive the priority they deserve. Yet, research reveals that behavioral health interrelates to academic outcomes[19] and school climate and culture. Therefore, schools must include comprehensive behavioral health strategies in their school improvement plans to ensure behavioral health initiatives are prioritized and evaluated. But simply including them in a plan will not suffice. School leaders must create a supportive context[20] for this work, include social, emotional, and behavioral health in policies, and hold themselves and their staff accountable to effectively implement behavioral health systems.

Schools use data-based decision making to guide their behavioral health efforts. Schools need to begin assessing their behavioral health needs through multiple measures. To do so, The Substance Abuse and Mental Health Services Administration (SAMHSA) suggests that schools:

1. Conduct a comprehensive assessment of mental health problems and concerns in the school and community and the existing policies and resources to meet these needs.
2. Use the public health approach; focus on the larger school population to maximize the program's effectiveness.
3. Use existing data to identify problems, analyze related risk and protective factors in the school and community, and determine the gaps between the current situation and the coalition's vision for a whole-school approach.
4. Share results with the community, proposing recommendations that build on community strengths and resources (SAMHSA, 2011, p. 22).[21]

Once districts and schools have begun implementing behavioral health systems by assessing their local needs, they should create systems to examine the interplay between behavioral health outcomes and school outcomes, such as suspension rates, academic achievement, and discipline referrals.

Tier 1-Universal Supports for ALL STUDENTS

Tier 1 includes the supports that all students should receive within a district and school to build their social and emotional skills.

Positive behavior supports are implemented across the district. Rather than focus on control and punishment, schools should focus on creating positive classroom environments that focus on social, emotional, and behavioral health skill building with clear and consistent expectations.[22] As part of PBIS, positive behavior supports for all students is emphasized.

Evidence-based/practice based social, emotional learning opportunities are included across classes and curriculum. Districts and schools should include evidence-based or practice-based social and emotional learning throughout the curriculum, across content, and across grade levels. Research reveals that when schools integrate skills-based social and emotional learning opportunities throughout the school day, across classes, and across grade levels, the impacts are greater than if schools simply set aside twenty minutes a week for social and emotional learning.[23] However, even if full integration of SEL is not feasible, any opportunity for social and emotional learning can be impactful for students. Also, with Colorado's new Emotional and Social Wellness Standards (ESW), which are embedded in the Comprehensive Health and Physical Education Standards, schools now have more guidance about how to implement social and emotional learning across grade levels so that students build the necessary skills, such as resiliency, advocacy, and knowing one's self, to succeed in school, in the community, and in life. Research supports partnering with families to support these skills at home, helping to generalize and expand learning. To learn more about SEL and the Colorado Department of Education's ESW Standards, see the tools and resources section.

CEI also promotes practice-based work in schools. These practices are created within a district or school, based on local need and show positive results.

Schools include universal behavioral health screening. Currently, very few schools in Colorado use formal measures to screen students for behavioral health needs. Instead, too often, students' behavioral health needs are addressed only from a reactionary and punitive approach rather than a preventative one, and internalizing students' needs are overwhelmingly not addressed. Districts and schools must be very thoughtful in their approach to universal screening and ensure that appropriate tiered interventions are in place and that students are not over-pathologized or labeled (Adelman and Taylor, 2010, p. 34-43).[24] Read more about how to approach universal screening in the tools and resources section and in the spotlight stories on Aurora Public Schools and Boston Public Schools on pages 14 and 15.

Districts and schools have a formal referral process in place. School leaders must work with all school staff and behavioral health experts outside of the school to create a streamlined referral system for students with Tier 2 and Tier 3 needs. Additionally, schools must ensure they have adequate systems in place so that students who are referred for Tier 2 and 3 interventions have the support they need. All school staff members need training to know how to and who should refer students for more specialized services, and families need to know how to access the referral system and support services. Each school may vary in its referral process, but all schools must include appropriate documentation and ensure student and family confidentiality. For an example of a referral form see the tools and resources section.

Universal Screening

When it comes to data sharing and universal screening for school behavioral health systems, Aurora Public Schools (APS) and Boston Public Schools (BPS) have worked tirelessly to create systems change with existing practitioners and resources.

After only 10-15 weeks of intervention, around 50% of students showed significant behavioral improvement based on pre- and post-assessments.

Aurora Public Schools, 2012-2013 School Year

Jessica O'Muireadhaigh, a Board Certified Behavior Analyst and Special Education Consultant of APS, took an idea to the superintendent to conduct a social, emotional learning pilot at APS elementary schools. That idea has taken off and shown positive early outcomes. Jessica recognized a need to scale up prevention, early intervention, and intervention efforts at elementary schools in the district, so she brought on Shannon Kishel, a school psychologist, and Adria Young, a school social worker, to begin helping schools implement the evidence-based social and emotional learning curriculum for all students called *Caring School Communities*. In addition to using a school-wide social and emotional curriculum, they helped teachers use a universal screener to determine the top three externalizing and top three internalizing students. Those students were then screened using the BASC-2, a behavior assessment, in order to identify the elevation status of each of the identified students. Students screened extremely elevated were the focus of the pilot. To improve students' social, emotional, and behavioral health, the Tier 2 evidence-based curriculums they used are *I Can Problem Solve and Social Skills Improvement System.* Tier 3 curriculum that was used included *Skill Streaming*. After only 10 to 15 weeks of intervention, around 50% of students showed significant behavioral improvement based on pre- and post-assessments. Hoping to grow their work across APS, staff members involved in the pilot remain reflective about how to improve their practices and translate those across the district. Overall, school staff members have seen initial improvements as a result of the pilot and hope to increase the program to more schools in the future.

Boston Public Schools, 2012-2013 School Year

Massachusetts comprehensive health care legislation has existed since 2006, which has helped bridge the gap between schools and behavioral health service providers. However, while legislation can play an important role in driving district level work, the Student Services Department for Boston Public Schools (BPS) has found another impetus for its behavioral health systems change. According to Andria Amador, Acting Director of Special Education and Student Services, the pressing unmet need for comprehensive behavioral health services in schools drove the creation of its comprehensive behavioral health model (CBHM), called the Lighthouse Model in 2012. Between an executive planning committee and strong partnerships with Boston Children's Hospital and the University of Massachusetts, Boston is finding much success with its model in its 10 pilot schools and plans to expand its work over the next couple of years until all schools throughout BPS have comprehensive behavioral health systems.

After piloting various universal screeners, BPS selected the BIMAS,[25] a screener created here in Colorado, to screen every student for both externalizing and internalizing behaviors. Because teachers were highly engaged in the piloting process, there has been instrumental buy-in from the teaching staff to help create the systems change. BPS staff members have found the BIMAS to have very few false positives and false negatives (i.e. the incorrect results of a universal screener), and they have also explained that the screener is user friendly.

Along with deciding to use the BIMAS, BPS had to figure out many logistics, including: acquiring parental consent, figuring out when to do the screening, finding the right space for screening, deciding which grade levels to screen, and providing alternative activities for youth who did not have parental permission for screening. Each school in the pilot made these decisions according to their own needs.

Once students were screened, in the fall and once in the spring, BPS had to ensure supports were in place for students who needed supplemental services. Because the BIMAS has substantial progress monitoring built into its system, which includes an online data collection system, the district has been working on integrating the BIMAS data with other school outcome measures to create transformational school climate and culture change.

Along with the universal screening and the interventions at Tier 2 and Tier 3 levels, all schools in the pilot engaged in 30 minutes of social and emotional learning using the evidence-based Second Step or *Open Circle* programs.

The school psychologists in the district are leading the pilot, and they attend monthly Professional Learning Communities (PLCs) to learn from each other about what is working and what is not at each of the pilot schools. Pre-service school psychologists from local universities are being trained in the CBHM to leverage their practicum hours and to ensure they are prepared to work within a school comprehensive behavioral health system. In addition, monthly principal breakfasts ensure the principals participating in the pilot program are receiving the support they need to implement comprehensive school behavioral health systems. BPS staff are very excited about integrating a comprehensive school behavioral health system into the district, and because of the positive early outcomes, they have the energy to keep moving forward with the pilot.

To learn more about how your district/school can implement universal screening, see the universal screening toolkit in the tools and resources section.

Tier 2-Secondary or Targeted Interventions for SOME STUDENTS

For too long, students needing early intervention services go unnoticed because they may not exhibit externalizing behaviors. At the same time, those who do externalize a behavioral health issue are often dealt with through a disciplinary and reactionary approach. Truly, without comprehensive behavioral health systems in place that link Systems of Care with Tier 2 students, schools often fail to intervene early. The unfortunate result is that Tier 2 students do not receive the support they need and either continue to go unnoticed or spiral downward. These students experience increasing challenges during youth and adolescent years, and likely, increased challenges in their adult life.

Schools offer evidence-based group and/or individual interventions. School behavioral health professionals and local behavioral health experts should work together with the school and the team guiding the behavioral health work to ensure the interventions they are using are effective. Interventions should (a) be sustained, flexible, positive, collaborative, culturally appropriate, and regularly evaluated; (b) build on the strengths of the students and their families; and (c) address academic as well as social behavioral deficits (Bullock and Gable, 2006).[26] It is important to strategically plan for how students will receive interventions throughout the school day.

Progress monitoring is integrated into the school day. Progress monitoring is most effective when it occurs in natural settings throughout the school day and when it includes multiple measures, including those from the home and community. Behavioral health professionals should work closely with the school to share adequate information with educators to ensure students are transferring their behavioral health skills in multiple environments, and they are receiving the interventions they need.

Tier 3-Tertiary or Intensive Interventions for FEW STUDENTS

When Tier 1 and Tier 2 interventions do not meet students' needs, other interventions should be used. Tier 3 interventions should be linked with the System of Care principles discussed further on in the guide.

Schools offer opportunities for individual and group counseling/therapy during the school day.

Students who have tertiary needs will struggle to learn without the proper support in place. Schools need to include opportunities throughout the school day for students to receive the therapy and counseling services they need.

Schools have a re-entry program for students transitioning back from hospitalization or residential treatment. Districts and schools should have a thorough plan in place that supports students and their families transitioning back to school from hospitalization or residential treatment. Colorado HB 10-1274 highlights that schools should help ensure a successful transition for students back into the public school system after receiving care in day treatment facilities, facility schools, or hospitals. For an example of a school program for students transitioning back to school from residential or hospital treatment see the tools and resources section.

Schools have a crisis response plan in place. Schools must establish a crisis response protocol and have a plan in place for events that affect multiple students and that address the need for grieving and coping. Some districts and schools in Colorado have used Psychological First Aid, which is designed to reduce the initial distress caused by traumatic events and help students cope with disaster. In addition to district- and school-wide crisis plans, with the recent passage of Colorado SB 13-266, Colorado is developing a coordinated behavioral health crisis response system as discussed in in the tools and resources section.

System of Care

A System of Care (SOC) requires multiple agencies working together to improve students' outcomes. SOCs should be youth guided and family driven and promote the SOC concept and philosophy. For information about the SOC Concept and Philosophy, see the tools and resources section.

Schools ensure adequate information sharing between the behavioral health professional, other youth-serving agencies, families, and necessary school staff. For many districts and schools, the lack of adequate information sharing has kept students from receiving the services they need in school and has made progress monitoring of school's behavioral health efforts difficult. Yet, districts and schools have many options to address this barrier through tiered consent forms from families and children and adolescents about what information should and can be shared with the schools. This consent form is fluid and allows students and families the ability to change how much information they want shared. Plus, with the new State of Colorado Authorization-Consent to Release Information Form, schools can now use a streamlined information sharing form between all agencies. At the same time, district, school, and behavioral health professionals must comply with the Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA). Without adequate information, schools cannot collect and analyze the data that is necessary to track and improve their behavioral health efforts to meet students' needs. For more information on this topic see the tools and resources section.

Constant and effective communication loops exist between the behavioral health professionals and the team leading the behavioral health work. As part of a comprehensive school behavioral health system, schools need a strong communication loop with the behavioral health professional(s) serving the school and other youth-serving systems. The team guiding this work should ensure constant and effective communication among staff who interact with the students, so the students' needs are met, and students transfer the skills they have gained in their social, emotional, or behavioral health interventions across multiple settings.

Schools ensure opportunities exist for "warm hand-offs" between school staff and behavioral health professionals. A warm hand-off is an empathetic process where an educator, school social worker, school psychologist, school counselor, or school nurse introduces a student to the local behavioral health specialist and helps that student navigate the process of care coordination between the behavioral health professionals within and outside of the school. Before a warm hand-off is initiated, schools must ensure families have provided consent for services. However, per Colorado statute, youth who are fifteen years or older can consent to their own behavioral health treatment.

Wraparound services are available for students with Tier 3 needs. Wraparound services are individualized, community-based services that bring multiple systems together with the child or adolescent and their families to provide a highly individualized plan to meet the unique needs of the student. A team, consisting of a teacher, other school staff, a service provider, family member, and student, should work closely together to develop an individualized-care plan that includes intervention, culturally and linguistically relevant services, and progress monitoring. Wraparound services are often provided in the community, home, or school setting.[27]

School leaders ensure youth-guided services and family partnerships for students with Tier 2 and Tier 3 needs. As part of the System of Care principles, youth-guided services and family partnering are integral to the success of student interventions. Family partnering is a critical piece to help families navigate the complex behavioral health system. Family members should help develop local policies and serve on committees in relationship to this work, and families should partner with teachers and school staff throughout the 3 Tiers. In Colorado, there are family navigators throughout the state who help families learn how to better access services. Through the Colorado Department of Human Services Trauma-Informed System of Care, which are county- or area-wide initiatives to build Systems of Care, each selected Community of Excellence throughout Colorado must have a family advocate in place. A family advocate must have experience caring for youth with mental health issues while family navigators do not require this qualification.

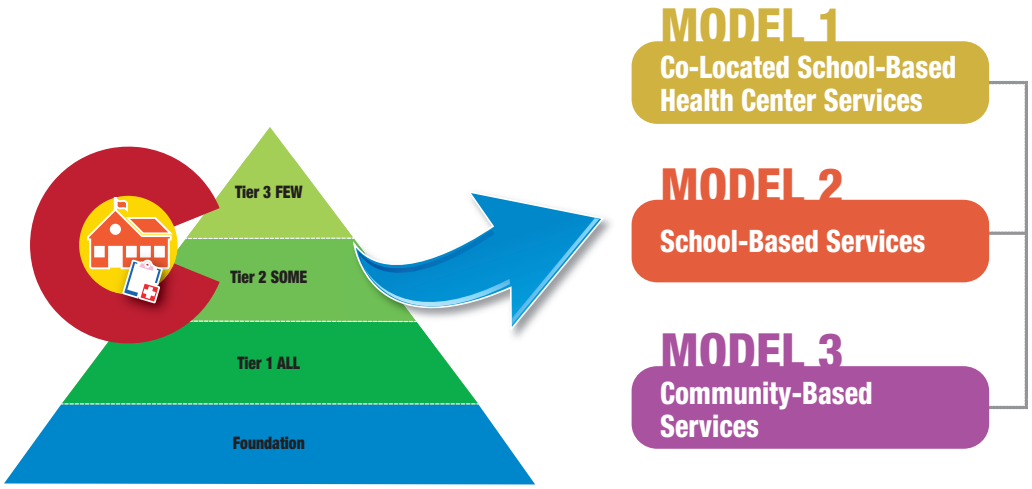
School behavioral health services best practices must be youth-guided and should link to one of three models for specialized behavioral health service delivery.

Three Models for Specialized Service Delivery

There are three models that Colorado districts and schools use for specialized services within a comprehensive school behavioral health system. Depending on location, resources, and need, the three models include delivering early intervention and intervention evidence-based services through: 1. co-located services within a school-based health center; 2. a school-based therapist who comes to the school to deliver services; and 3. a community-based therapist who delivers services in a Community Mental Health Center. In the following section, there are best practices and spotlight stories about each model in Colorado. While the three models vary in setting, they have common best practices.

Common Best Practices for Specialized Service Delivery Models

1. A memorandum of understanding (MOU) exists between the CMHC or local behavioral health professional and the district and school.
2. Culturally and linguistically appropriate (CLAS) services are delivered.[28] "More than 5.5 million students in U.S. schools are English-language learners (ELLs)…ELLs are expected to comprise more than 40 percent of elementary and secondary school students by 2030" (Thomas & Collier, 2002 from SAMHSA, 2011, p. 8).[29] For information on the CLAS Standards, see the tools and resources section.
3. Local and school behavioral health professionals are integrated into the school culture, and a common language between the school staff and behavioral health professionals exists.
4. Local and school behavioral health professionals have a strong working relationship with clear boundaries and specific role differentiation.
5. School staff, leaders, and local and school behavioral health professionals agree about when to provide student services during the school day based on student need and thoughtful collaboration between educators, families, and behavioral health professionals.
6. School staff and school behavioral health professionals have a clear understanding of how they communicate with and work with local behavioral health professionals.
7. Appropriate physical space is allocated within the school for behavioral health care service delivery. Rooms include adequate space and privacy.
8. Local and school behavioral health professionals help schools implement effective progress monitoring within the school setting.



9. Local and school behavioral health professionals help bridge the gap in communication between the school staff, families, and students.
10. Local and school behavioral health professionals help school staff build capacity to identify and refer students in need of behavioral health services.
11. The district and school leaders and the behavioral health professionals have a common understanding of legal responsibility.
12. A local and school behavioral health professional sit on the school team that leads the behavioral health work for the district and school.
13. Local behavioral health professionals work directly with school staff members to train them in mental health stigma reduction and help them better understand how to identify students who may be struggling by educating them about expected measureable behaviors a child might exhibit at certain stages of development. Various educators, bus drivers, and other school staff in Colorado have found the Mental Health First Aid Youth Curriculum Training to be very helpful.
14. Local and school behavioral health professionals work closely with other youth serving agencies to improve student behavioral health. This is happening throughout many Communities of Excellence, which are county- or area-wide initiatives to build Systems of Care through a Grant from the Colorado Department of Human Services. Current Communities of Excellence are: Adams, Arapahoe, Boulder, Chaffee, Eagle, El Paso, Garfield, Gunnison/Hinsdale, Jefferson, Lake, Larimer, Montezuma/Dolores, Montrose, Pueblo, and Weld counties and the San Luis Valley.
15. Local and school behavioral health professionals ensure that prevention and early intervention are emphasized and, if needed, ensure coordination of existing intervention and service plans, such as RtI, IEP, and 504 plans, with behavioral health interventions.

"More than 5.5 million students in U.S. schools are English-language learners (ELLs)...ELLs are expected to comprise more than 40 percent of elementary and secondary school students by 2030"[29]

"Youth Mental Health First Aid (MHFA) is a public education program which introduces participants to the unique risk factors and warning signs of mental health problems in adolescents, builds understanding of the importance of early intervention, and most importantly – teaches individuals how to help a youth in crisis or experiencing a mental health or substance use challenge. Mental Health First Aid uses role-playing and simulations to demonstrate how to assess a mental health crisis; select interventions and provide initial help; and connect young people to professional, peer, social, and self-help care" (Mentalhealthfirstaid.org).[30] For more information about MHFA in Colorado visit www.mhfaco.org.

MODEL 1

Co-Located School-Based Health Center Services Model

A School-Based Health Center "is a health care facility located within or on school grounds. It is staffed by a multi-disciplinary team of medical and behavioral health specialists…School-Based Health Centers serve students whose access to care is limited. Services are designed to identify problems early, provide continuity of care, and improve academic participation" (Colorado Association of School Based Health Centers).[31]

There are 54 SBHCs in Colorado, and the need for them continues to grow.

Because students are much more likely to seek services when school-based services are available, SBHCs are ideal for students with behavioral health needs. To learn more about Colorado SBHCs, visit http://www.casbhc.org/.

SBHCs should have fully integrated care—the coordination of services between the primary and behavioral health care provider—where the primary and behavioral health providers should have a formal process for sharing student information.

Referral to Co-Located Services

Spotlight on Pueblo City Schools—

As part of the Safe Schools/Healthy Students federal grant, Pueblo City Schools (PCS) created a System of Care by partnering with the CMHC, the police department, justice systems, community organizations, and families.

Through its efforts, PCS bolstered its behavioral health services by placing school-based mental health therapists at four co-located wellness centers, two at middle schools and two at high schools throughout the district. School leaders trained staff, including support staff, to implement Positive Behavioral Interventions and Supports (PBIS) and a bully prevention program with fidelity.

To complement the work in the schools, Pueblo police continues to train officers in de-escalation techniques, and School Resource Officers participated in bully prevention and crisis response trainings. Police trainers have also provided the de-escalation training for district and building administrators, counselors, school psychologists, community advocates, and nurses. There is now trust building between the police and students, resulting in less punitive approaches to discipline for youth.

By blending the System of Care principles with the co-located services in the schools, over 600 students per year received services (approximately 3,000 encounters). Interestingly, the number of youth clients at the same mental health organization's other community-based outpatient facilities did not decrease, indicating that the services in the school reached a population of youth who were not previously accessing services. Through the PBIS efforts, schools reduced office discipline referrals significantly and therefore increased classroom time for students and reduced administrative time for discipline issues. Not only do Multi-Tiered Systems of Support blended with Systems of Care help students, but also they create cost savings. The system they designed saved the community an estimated $239,000 because of decreased student Emergency Room visits.

While PCS found much success and learned invaluable lessons, PCS leaders said that data continues to be a barrier because currently, there are not a lot of data collection efforts for behavioral health in schools. However, PCS has attempted to address that gap by generating a data system that ties office referrals, suspension rates, and absences to the behavioral health system data. Another challenge that PCS leaders have noted is the need to tie comprehensive behavioral health practices, not programs, to Unified Improvement Plans (UIPs) and accountability measures. Without a planning and accountability piece, PCS found that schools will not implement comprehensive behavioral health supports to standard.

MODEL 2

School-Based Services Model

A district and school may have a community behavioral health therapist or private behavioral health therapist come to the school to deliver group and/or individual based therapy during the school day.

- The district and school should ensure that, if private therapists are used, they can bill Medicaid.
- There are 17 Community Mental Health Centers (CMHC) across the state in addition to other non-profit CMHCs.
- Less stigma is associated with seeing a behavioral health professional at school.
- When a local behavioral health professional is integrated into the school climate and culture, the stigma of mental health is greatly reduced.

Referral to a School-Based Therapist

Spotlight on Metro Denver – Community Reach Center and Jewish Family Service

Community Reach Center

Community Reach Center, a CMHC in north metro Denver, operates one of the largest school-based service programs in Colorado by providing therapy and case management services to students and families within Adams County School Districts 1, 12, 14, and 27J. Community Reach Center hires, screens, and trains the school-based therapists. While the therapists practice in schools, Community Reach Center is their employer and collaborates with the schools to create an integrated care approach. At the start of the school year, school-based therapists from Community Reach Center visit the schools to help students and families learn about their services and inform them about resources to meet students' social, emotional, and behavioral health needs.

The school is an ideal environment for providing students services because it is a collaborative environment where students can feel supported by various professionals. Even more noticeable, by having school-based therapists present in schools, the mental health stigma is greatly decreased, as the school-based therapist is there to support the entire school. The school-based therapist can be beneficial for students who may move quickly between Tiers 1, 2, and 3 as well as for some students who may simply need one session to access the right resources. School-based therapists can also be integrated into the school community by serving as a member of a restorative justice circle at the school, and they can be a beneficial resource for helping students acquire practical skills to improve their behavior.

School-based therapists from Community Reach Center also host family dinners and family game nights at the schools for their consumers because they realize the importance of family and peer support in overcoming behavioral health challenges.

As students' behavioral health needs are on the rise, it is now more important than ever for communities of professionals to work together to create healthy environments where all students feel safe to learn. To meet this need, Community Reach Center plans to offer the Mental Health First Aid Youth Curriculum, a public education program that helps participants better understand how to help adolescents who may be struggling with a mental health challenge or crisis, free of charge to schools in Adams County. Providing the MHFA Youth Curriculum is an effective strategy for supporting the *Colorado Framework for School Behavioral Health Services*.

See the tools and resources section for an informational one-pager about HIPAA/FERPA.

Jewish Family Service

Jewish Family Service (JFS) has played a leading role in helping to create school environments that support positive academic performance and developmental success by addressing the mental health challenges that often compromise student performance in school. In 1995, JFS's Counseling Center began providing school-based intervention services when a local Denver Public Schools (DPS) middle school asked the agency to address bullying and anger management among a small group of girls. The counseling was so successful that not only did the middle school ask JFS to continue its bully-proofing services for the following school year, but it also asked the agency to provide services for a wider range of students and include consultation with families and staff. Upon learning of JFS's impact, another DPS school also engaged JFS to provide mental health services for their students. Within a few years, the program now known as *KidSuccess* was formalized, and today it operates in 12 Denver Public Schools.

The goal of *KidSuccess* is to provide a safety net for the entire school community by removing barriers to learning and, in turn, giving low-income, underinsured, and/or uninsured students the tools they need to succeed in school and in life. KidSuccess services include individual, group, and family counseling; family case management; family psychoeducational presentations; staff consultation and training; psychiatric services and intervention and prevention services as indicated.

Highlights from JFS survey results from the 2012- 2013 school year

- **83% of students** surveyed report that they are much more able to cope with problems.
- **75% of students** surveyed report they have greatly improved their ability to deal with others.
- **100%** of students surveyed report their counselor was very responsive to their personal issues.
- **100%** of parents surveyed report the counselor was very responsive to the needs of their child.
- **75%** of parents surveyed report there was a significant improvement in their child's behavior.
- **100%** of school staff surveyed report very adequate collaboration between the JFS counselor and school personnel.
- **82%** of school staff surveyed report there significant improvement in the desired behaviors of students.

Having therapists placed in schools helps the students they work with feel more connected to school. In addition, school-based therapists can provide teacher consultation through one-on-one support, which has increased various educators' abilities to help students with behavioral health challenges. In the 2012-2013 school year, JFS conducted a mental health intervention at a school to help school staff members learn how to respond to students with behavioral health needs.

Overall, KidSuccess Program at JFS provides access to mental health services that would typically be much more costly and difficult for students and families to access. Through KidSuccess' collaboration, students and their families have found many positive outcomes.

MODEL 3

Community-Based Services Model

When districts and schools do not have a SBHC and do not have access to school-based therapists, they may create a strong relationship with a CMHC to ensure there are streamlined referral processes and communication loops with the center to create a seamless service delivery model for children and adolescents.

- District and school leaders should establish a strong relationship with the CMHC.
- District and school leaders should ensure there is a way to embed the community behavioral health professional into the culture of the school.
- Local behavioral health professionals should help school staff build the capacity to identify and refer students with behavioral health challenges.

Referral to a Community-Based Therapist

Spotlight on Mesa County

In 2009, CDE selected Mesa County to pilot Building Bridges for Children's Mental Health—a system that integrated a System of Care within a Positive Behavioral Interventions and Supports (PBIS) model. Building Bridges helped the school district make a much stronger connection to its community partners, particularly the mental health provider, Colorado West (now Mind Springs Health), by emphasizing school-community collaboration to improve behavioral health supports. As a result of Building Bridges, teachers and school staff—including bus drivers—were trained on how to identify and refer students while supporting those students in the classroom through a PBIS model. This allowed students to receive the services they needed as well as the school community—teachers, administrators, counselors, and social workers—the collaboration necessary to provide wraparound services (see wraparound services defined on page 17) to Mesa County students.

According to student services leaders in Mesa County, the first step to create an effective system of supports is to build strong relationships with the community provider and the schools. This involves communicating frequently with the community provider; including the community provider as a member of the school and/or district student services team; and partnering with the community provider to deliver professional development to school staff.

While many districts/schools have expressed that HIPAA and FERPA regulations are difficult to navigate, preventing necessary information sharing between the service provider and school, those involved in the Mesa County project have not found these regulations to be a barrier. In fact, they said, through the Building Bridges project they have found that integrating a member from the CMHC onto the school student services' team has helped streamline information sharing efforts.

Along with CDE, Mesa County student services professionals created tip sheets for teachers about how to call families whose students were exhibiting behavioral health problems; this helped teachers feel more comfortable with calling families to express their concerns about students' behavioral health. A common referral form and informational one-pagers about various mental health issues were developed, and school staff members were trained on how to refer students to services. The Building Bridges resources are included in the tools and resources section of the *Framework*.

The largest project that resulted from the work of Building Bridges is a Social/Emotional Standards rubric outlining the expected measureable behaviors a child might exhibit at certain stages of development. These rubrics help school and community agency staff as well as families and teachers "talk the same language" and understand social/emotional stages in a student's development. The rubrics were developed from the national Counseling Standards and cross walked with the state's Emotional Social Wellness Standards, and the rubrics are included in the tools and resources section.

Despite multiple successes, there are barriers that Grand Junction continues to face, and those include: sustaining systems due to lack of funding; ensuring that schools have effectively implemented PBIS/MTSS; and providing the data to show the direct link of the services provided to students' academic growth. While Mesa County continues to address these challenges by being more proactive about implementing PBIS and using data to guide their decisions, Mesa County continues to face some of the aforementioned key systemic barriers for all districts and schools in Colorado working to sustain comprehensive school behavioral health systems.

Spotlight on a Community of Excellence

Chaffee County is one of Colorado's System of Care Communities of Excellence. Chaffee County has been delivering high fidelity wraparound services for the past six years to provide integrated services. In its approach to school-based therapy, various schools throughout the area partner with West Central Mental Health Center (WCMHC) so that students can receive therapeutic services at the school. The counselors in the schools serve as the link between the teachers and the WCMHC behavioral health therapists to ensure a streamlined referral process. In addition to the therapeutic services offered, WCMHC has conducted various Mental Health First Aid Youth Trainings to help community members better identify and refer children and adolescents who may be in need of behavioral health services. Teachers and bus drivers have attended these trainings, and they have reported that the trainings have been very beneficial.

See definitions on page 17 about Colorado's Communities of Excellence and Youth Mental Health First Aid.

Chaffee County High School

As part of Chaffee County's Communities of Excellence initiatives, students at a local alternative school took part in many social and emotional skill building opportunities, including youth-guided work, a powerful instrument for change. Teachers and school counselors serve as supporters for the youth to empower students' social and emotional health. Some students formed a youth advisory council to ensure youth voice and support for LGBTQ youth. The youth-led initiative was successful, as other community members helped support students in this effort. Now, students will connect with a member from Southwest Conservation Corps to work collaboratively on the LGBTQ initiative, and a business in Buena Vista will host events and have speakers to support the students' efforts. Another youth-guided project in Chaffee County includes training youth at the alternative high school in restorative justice, a mediation approach that focuses on rehabilitation of offenders through the restoration of relationships with the victims and community. A student leading the restorative justice work at the school facilitated this initiative as a truly peer-guided opportunity and will continue the work with the project in the 2013-2014 school year.

In addition to youth-guided social and emotional efforts, at the beginning of the school year, students at the alternative school take part in intensive social and emotional skill building for half a day for an entire month and again at the beginning of the new semester. Erin Dziura, a former school counselor at the alternative high school and now a counselor at Salida Middle School, would provide students an emotional intelligence assessment, and based on the assessment, students selected two social and emotional goals for the school year. Students showed growth data of 67% in one or more of the target goals. Also, WCMHC conducted Mental Health First Aid Youth training with students over the course of several days. While it was emotionally challenging for many of the students, the students positively evaluated the training, explaining they really liked it and thought it was culturally empowering. To build relationships with students, a therapist from the CMHC conducted a yoga class at the alternative high school every Thursday afternoon, emphasizing life skills for breathing, centering, and finding space for one's self. The yoga class helped students become familiar with the WCMHC therapist, which decreased the stigma associated with seeing a behavioral health professional. Finally, alternative school staff also took part in a trauma-informed training to improve their skill and knowledge base about creating a trauma-informed school.

Salida Middle School

Another key to the work that Chaffee County is currently doing as a Community of Excellence is to build systemic support systems for the appropriate identification of children and adolescents in need of social, emotional, or behavioral health support. Now, school counselors in Chaffee County are working to create systems-level change by examining data to develop specific tiered interventions to intentionally identify students earlier and build a school behavioral health system through a preventative lens. As part of holistic change to school climate and culture, restorative justice will be implemented at Salida Middle School in the 2013-2014 school year with alternative and elementary schools in the area showing interest in developing similar systems.

Buena Vista School District

In addition to partnering with the CMHC, Buena Vista School District has partnered with a private therapist to provide school-based services. When Karla Carroll came to the Buena Vista community in 2011, she quickly learned of the unmet behavioral health needs of many students, so she approached the district about a potential partnership to deliver her services within the school. Because she is a private practitioner, and she can bill Medicaid, the district was very excited to enter into an agreement with her for her therapeutic services.

The district/school leaders recognized the pressing need for students' behavioral health and, specifically, the continued unmet needs of Medicaid and CHP+ students and were very pleased that services would now be accessible for students who traditionally did not access them. Therefore, in September of 2011, Karla began delivering child and adolescent therapy in a counselor's office at an elementary school.

A flier was given to families, so they could learn about Karla's services, and the response to Karla quickly took off as more and more families contacted her about their children's needs. In addition, teachers continue to ask for the flier to speak with a family about a student concern. Realizing the extent of need, Karla has expanded her services across elementary, middle, and high schools in the district. Now, every week, Karla sees approximately 22 children and adolescents, and she has a case load capped between 35 and 40 students.

To help students, Karla met with each of the families to determine which children/adolescents needed to be seen at the school and which ones could be seen during her private practice hours. Working collaboratively with the school staff, times were decided upon for when Karla should see each student. The teachers were just as excited as the administrators and families to have this type of support, and Karla spent a lot of time in teacher and IEP meetings.

While many positive outcomes have been realized, Chaffee County has learned a lot. For one, Karla had to be clear that the liability with regard to the service delivery lies solely with her, not the school district. When students are referred for services in the school, the school is not legally liable for the actual service delivery. Also, there must be strong communication among Karla, families, and teachers to share the right amount of information to positively support students in a school setting; this often entails Karla meeting with families and children/adolescents to discuss how best information can be shared to support the student. Finally, due to a high case load, sometimes Karla must deliver *pro bono* services, and she has performed some threat assessments for which she cannot get reimbursed, which can lead to an overbearing workload and practitioner burnout. This, again, reveals the pressing need for more streamlined partnerships with schools and behavioral health professionals.

Because of the success, principals and administrators have been huge supporters of her work, and teachers are now implementing classroom strategies to create classroom environments that are responsive to students' behavioral health needs. Also, a health teacher at the middle school has invited Karla to the girls' 8th grade health class to speak on mental health issues that may come up at that age. This has been useful for the students, as students like to self-diagnose on the Internet without professional support, often misdiagnosing and self-medicating themselves. Overall, by coming to the health classes, Karla has built a strong rapport with the students.

For other schools/districts looking for a similar partnership with a private practice therapist, Karla suggests they find a therapist with strong child/adolescent experience and one who is highly passionate about working with schools to help students succeed in school, in the community, and in life.

Overall, through the Community of Excellence initiative in Chaffee County, school counselors and other behavioral health professionals hope to build the cultural foundation, knowledge, and language to embed positive school climate and culture and behavioral health practices throughout the county schools.

While many local and national schools are finding success with school behavioral health systems, districts and schools are faced with common gaps.

Based on an analysis from academic literature, state policy documents, and interviews and focus groups with educational and behavioral health professionals in Colorado and across the nation, CEI has recognized the top systemic barriers that provide substantial challenges to implementing comprehensive behavioral health systems. To see the complete gaps and barriers analysis, see the tools and resources section.

What is needed for success:

- Collaboration and information sharing between agencies and schools for youth, especially youth involved in multiple systems
- The ability to tie student-level and school-level behavioral health data with other student-level and school-level outcome measures
- The acquisition of knowledge and skills for school staff to support the positive development of students' social, emotional, and behavioral health
- A common understanding that schools are not legally or financially liable when they refer students for services
- An increased capacity of—including number, culturally and linguistically appropriate, and quality of—youth- and adolescent-serving behavioral health professionals, especially in rural areas
- Adequate funding and resources to support comprehensive services, especially in rural areas

Linking to Early Childhood

"Beginning in the fall of 2013, local education providers are required to ensure all children in publicly-funded preschool or kindergarten receive an individual school readiness plan" (Colorado Department of Education Office of Early Learning and School Readiness, 2013). To help schools implement school readiness plans, CDE has assembled a School Readiness Assessment Guidance for Kindergarten. As part of Colorado's Achievement Plan for Kids (CAP4K), local education providers must administer the school readiness assessment to each student in kindergarten. See the tools and resources section for CDE's School Readiness Assessment Guidance for Kindergarten.

As leaders in Colorado in the field of early childhood mental health, Sarah Hoover and Lorraine Kubicek with JFK Partners, an interdepartmental program of the departments of Pediatrics and Psychiatry of the University of Colorado School of Medicine, developed an environmental scan of challenges, progress, and recommendations for the social and emotional health of Colorado's children. A condensed version of the report can be found here: http://www.rcfdenver.org/reports/EarlyChildhoodMentalHealthinColoradoExecutiveSummary2013.pdf.

As part of the Early Childhood Colorado Initiative, social, emotional, and mental health are emphasized. The Early Childhood Colorado *Framework* emphasizes: increased availability and use of high quality social, emotional, and mental health training and support; increased number of supportive and nurturing environments that promote children's healthy social and emotional development; increased number of environments, including early learning settings, providing early identification and mental health consultation; improved knowledge and practice of nurturing behaviors among families and early childhood professionals; increased number of mental health services for children with persistent, serious challenging behaviors; and decreased number of out-of home placements of children.

As early childhood mental health initiatives have stressed relationship building and social and emotional learning, children moving from an early childhood system to kindergarten and first grade may struggle because of the lack of emphasis on relationship building and social and emotional learning in the education system. Therefore, it is important to create a system of social and emotional supports from early childhood through and beyond K-12 education so that students receive a consistent continuum of care to enhance their social and academic outcomes.

Communities will reap many positive outcomes when they integrate comprehensive behavioral health systems change from early childhood through and beyond k-12 education.

Students should not be labeled Tier 1, Tier 2, or Tier 3; many students will move in between tiers in one area while others may move in between the tiers based on another area. Remember, while the pyramid is fixed; students' needs are not.

In Summary

Along with the best practices, districts and schools need a person in-district who can champion creating comprehensive school behavioral health systems and work to integrate local and school behavioral health services into a continuum of care. While planning to implement a comprehensive school behavioral health system, it is important to remember that an individual student can fall anywhere on the three-tiered pyramid depending on individual circumstances. Therefore, students should not be labeled Tier 1, Tier 2, or Tier 3; many students will move in between tiers in one area while others may move in between the tiers based on another area. Remember, while the pyramid is fixed; students' needs are not.

Once districts and schools have worked through the phases of thoughtfully planning and implementing comprehensive behavioral health systems, they should identify how they will sustain the most effective practices they have implemented.

Overall, district and school leaders must prioritize behavioral health efforts for any systemic change to be found.

To help district and school leaders get started, the accompanying tools and resources section includes a needs assessment along with the tools and resources listed on the following page.

Getting Started

- Identify a champion to lead the school behavioral health work.
- Garner buy-in from various stakeholders, including school- and district-level staff, community agencies, and families.
- Create—or embed in an existing team—a school behavioral health services team.
- Assess your local systems and need (see the needs assessment in the tools and resources to help get you started).
- Create an action plan that includes goals, objectives, methods, and a timeline; identifies responsible people; and pinpoints resources required to implement the plan.
- Begin implementing your plan and continually assess progress toward your goals.

Tools and Resources on the CD

* = CEI-Created Resources

Additional Resources – *Additional Resources Compendium

Building Bridges Resources – Behavioral health facts and classroom tip-sheets for parents and teachers about: Attention Deficit Hyperactivity Disorder, Anxiety Disorder, Bipolar Disorder, Conduct Disorder, Depression, Oppositional Defiant Disorder, Substance Use Disorder, and Post Traumatic Stress Disorder

Flip-chart script for calling parents, Managing Challenging Behaviors for Parents and Teachers tip-sheet, Mandated Reporting for School Professionals tip-sheet, Daily Transition Support in School tip- sheet, Building School Teams tip-sheet, Family-Driven Care informational one-pager, An Introduction to Colorado's Emotional and Social Wellness (ESW) Standards one-pager, National Assembly on School-Based Health Care Assessment Tools for School Mental Health Capacity Building, and Spark Policy Institute's legal memo regarding referrals

***District- and School-Level Needs Assessments**

Family-School-Community Partnerships – See Building Bridges Resource on family-driven care and script for calling parents, "On the Team and At the Table" family partnering toolkit and Colorado's State Advisory Council for Parent Involvement in Education (SACPIE) resource

***Gaps and Barriers Analysis**

Information Sharing and Consent – Information Sharing tip-sheet, State of Colorado Consent to Share Information Form, Colorado Association for School-Based Health Care's Understanding Minor Consent and Confidentiality in Colorado, An Adolescent Provider Toolkit, and West Virginia Sample-Parental Consent form

Mental Health Stigma Reduction – *Mental health stigma reduction tip-sheet for school leaders, school board members, school staff, students, families, and community members

Memorandum of Understanding (MOU) – MOU example between Pueblo City Schools and Spanish Peaks and School-Based Mental Health Services Contract

Programs for Transitioning Back to School from Residential or Hospitalization Treatment – PACE and BRYT example programs

Referral Form – Colorado West school referral form and West Virginia sample referral form

School Readiness for Kindergarten – CDE School Readiness Assessment Guidance

Social and Emotional Learning (SEL) – *SEL guide and Mesa County Social and Emotional Continuum for preK-12th grade

***Staff Self-Care Tip Sheet**

System of Care Concept and Philosophy One-Pager

***The Colorado Context**

***The National Context**

Trauma-Sensitive and Culturally-Responsive Schools – *Tip-sheet for creating trauma-sensitive and culturally-responsive classrooms and Responding to traumatic events tip sheet

***Universal Screening Toolkit**

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Learn more at www.coloradoedinitiative.org/schoolbehavioralhealth

THE
COLORADO
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SHPG TOOLKIT

RESOURCES

IN THIS SECTION:

- Colorado School Safety Resource Center
- Evaluation Tools – Healthy Kids Colorado Survey and Smart Source
- Health & Wellness Resources
- Colorado Academic Standards – Grade level Expectations

http://www.cde.state.co.us/cohealth/statestandards

- Health Skill Models
- MTSS
- Positive Youth Engagement
- Special Education Support
- Student Referrals
- Trauma Informed Care- COACT

COLORADO
School Safety Resource Center
Department of Public Safety

2017 Colorado Safe Schools Summit

Adams 12 Five Star
Schools Conference Center

1500 E 128th Ave. Thornton, Colorado 80241-2602

Wednesday, October 18—Thursday, October 19, 2017

Visit www.colorado.gov/cssrc for info

Keynote speakers:

Kevin Haggerty, Ph.D., Prevention Specialist

Chris Voth, Educator and Comedian

Ben Cort, MJ Addictions Specialist

Patrick Griswold, M.Ed., MSN, RN, LMHC, LADC 1, Opioid Expert

Registration Now Open

Register online with the link below or visit colorado.gov/CSSRC/trainings .

Cost $95.00 Plus Registration fees added at checkout to total $100.

https://events.egov.com/eventreg/CO/registrant.htm?action=new&_event=csss2017

Questions about the training or registration?

Please contact the Colorado School Safety Resource Center at 303-239-4435.

HEALTHY KIDS COLORADO SURVEY

The purpose of the Healthy Kids Colorado Survey is to better understand youth health and what factors support youth to make healthy choices.

Research shows...

Research shows that ***young people respond just as credibly as adults*** on anonymous and confidential health surveys. Data analysis includes thorough checks to omit the very small percentage of young people who falsify their answers.

Information on this research can be found at www.cdc.gov/mmwr/pdf/rr/rr6201.pdf

Surveying youth...

Asking a young person questions on a survey does not influence their health behavior. In fact, we have seen risky health behaviors steadily decline nationwide since youth survey activities amplified over 25 years ago.

Information on this research can be found at www.cdc.gov/mmwr/pdf/rr/rr6201.pdf

Voluntary...

The Healthy Kids Colorado Survey is completely voluntary. Schools notify students and their parents in advance of the survey that their participation is completely voluntary. Parents can choose to have or not have their child participate and a young person can choose whether to participate or not. In fact, the survey goes through various layers of permission before a student even sees it.

Completely anonymous...

The Healthy Kids Colorado Survey has a ***rigorous policy to protect the confidentiality and anonymity of young people*** taking the survey. Additionally, the results are completely anonymous - the survey does not ask for names or identifying information and we instruct teachers on how to best protect their students while administering the survey in the classroom.

Parent permission...

Colorado law requires that parents are notified about surveying youth in schools. Every district has their own policy regarding parental notification and consent.

Examples of consent forms are available at www.HealthyKidsColo.or

Timeline...

The fall survey is administered from September through early January. Results are typically available within the same school year. The time between surveying and reporting is used for data preparation, analysis, quality assurance procedures, and creation of report, charts and graphs.

For more information visit www.healthykidscolo.org or e-mail cdphe_healthykidscolorado@state.co.us.

The Healthy Kids Colorado Survey is a collaboration of three state departments: Public Health and Environment, Education, and Human Services; the University of Colorado Anschutz; and a community advisory committee.

HEALTHY KIDS COLORADO SURVEY

2017 Frequently Asked Questions (FAQs) – For Parents

What is the Healthy Kids Colorado Survey (HKCS)?
The survey collects anonymous information from students in 6th to 12th grades about health-related attitudes and behaviors, including: unintentional injuries and violence; mental health; school safety and physical fighting; tobacco and other substance use; physical activity and nutrition; sexual behaviors (high school only); basic demographic information such as age; and risk and protective factors. The survey is administered every two years to randomly selected schools. In 2015, over 25,000 students participated from over 250 middle and high schools.

How do Colorado communities benefit from HKCS data?

- Provides state and regional estimates of a wide range of youth health behaviors, that are comparable to national estimates.
- Tracks trends in behaviors at state, regional, and local levels over time.
- Increases public awareness about health and behavior issues that impact youth.
- Provides support for healthier learning environments through school health education policies and programs.
- Educates leaders to shape effective public policy.
- Brings funding into our state and local communities.
- Informs program planning and grant applications.
    Grants that utilize HKCS data include:
    - Safe Schools/Healthy Students
    - Title IV 21st Century Schools
    - Drug Free Communities
    - Persistent Drunk Driving
    - Chronic Disease Prevention Grants

How will the HKCS benefit our school?

- Each school receives a report with its own results.
- Results can be used to support grant applications, needs assessments, and program planning to focus on prevention.

Is participation confidential?
Yes, for both students and schools! Students do not put their name on the survey. Teachers follow protocols to protect confidentiality while the survey is being completed, such as not walking around the classroom; having students insert completed surveys directly into the return mailing envelope, and sealing the return envelope in the presence of students. Individual data are never released, only summaries of combined data. Participating schools are not identified in any public release information.

HEALTHY KIDS COLORADO SURVEY

2017 Frequently Asked Questions (FAQs)
For Schools

What is the Healthy Kids Colorado Survey (HKCS)?
The HKCS is a paper survey that collects anonymous information from students in 6th to 12th grades about health-related attitudes and behaviors, including: unintentional injuries and violence; mental health; school safety and physical fighting; tobacco and other substance use; physical activity and nutrition; sexual behaviors (high school only); basic demographic information such as age; and risk and protective factors. The survey is administered every two years to randomly selected schools. In 2015, over 25,000 students participated from over 250 middle and high schools.

How do Colorado communities benefit from HKCS data?
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- Brings funding into our state and local communities
- Informs program planning and grant applications
    - Grants that utilize HKCS data include:
        - Safe Schools/Healthy Students
        - Title IV 21st Century Schools
        - Drug Free Communities
        - Persistent Drunk Driving
        - Chronic Disease Prevention Grants

How will HKCS benefit a participating school?
- Each school receives a report with its own results. The school can choose to share these data with other organizations in the community or not.
- Results can be used to support grant applications, needs assessments and program planning.

Who funds the HKCS ?
Three state agencies have combined their funds to pay for the HKCS: the Colorado Department of Education, the Colorado Department of Public Health and Environment, and the Health and Human Services Office of Behavioral Health. Beginning in 2014, Marijuana Cash Tax funding was provided to allow any school in Colorado that wishes to participate to do so, free of charge.

Can I obtain a copy of the HKCS survey instrument?
Yes. It's online at www.HealthyKidsColo.org. We are also happy to send you a copy electronically or by regular mail.

Is parental consent required for HKCS?
Colorado law requires informed parental consent for surveying youth in schools. The requirement is met when parents are informed that their student has been asked to participate in a survey and given the option to opt the child out of participation. HKCS prefers to use this process, which is commonly known as "passive consent." Schools should follow their district policy regarding survey consent. Unless your local policy requires something different, we recommend passive consent to minimize administrative burden on the schools, maintain student confidentiality, and increase response rates. Examples of both consent forms are available at www.HealthyKidsColo.org.

Does the HKCS have an IRB review?
Yes. The University of Colorado Denver Anschutz Medical Campus obtains approval from the Colorado Multiple Institutional Review Board before administering the survey. It is also reviewed by the Educational Data Advisory Committee.

Do we have to participate?
Participation in the survey is not required, but your school's participation is needed for Colorado to obtain valid health information representing the whole student population in Colorado.

Why is our school always randomly selected?
We need to collect a representative sample from each health statistics region in Colorado. Health statistic regions differ in a variety of ways including size, population, and number of schools and districts within the region. All of these things can affect how schools are randomly selected.

If I have any further questions, who can I contact?

Dr. Ashley Brooks-Russell - Project Director
ashley.brooks-russell@ucdenver.edu, (303) 724-8437

Lauren.cikara@ucdenver.edu, (303) 724-7761

Whitney Israel – Community and School Liaison

Whitney.israel@ucdenver.edu, (303) 724-9362

COLORADO HEALTHY SCHOOLS

SMARTSOURCE

What you need to know for 2017-18

Smart Source is a school-level inventory of best practices in school health used to inform practices and policies for improving student health. Smart Source also meets the federal requirement for assessing local wellness policy.

What's Measured

Items in Smart Source are aligned with the Whole School, Whole Community, Whole Child (WSCC) model and assess components shown in this diagram.

How to Get Started

Designate a site coordinator to convene a team to complete Smart Source on behalf of the school. Examples of who could serve as a site coordinator include:

- PE teacher
- Health educator
- Administrator
- School nurse
- School counselor
- Food service staff
- School wellness team member

In addition to actionable reports and training opportunities, schools will receive $150 with the chance to win monetary prizes.

25% of all Colorado K12 schools participated in 2015-16 Smart Source.

2017-18 will be the largest to-date, meaning better data for your schools!

THE PROCESS

ENROLLMENT

- Smart Source opens September 1, 2017
- Site coordinator is designated at interested school
- Site coordinator emails CEI to enroll school

COMPLETION

- CEI emails unique link to site coordinator
- Site coordinator convenes school team to complete Smart Source
- Site coordinator submits online survey by January 19, 2018

RESULTS

- Site coordinator receives a report within one week of submission
- Site coordinator receives comparison data in February 2018
- School/district staff attend data use training in Spring 2018

Sign up today by sending an email to smartsource@coloradoedinitiative.org

Learn more at bit.ly/CEISmartSource

Student-level Tool + School-level Tool = Complete Picture of School Health

Identify strengths and gaps in school health efforts

Inform school health efforts

Improve student health

Complementary & Aligned Efforts

- Reduce burden, maximize return
- Compare school results to district, region, state and nation
- Monitor progress
- Evaluate school health efforts over time
- Enhance and support sustainability

Healthy Kids Colorado Survey

Student-level tool to better understand student health and what factors support students to make healthy choices. Completed by students.

Smart Source

School-level tool that comprehensively assesses the health-related policies and practices in place at the building level. Completed once per school by school staff.

"We believe that supporting health and wellness are integral parts of our educational responsibility to our students...We rely heavily on data, including the data we receive from Healthy Kids Colorado and Smart Source. Because of the data we receive, we can feel confident that we are making informed decisions."
- Superintendent, Archuleta School District

www.healthykidscolo.org | hkcs@ucdenver.edu
www.coloradoedinitiative.org | smartsource@coloradoedinitiative.org

HEALTHY KIDS COLORADO SURVEY | COLORADO HEALTHY SCHOOLS SMART SOURCE | COLORADO Department of Public Health & Environment | COLORADO Department of Education | COLORADO Department of Human Services

HEALTH AND WELLNESS RESOURCES

THE COLORADO EDUCATION INITIATIVE

The Colorado Education Initiative (CEI) has developed numerous resources to help schools implement effective policies, practices, and programs related to health. Resources are listed here. Visit **bit.ly/CEIhealth-wellness** or use the QR code below to access these school health resources.

GENERAL HEALTH POLICIES AND PRACTICES

- Best Practices Guide for Healthy Schools
- School Health and Wellness: Implications of State and Federal Legislation
- Connecting Health and Learning is Vital to Student Success: An Overview of Relevant Research
- Show Me the Money: Writing a Successful Grant Application
- Integrating Health and Wellness for Student Success: The Story of Archuleta School District

HEALTHY AND SAFE SCHOOL ENVIRONMENT

- Transforming School Climate Toolkit
- Creating an Allies Diversity Program
- All In: Using Advisory to Transform School Climate
- Students Mentoring Students (SMS) Curriculum - Students teach other students important lessons in diversity, equity, and social-emotional skills*
- Students as Change Agents: The Use of Student Perception Survey and Climate Data
- Measuring School Climate: A Toolkit for Districts and Schools

COUNSELING, PSYCHOLOGICAL, AND SOCIAL SERVICES

- Colorado Framework for School Behavioral Health
- Social, Emotional & Mental Health Best Practices
- Students Mentoring Students (SMS) Curriculum - Students teach other students important lessons in diversity, equity, and social-emotional skills*

NUTRITION

- Nutrition Best Practices
- Alternatives to Food Rewards in the Classroom

PHYSICAL EDUCATION AND ACTIVITY

- Physical Activity Best Practices
- Comprehensive Health and PE Resources*
- Teacher Toolbox for Physical Activity Breaks in the Secondary Classroom
- Red Hawk Elementary Movement Toolkit
- Recess Rocks!

HEALTH EDUCATION

- Health Education Best Practices
- Comprehensive Health and PE Resources*

HEALTH SERVICES

- School Health Services Best Practices

FAMILY, COMMUNITY, AND STUDENT INVOLVEMENT

- Youth Engagement Resources

STAFF HEALTH PROMOTION

- Workplace Wellness Best Practices

** Indicates that this resource is listed multiple times on this list*

innovate to EDUCATE

Comprehensive Health
Grade Level Expectations at a Glance

Standard	Grade Level Expectation
High School	
2. Physical and Personal Wellness	1. Analyze the benefits of a healthy diet and the consequences of an unhealthy diet 2. Analyze how family, peers, media, culture, and technology influence healthy eating choices 3. Demonstrate ways to take responsibility for healthy eating 4. Use a decision-making process to make healthy decisions about relationships and sexual health 5. Support others in making positive and healthful choices about sexual activity 6. Develop and maintain the ongoing evaluation of factors that impact health, and modify lifestyle accordingly
3. Emotional and Social Wellness	1. Analyze the interrelationship of physical, mental, emotional, and social health 2. Set goals, and monitor progress on attaining goals for future success 3. Advocate to improve or maintain positive mental and emotional health for self and others
4. Prevention and Risk Management	1. Comprehend concepts that impact of individuals' use or nonuse of alcohol or other drugs 2. Analyze the factors that influence a person's decision to use or not use alcohol, tobacco, and other drugs 3. Develop interpersonal communication skills to refuse or avoid alcohol, tobacco, or other drugs 4. Develop self-management skills to improving health by staying tobacco, alcohol, and drug-free 5. Analyze the factors that influence community and societal beliefs that underlie violence, and describe relationships, attitudes, behavior, and vulnerability to violence 6. Analyze the underlying causes of self-harming behavior, harming others and steps involved in seeking help 7. Identify the emotional and physical consequences of violence, and find strategies to deal with, prevent, and report them 8. Access valid information and resources that provide information about sexual assault and violence 9. Demonstrate verbal and nonverbal communication skills and strategies to prevent violence 10. Advocate for changes in the home, school, or community that would increase safety

Comprehensive Health
Grade Level Expectations at a Glance

Standard	Grade Level Expectation
Eighth Grade	
2. Physical and Personal Wellness	1. Describe the physical, emotional, mental, and social benefits of sexual abstinence, and develop strategies to resist pressures to become sexually active 2. Analyze how certain behaviors place one at greater risk for HIV/AIDS, sexually transmitted diseases (STDs), and unintended pregnancy 3. Describe the signs and symptoms of HIV/AIDS, and other sexually transmitted diseases (STDs) 4. Promote and enhance health through disease prevention
3. Emotional and Social Wellness	1. Access valid school and community resources to help with mental and emotional health concerns 2. Internal and external factors influence mental and emotional health
4. Prevention and Risk Management	1. Analyze influences that impact individuals' use or non-use of alcohol, tobacco, and other drugs 2. Access valid sources of information about alcohol, tobacco, and other drugs 3. Demonstrate decision-making skills to be alcohol, tobacco and drug-free 4. Analyze the factors that influence violent and non-violent behavior 5. Demonstrate ways to advocate for a positive, respectful school and community environment that supports pro-social behavior
Seventh Grade	
2. Physical and Personal Wellness	1. Analyze factors that influence healthy eating behaviors 2. Demonstrate the ability to make healthy food choices in a variety of settings 3. Compare and contrast healthy and unhealthy relationships (family, peer, and dating) 4. Analyze the internal and external factors that influence sexual decision-making and activity 5. Define sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS)
3. Emotional and Social Wellness	1. Demonstrate effective communication skills to express feelings appropriately 2. Develop self-management skills to prevent and manage stress
4. Prevention and Risk Management	1. Analyze the consequences of using alcohol, tobacco and other drugs 2. Demonstrate safety procedures for a variety of situations

Comprehensive Health
Grade Level Expectations at a Glance

Standard	Grade Level Expectation
Sixth Grade	
2. Physical and Personal Wellness	1. Access valid and reliable information, products, and services to enhance healthy eating behaviors 2. Access valid and reliable information regarding qualities of healthy family and peer relationships 3. Comprehend the relationship between feelings and actions 4. Analyze how positive health behaviors can benefit people throughout their life span
3. Emotional and Social Wellness	1. Understand how to be mentally and emotionally healthy
4. Prevention and Risk Management	1. Analyze the factors that influence a person's decision to use or not use alcohol and tobacco 2. Demonstrate the ability to avoid alcohol, tobacco, and other drugs 3. Demonstrate self-management skills to reduce violence and actively participate in violence prevention 4. Demonstrate ways to advocate for safety, and prevent unintentional injuries
Fifth Grade	
2. Physical and Personal Wellness	1. Demonstrate the ability to engage in healthy eating behaviors 2. Explain the structure, function, and major parts of the human reproductive system 3. Describe the physical, social, and emotional changes occurring at puberty 4. Demonstrate interpersonal communication skills needed to discuss personal health problems to establish and maintain personal health and wellness 5. Comprehend concepts, and identify strategies to prevent the transmission of disease
3. Emotional and Social Wellness	1. Analyze internal and external factors that influence mental and emotional health
4. Prevention and Risk Management	1. Access valid information about the effects of tobacco use and exposure to second-hand smoke, and prescription and over-the-counter drugs 2. Demonstrate pro-social behaviors that reduce the likelihood of physical fighting, violence, and bullying 3. Demonstrate basic first aid and safety procedures
Fourth Grade	
2. Physical and Personal Wellness	1. Demonstrate the ability to set a goal to enhance personal nutrition status 2. Examine the connection between food intake and physical health 3. Explain that the dimensions of wellness are interrelated and impact personal health
3. Emotional and Social Wellness	1. Identify the positive behaviors that support relationships 2. Comprehend concepts related to stress and stress management
4. Prevention and Risk Management	1. Identify positive and negative uses for medicines 2. Demonstrate the ability to use interpersonal communication skills to avoid using tobacco 3. Demonstrate skills necessary to prevent a conflict from escalating to violence

Comprehensive Health
Grade Level Expectations at a Glance

Standard	Grade Level Expectation
Third Grade	
2. Physical and Personal Wellness	1. Demonstrate the ability to make and communicate appropriate food choices
3. Emotional and Social Wellness	1. Utilize knowledge and skills to treat self and others with care and respect 2. Demonstrate interpersonal communication skills to support positive interactions with families, peers, and others
4. Prevention and Risk Management	1. Examine the dangers of using tobacco products or being exposed to second hand smoke. 2. Describe pro-social behaviors that enhance healthy interactions with others 3. Identify ways to prevent injuries at home, in school, and in the community
Second Grade	
2. Physical and Personal Wellness	1. Identify eating behaviors that contribute to maintaining good health 2. Recognize basic childhood chronic diseases
4. Prevention and Risk Management	1. Identify the dangers of using tobacco products and being exposed to second hand smoke. 2. Identify safe and proper use of household products 3. Explain why bullying is harmful and how to respond appropriately 4. Demonstrate interpersonal communication skills to prevent injury or to ask for help in an emergency or unsafe situation
First Grade	
2. Physical and Personal Wellness	1. Eating a variety of foods from the different food groups is vital to promote good health 2. Demonstrate health enhancing behaviors to prevent unintentional injury or illness
3. Emotional and Social Wellness	1. Demonstrate how to express emotions in healthy ways 2. Identify parents, guardians, and other trusted adults as resources for information about health
4. Prevention and Risk Management	1. Demonstrate strategies to avoid hazards in the home and community
Kindergarten	
2. Physical and Personal Wellness	1. Identify the major food groups and the benefits of eating a variety of foods 2. Explain how personal hygiene and cleanliness affect wellness
3. Emotional and Social Wellness	1. Exhibit understanding that one's actions impact others
4. Prevention and Risk Management	1. Identify the importance of respecting the personal space and boundaries of self and others 2. Explain safe behavior as a pedestrian and with motor vehicles 3. Demonstrate effective communication skills in unsafe situations
Preschool	
2. Physical and Personal Wellness	1. Develop self-management skills and personal hygiene skills to promote healthy habits
4. Prevention and Risk Management	1. Identify ways to be safe while at play

Grade Pk-2 Decision Making

Background Information:

Students make decisions everyday, however, many of the decisions they see and experience may not have been carefully considered. It is important for students to understand that the use of this skill will allow them to sort through problems, brainstorm options, analyze the positive and negative outcomes, and then implement and reflect on the choices they make. When applied to health issues, this process gives students the ability to make decisions individually, or collaboratively, to improve their quality of life.

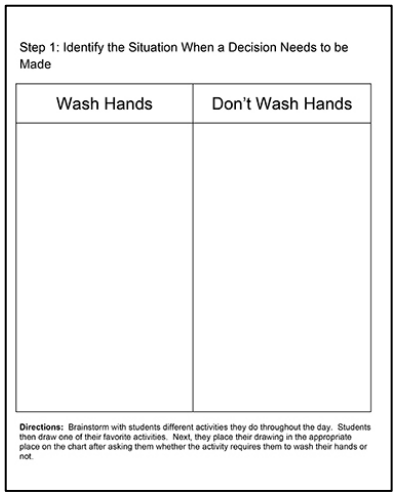
The PK-2 model has four steps. Students are able to identify a situation when a decision needs to be made. Students determine if help is needed to make the decision. Finally, if the decision can be made alone, they must make a decision and describe the outcome.

The Model

The Steps

Skill Steps	Teaching progression	Grades pk-2 Decision Making Example:
Step 1: Identify the Situation That Needs a Decision	Students have to make decisions in the classroom all the time. Teachers should introduce this skill throughout the day by giving students opportunities to make their own decisions. For example: • Are you going to wear a coat at recess or not? • You can do your work now or at individual choice time. Students discuss the potential positive and negative outcome of the decision.	Provide a real life example of a decision that needs to be made • When do I need to wash my hands? Potential Outcomes: "Washing my hands before I eat gets rid of germs that could make me sick when I put things in my mouth". "If I wash my hands before I eat I will not have time to eat lunch."
Step 2: Determine if help is needed to make the decision	Determine if the decision can be made individually or if help is needed. Sometimes decisions may require help from a trusted adult. A way to practice this skill is to provide the students with situations that require them to determine if they need help or not. For example" • I have a splinter. • I need to sharpen my pencil. • I lost my lunchbox. • Who am I going to sit by at lunch? Once students understand this process, they can begin to share some of their own experiences that require a decision to be made and if help is needed. The class can help each other determine if the situation requires help or not	Does the situation require the help of a trusted adult or can I make this decision on my own. If the situation needs help, students need to determine which trusted adult would be the best. For example: • "Do I need to wash my hands before lunch?" Do I need the help of my teacher, parent, or can I make the decision by myself?
Step 3: **Make a Decision and Follow Through**	Make the decision based on the information that you have. Considering the potential outcomes of the decision.	If the decision is one that can be made alone, they need to act on it. If the situation needs help, make the decision based on input from the trusted adult. "I am going to wash my hands by myself before I eat lunch".
Step 4: Describe the Outcome	Share the results of the decision in order to determine if the outcome was positive or negative.	Students need to express why the outcome of their decision was positive or negative. This can include one or two content/knowledge related reasons as to why it was a positive decision. For example, "Washing my hands before I eat gets rid of germs that could make me sick when I put things in my mouth".

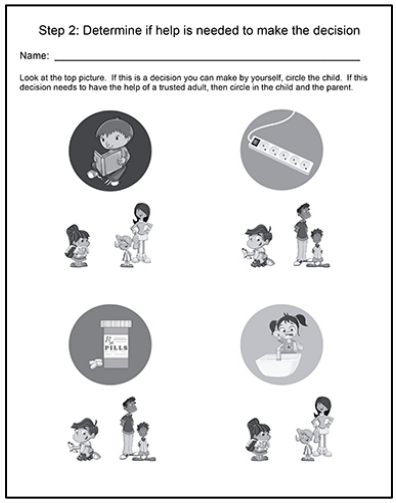
Sample Student Handouts



Step 1: Identify the Situation When a Decision Needs to be Made

Wash Hands	Don't Wash Hands

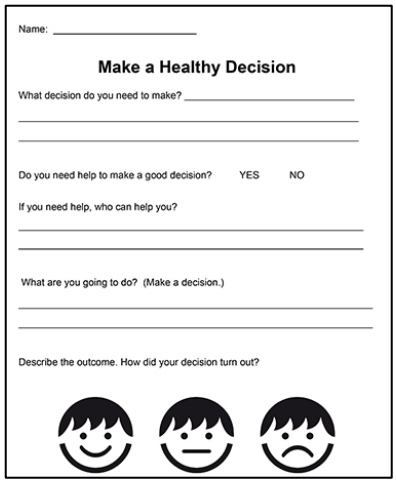
Directions: Brainstorm with students different activities they do throughout the day. Students then draw one of their favorite activities. Next, they place their drawing in the appropriate place on the chart after asking them whether the activity requires them to wash their hands or not.



Step 2: Determine if help is needed to make the decision

Name: _____

Look at the top picture. If this is a decision you can make by yourself, circle the child. If this decision needs to have the help of a trusted adult, then circle in the child and the parent.



Name: _____

Make a Healthy Decision

What decision do you need to make? _____

_____

_____

Do you need help to make a good decision? YES NO

If you need help, who can help you?

_____

_____

What are you going to do? (Make a decision.)

_____

_____

Describe the outcome. How did your decision turn out?

Teaching Tips:

- Vocabulary: decision, trusted adult, positive decision, negative decision, outcome
- When students are providing answers, a rationale needs to be given by students as to why a trusted adult is needed or why they can make the decision on their own.
- Content needs to be combined with the decision making model. For example, if you have to make a decision about washing your hands, the students need to understand why we wash our hands and how germs spread.
- If your students are not yet reading, then the use of pictures, stories, or other verbal examples that model various situations can be used.

What Does Mastery of Accessing Information Look Like:

PK-2 students should be able to identify situations where a decision needs to be made. Students will be able to determine if the decision can be made individually or with the assistance of a trusted adult. Students will also be able to choose an appropriate trusted adult. Finally, when simple decisions can be made on their own, they need to act on those decisions and be able to describe the reasons why the decision was either positive or negative.

Teaching/Student Resources

The Colorado Education Initiative
http://www.coloradoedinitiative.org/resources/chpe/
RMC Health
http://www.rmc.org/
Colorado Department of Education
http://www.cde.state.co.us/cohealthpe/statestandards

Step 1: Identify the Situation When a Decision Needs to be Made

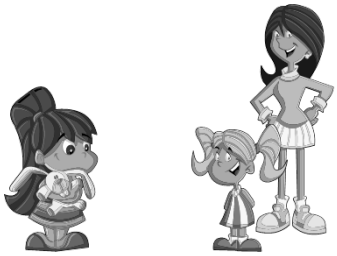
Wash Hands	Don't Wash Hands

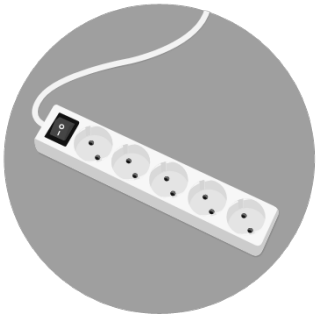
Directions: Brainstorm with students different activities they do throughout the day. Students then draw one of their favorite activities. Next, they place their drawing in the appropriate place on the chart after asking them whether the activity requires them to wash their hands or not.

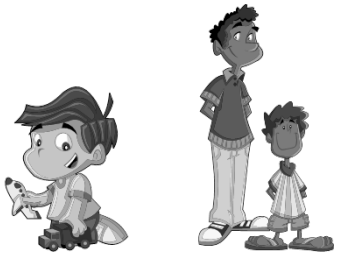
Step 2: Determine if help is needed to make the decision

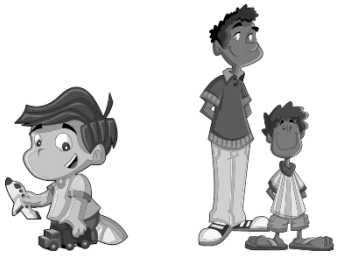
Name: _____

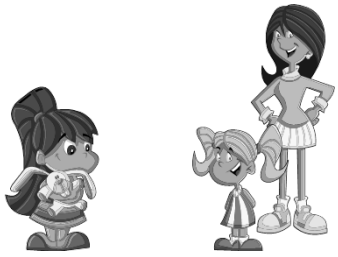
Look at the top picture. If this is a decision you can make by yourself, circle the child. If this decision needs to have the help of a trusted adult, then circle in the child and the parent.











Name: _____

Make a Healthy Decision

What decision do you need to make? _____

_____

_____

Do you need help to make a good decision? YES NO

If you need help, who can help you?

_____

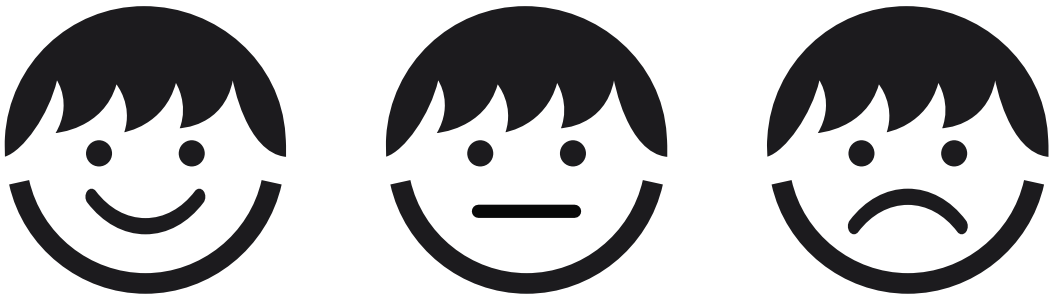
_____

What are you going to do? (Make a decision.)

_____

_____

Describe the outcome. How did your decision turn out?



Grade Pk-2 Goal Setting

Background Information:

Goal setting skills are essential for young people. They empower students to strive for self-improvement and have control over their own lives. This skill includes steps that will help students achieve short and long term goals. By reaching these goals, students gain confidence and are able to identify, adopt, and maintain healthy behaviors that will help them be successful in the future.

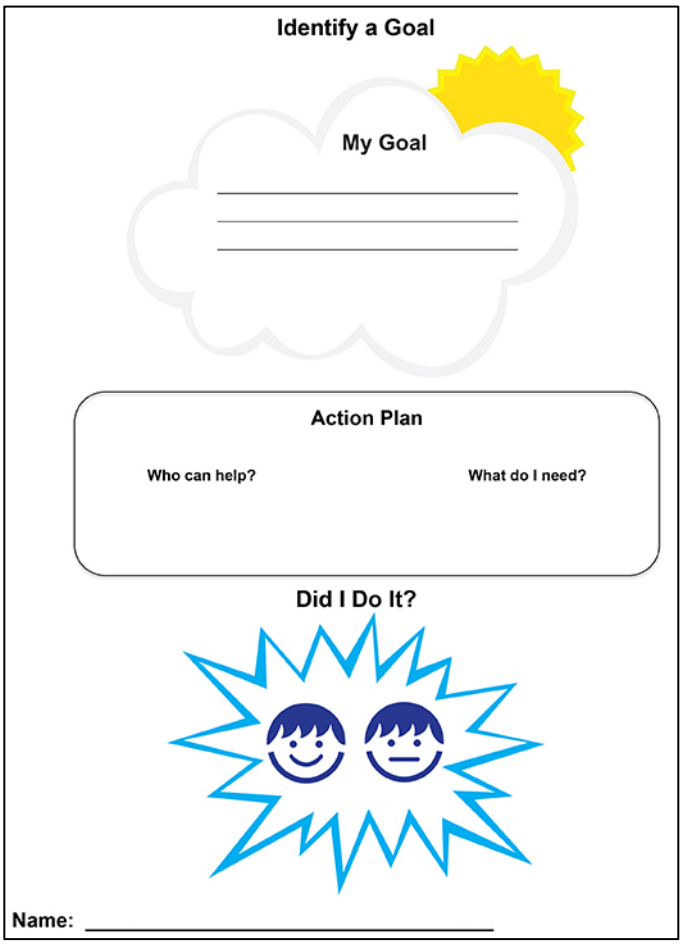
The PK-2 goal setting model has three steps. Students are able to identify a goal that they would like to work towards. Students need to be able to identify who might need to help them with their goal, what they need and when they will work on their goal. Students are also encouraged to reflect on their goal.

The Model

The Steps

Skill Steps	Teaching progression	Grades pk-2 Decision Making Example:
Step 1: Identify the Goal	Each student needs to identify something they would like to learn or do better. • I want to learn how to brush my teeth better. • I want to snowboard. • I want to learn to read. • I want to learn how get dressed by myself. • I want to learn how to tell time.	I want to learn how to ride my bike without training wheels.
Step 2: Action Plan	• Students need to identify a trusted adult or friend to help them reach their goal. • Students need to identify the resources they need to reach their goal. • Students need to set a timeline for working on their goal.	• Who can help me with my goal? My parents are helping me. • What do I need to reach my goal? I need my bicycle, helmet, appropriate clothing, and a safe biking location. • When will I work on my goal? I will work on it after school on the weekends.
Step 3: Reflection	• Students determine if they met their goal. • If students met their goal, what did I learn? • If students did not reach their goal, why and what did I learn?	• I was able to learn how to ride my bike. • I learned to keep pedaling to keep from falling over.

Sample Student Handout



Teaching Tips:

- Vocabulary goal, trusted adult, resources, short term goal, action plan
- Remember to assist students in keeping their goals simple and age appropriate.
- Sometimes students might want a goal that will take a long time or it may be something they want to do as an adult. Guide students into goals that can be accomplished in a shorter amount of time.

What Does Mastery of Accessing Information Look Like:

PK-2 students will have mastered goal setting if they are able to identify an attainable goal. They will also be able to name who can help them with their goal, the necessary resources, and when they will work towards their goal.

Teaching/Student Resources

The Colorado Education Initiative
http://www.coloradoedinitiative.org/resources/chpe/
RMC Health
http://www.rmc.org/
Colorado Department of Education
http://www.cde.state.co.us/cohealthpe/statestandards

Identify a Goal

My Goal

_____

_____

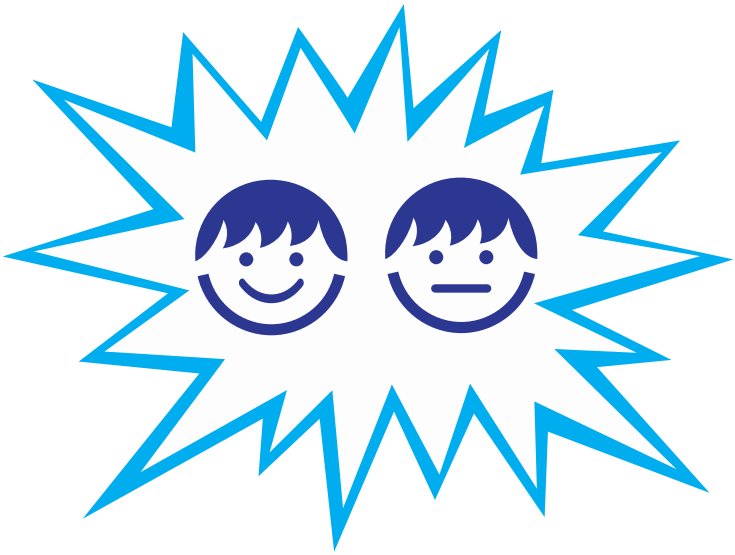
_____

Action Plan

Who can help?

What do I need?

Did I Do It?



Name: _____

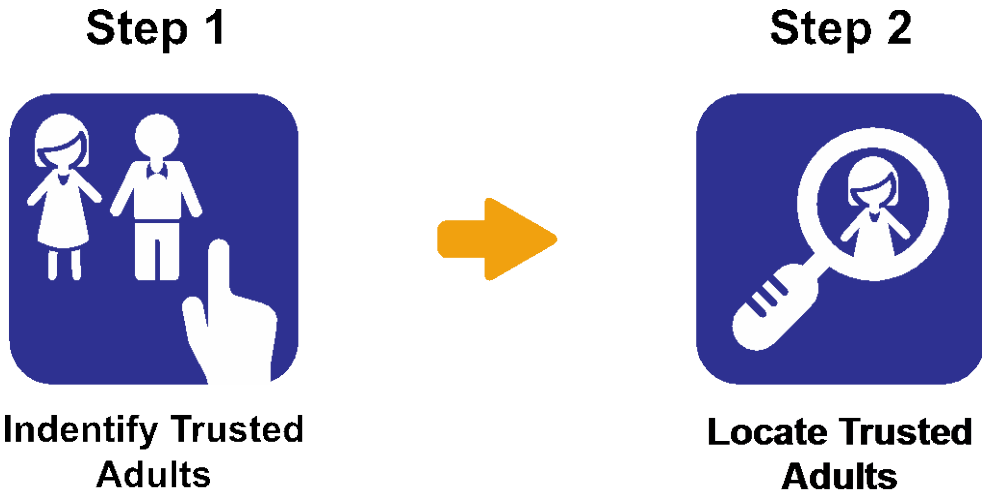
Grade PK-2 Accessing Information

Background Information:

Accessing valid information, products, and services is important in the prevention, detection, and treatment of health problems. This skill is often the foundation of many decisions students will make. When using this skill, students will be evaluating the validity and reliability of information they have accessed on the Internet, from other printed sources, the media, and other people. Mastery of this skill will empower students to either accept or reject the information they have found in order to achieve better health.

In PK-2 , students are able to identify trusted adults in their school and community. They will know where and how to locate these trusted adults.

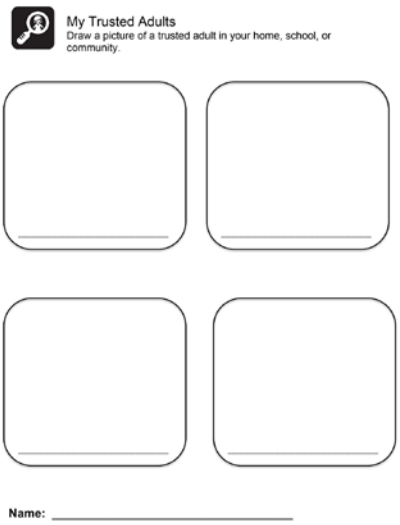
The Model



The Steps

Skill Steps	Teaching Progression
Step 1: Identify Trusted Adults	Show pictures of different people in different occupations as well as unknown people. Discuss with students by asking these questions: • What do these people do? • Why can they be trusted? • How could they help? When an unknown person is shown, this is the time to talk about strangers and individual neighbors or acquaintances. Students are shown a picture of a police officer. • What does this person do? *This is a police officer and he/she keeps us safe from bad people.* • Why can he/she be trusted? *He/she is wearing a uniform and we see them in our hallway at school.* • How could he/she help? *They keep us safe. They help me find my house if I get lost. They protect my school from bad people.*
Step 2: Locate Trusted Adults	By using the pictures, discuss with students where these adults can be found in your school and community. Students could use a map to help locate trusted adults. Students are shown a picture of a police officer. • *Students will explain where they can locate an officer in different scenarios:* • *If they are at home, they need to dial 911.* • *If they are around town, they can go to the Town Hall, library, or a business.* • *If they are at school, they can see them in the hallway or go to the front office.* • *If they are in the mall, they need to find a security guard or police officer who is in uniform.*

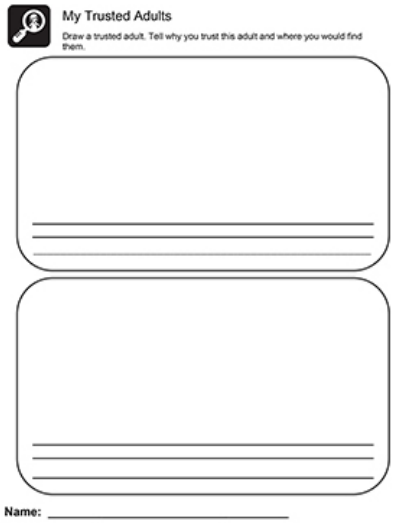
Sample Student Handout



My Trusted Adults

Draw a picture of a trusted adult in your home, school, or community.

Name: _____



My Trusted Adults

Draw a trusted adult. Tell why you trust this adult and where you would find them.

Name: _____

Teaching Tips:

- Vocabulary: trusted adult, community, accessing information
- It is a good idea to teach this unit before decision making as it relies heavily on the skill of accessing trusted adults.
- Most of this skill is based on identifying professionals who can promote health and safety. However, it is important to recognize that this skill can be used in non-health situations as well.

What Does Mastery of Accessing Information Look Like:

PK-2 students will have mastered accessing information if they can identify trusted adults and be able to locate them in their school and community.

Teaching/Student Resources

The Colorado Education Initiative
http://www.coloradoedinitiative.org/resources/chpe/

RMC Health
http://www.rmc.org/

Colorado Department of Education
http://www.cde.state.co.us/cohealthpe/statestandards

Name: _____

My Trusted Adults

Draw a picture of a trusted adult in your home, school, or community.

_____

_____

_____

_____

Name: _____

My Trusted Adults

Draw a trusted adult. Tell why you trust this adult and where you would find them.

_____

_____

_____

_____

_____

_____

Grades 3-5 Goal Setting

Background Information:

Goal setting skills are essential for young people. They empower students to strive for self-improvement and have control over their own lives. This skill includes steps that will help students achieve short and long term goals. By reaching these goals, students gain confidence and are able to identify, adopt, and maintain healthy behaviors that will help them be successful in the future.

The goal-setting model for grades 3-5 involves three basic steps. They are identifying a short-term healthy goal, creating an action plan, and reflecting on the outcome of the goal. This model should be shared with students before they attempt setting their own goals.

The Model

The Steps

Skill Steps	Teaching Progression	Grades 3-5 Goal Setting Example:
Step 1: **Identify the Goal**	Students choose a goal. This can be a skill they want to improve or something new they want to learn. The following questions may help guide their thinking. • The goal should be very clearly defined for success. (Specific) • How will you know you reached your goal? (Measurable) • Is the goal achievable given available resources, skills, knowledge, ability? (Attainable) • Is your goal realistic and within your reach? Does the goal stretch you but allow for likely success (Realistic) • Does the goal have a date to complete it by? (Time)	I want to get 70 multiplication facts correct in six minutes on my timed multiplication tests, 0-12, by the end of January. This goal is specific, measurable, attainable, realistic, and has a time limit. I also think that I can get my goal accomplished because this short-term goal will help me reach my long-term goal of mastering my division facts by the end of the school year.
Step 2: **Action Plan**	Students are now ready to create a plan for how they are going to accomplish the goal. Steps need to be listed in order by date. This gives the student a clear path to follow. • Students create or develop steps they should do in order to complete the goal. • A huge part of their action plan is to identify resources that they might need to help them reach their goal. This might include: a parent, a teacher, a coach. • Resources might also include research on a certain topic. For example, if the student's goal is to eat more healthy vegetables they might need to study and research food groups. • Students need to create a timeline for working and accomplishing their goal. Students could use a journal or a calendar.	Smaller steps needed to reach my goal: • First, I need to figure out what facts I already know. (I have mastered 0's and 1's.) • Then I need to create a timeline of mastery of my facts. Since there are 16 weeks and I have 11 facts to learn, I will learn one fact a week. I can write them on a calendar. • Each week, we have a test in class, so I will be able to graph my progress. • I will need to practice the facts 4 nights a week for 10 minutes. • Who and what resources do I need to help me accomplish this? ▪ My parents can help quiz me once a week. ▪ I can use a few new apps on my I-Pad to practice. ▪ I can use Index cards to make flash cards.
Step 3: **Reflection**	Students determine if they met their goal: • If students met their goal, they can explain their learning. • If students did not meet their goal, they can explain why they didn't. • Students should be encouraged to celebrate reaching their goals	I was able to pass my timed multiplication tests on facts 0-12 by January. The 6's, 7's, and 8's were more difficult for me to learn, so I practiced for two weeks on these facts, but still met my goal on time.

Sample Student Handout

My Goal_____

My goal is clear? **(Specific)**	I'll know when I reach my goal. **(Measurable)**	Is the goal attainable (given knowledge, skills, ability?) **(Attainable)**	My goal is in my reach? **(Realistic)**	My goal has a time limit. **(Time)**
How?	How?	How?	How?	How?

Step 2: Create an Action Plan

Steps you will use to reach your goal. Include a predicted date of completion. Place a checkmark at the end of each step once completed:

1. _____When? _____
2. _____When? _____
3. _____When? _____
4. _____When? _____

Who are some people you can ask or what are some resources you need to reach your goal?

Step 3: Reflection

Did you reach your goal? _____ Why or why not? What did you learn?

Teaching Tips:

- Vocabulary: accomplishments, short term goal, long term goal, priorities, motivated, attainable
- Time needs to be spent on helping students understand what measurable means. A graph where students record their data on a regular basis, would help them not only measure, but also see their progress.
- Use age appropriate terms for SMART.
- As they complete each step, student's should be reminded to cross off that section. This not only helps with motivation, but also shows them "what is left".
- Provide opportunities to integrate goal-setting across curriculums.
  - Reading-Do a character study of a character in the book you're reading. What goals did your character accomplish? Create a goal for a character.
  - History-Use goal setting as a topic for discussion when studying groups that settled in Colorado. For example, what was one goal of the Fur Traders? What did they do to accomplish their goal? How does their goal compare to the goals of Miners or Pioneers?
  - Develop a partnership with parents. Make sure that parents are aware of their student's goals so they can help with mastery.

What Does Mastery of Accessing Information Look Like:

A student in grades 3-5 will have mastered this skill if they can establish a goal, create a plan, follow through with that plan, and then reflect when they are finished. The setting of goals is an important part for students to gain independence. They also realize they have some control over their own lives. This skill shows students that an effective effort can lead to achievement. Through practice students gain a skill that they need to be successful healthy adults.

Teaching/Student Resources

The Colorado Education Initiative
http://www.coloradoedinitiative.org/resources/chpe/
RMC Health
http://www.rmc.org/
Colorado Department of Education
http://www.cde.state.co.us/cohealthpe/statestandards

Goal Setting

Step 1: Identify a Goal

My Goal_____

My goal is clear? **(Specific)**	I'll know when I reach my goal. **(Measurable)**	Is the goal attainable (given knowledge, skills, ability?) **(Attainable)**	My goal is in my reach? **(Realistic)**	My goal has a time limit. **(Time)**
How?	How?	How?	How?	How?

Step 2: Create an Action Plan

Steps you will use to reach your goal. Include a predicted date of completion. Place a checkmark at the end of each step once completed:

1. _____When? _____
2. _____When? _____
3. _____When? _____
4. _____When? _____

Who are some people you can ask or what are some resources you need to reach your goal?

Step 3: Reflection

Did you reach your goal? _____ Why or why not? What did you learn?

Grade 3-5 Decision Making

Background Information:

Students make decisions everyday, however, many of the decisions they see and experience may not have been carefully considered. It is important for students to understand that the use of this skill will allow them to sort through problems, brainstorm options, analyze the positive and negative outcomes, and then implement and reflect on the choices they make. When applied to health issues, this process gives students the ability to make decisions individually, or collaboratively, to improve their quality of life.

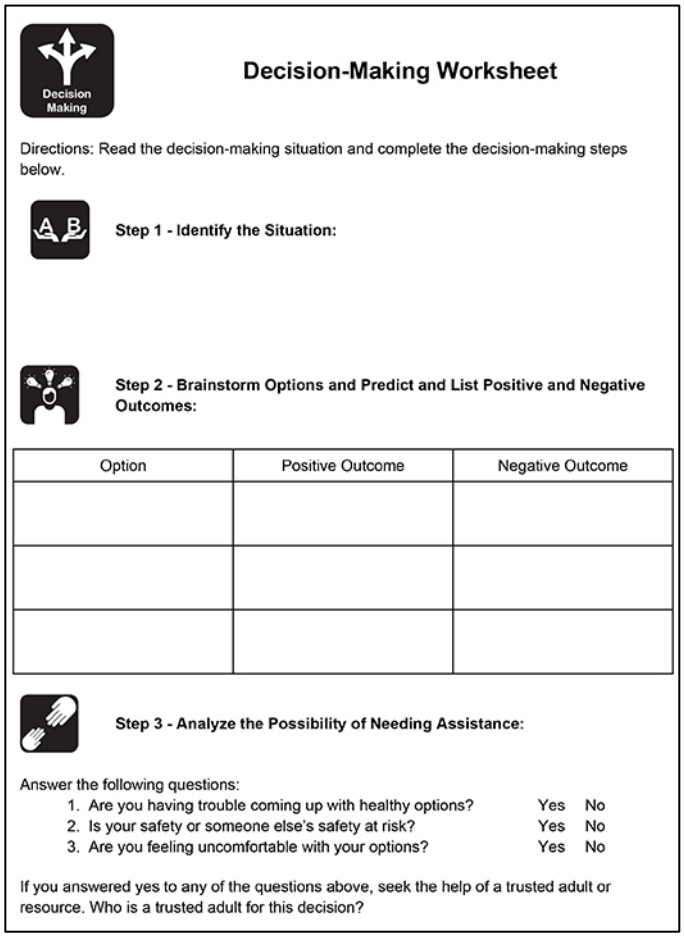
The decision making model for grades 3-5 involves five basic steps. It is a good idea to have these steps posted in the room or available as a handout. The model and an example should be shared with students during the teaching of the skill. Decision-making is a behavior, and like any other behavior, it can become a habit. If children get into the habit of making quick and impulsive decisions, they are more likely to make those types of decisions for the rest of their lives. If, on the other hand, children are taught to think out their decisions carefully and deliberately, they might develop positive habits that stay with them forever.

The Model

The Steps

Skill Steps	Teaching progression	Grades 3-5 Decision Making Example:
Step 1: Identify the Situation That Needs a Decision	Students identify a list of situations where a decision needs to be made. • Explain that decisions are made based on a variety of factors, experience, knowledge, and emotions. • Some decisions need to be made prior to the situation. For example, the decision to not use tobacco needs to be made before you are offered to use it. • Important decisions should be made in a thoughtful way.	A couple of my friends don't want to include Jenny in our recess game. I am friends with Jenny, but also want to play the game with my other friends. What should I do? I think this is a situation that I need to make a decision about before recess.
Step 2: Brainstorm Options and Predict and List Positive and Negative Outcome	Students make a list of all of the possible options they would consider for a situation. The use of a chart is beneficial in listing all of the positive and negative outcomes of each option. The following questions may help guide students thinking: • Is the option healthy or unhealthy? • How does this option affect me? • How does this option affect others?	My options are to: 1. I could ask my friends if Jenny could play. Outcomes, positive, I get to play with all of my friends, Jenny doesn't feel left out, negative, my friends might get mad at me, my friends might day no. 2. I could play with Jenny by myself. Outcomes: positive, I get to play with Jenny, Jenny isn't left alone, negative, I don't get to play the game, my friends might get mad at me.
Step 3: Analyze the Possibility of Needing Assistance	After identifying options and outcomes, students distinguish between the decisions they can make by themselves, and the decisions with which they need help. Consider the following questions: • Are you having trouble coming up with healthy options? • Is your safety or someone else's safety at risk? • Are you feeling uncomfortable with your options? Based on the answer to these questions, do I need to ask a trusted adult or refer to another resource for help?	I feel safe in this situation, and comfortable with the healthy options that I have. I can make this decision on my own.
Step 4: Make a Decision and Follow Through	Students are now ready to make a decision based on their analysis of the positive and negative outcomes.	**I** will choose the option that is the healthiest for me, and follow through with the decision to find other friends that we can both play with.
Step 5: Describe the Outcome of the Decision	Students will describe the outcome of their decision and determine if the outcome was positive or negative for others and myself.	I told my teacher what I did and what happened. The outcome was positive because Jenny and I both had fun at recess.

Sample Student Handout



Decision-Making Worksheet

Directions: Read the decision-making situation and complete the decision-making steps below.

Step 1 - Identify the Situation:

Step 2 - Brainstorm Options and Predict and List Positive and Negative Outcomes:

Option	Positive Outcome	Negative Outcome

Step 3 - Analyze the Possibility of Needing Assistance:

Answer the following questions:

1. Are you having trouble coming up with healthy options? Yes No
2. Is your safety or someone else's safety at risk? Yes No
3. Are you feeling uncomfortable with your options? Yes No

If you answered yes to any of the questions above, seek the help of a trusted adult or resource. Who is a trusted adult for this decision?

Teaching Tips:

- Vocabulary, decision, option, outcome, results, positive, negative, analyze, consequences
- Content/knowledge needs to be combined with the decision making model.
- Posting the steps in the room will help students remember the steps
- Realize as a teacher where the students are developmentally. Impulsive decisions are normal at this age.
- Students need many opportunities to practice thoughtful decision making, with the understanding that there are consequences for their actions. Although students may not be able to identify consequences on their own at this point, it is still important to make them aware that there are consequences for themselves and others.
- Provide opportunities to practice real-life problem solving through role- play situations.
- The more practice children have with decision-making, the more likely it is that when faced with a real decision, they will fall back on the behavior they have learned.
- Reading - Put yourselves in the "shoes" of a character in the book you're reading. Use the decision-making steps and make a decision for the character. Would you make the same decisions for yourself as the character did?
- Writing - Use the decision-making steps to identify a cause and effect relationship that occurred in a reading selection.
- Social Studies - As a pioneer in the 1820's use the decision-making steps to decide where your family will settle.
- A partnership between schools and parents can provide the type of environment that will nurture children and help them learn appropriate decision-making

What Does Mastery of Accessing Information Look Like:

3-5 grade students will have mastered the skill of decision making if they can identify, implement, and sustain health-enhancing behaviors. They will first, identify the situation that needs a decision. Then they will brainstorm healthy options, list the positive and negative outcomes of each option, and analyze the possibility of needing assistance. Finally, students will make a healthy decision and describe it.

Teaching/Student Resources

The Colorado Education Initiative
http://www.coloradoedinitiative.org/resources/chpe/
RMC Health
http://www.rmc.org/
Colorado Department of Education
http://www.cde.state.co.us/cohealthpe/statestandards

Decision-Making Worksheet

Directions: Read the decision-making situation and complete the decision-making steps below.

Step 1 - Identify the Situation:

Step 2 - Brainstorm Options and Predict and List Positive and Negative Outcomes:

Option	Positive Outcome	Negative Outcome

Step 3 - Analyze the Possibility of Needing Assistance:

Answer the following questions:

1. Are you having trouble coming up with healthy options? Yes No
2. Is your safety or someone else's safety at risk? Yes No
3. Are you feeling uncomfortable with your options? Yes No

If you answered yes to any of the questions above, seek the help of a trusted adult or resource. Who is a trusted adult for this decision?

Step 4 - Make a Decision and Follow Through

Make the decision that is best for you and record it below.

_____

_____

_____

_____

Step 5 - Describe the Outcome of the Decision

After you have followed through with the option you chose, describe the outcomes below.

_____

_____

_____

_____

_____

_____

_____

_____

Grades 3-5 Accessing Information

Background Information:

Accessing valid information, products, and services is important in the prevention, detection, and treatment of health problems. This skill is often the foundation of many decisions students will make. When using this skill, students will be evaluating the validity and reliability of information they have accessed on the Internet, from other printed sources, the media, and other people. Mastery of this skill will empower students to either accept or reject the information they have found in order to achieve better health.

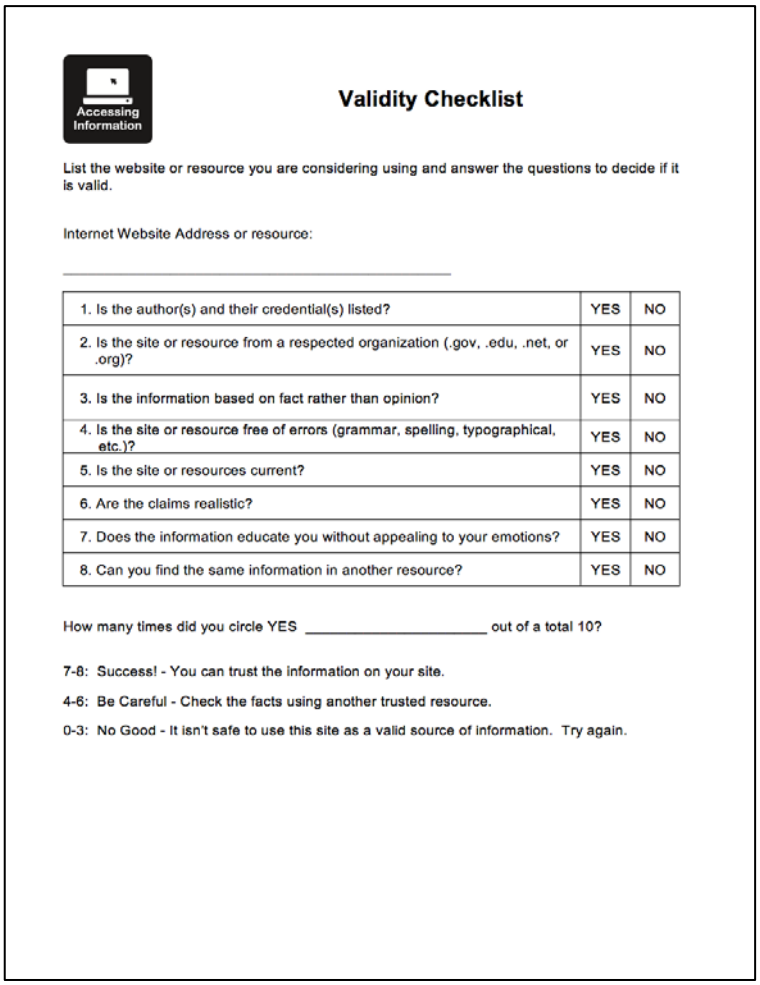
The accessing information model for grades 3-5 has three basic components. First, students identify characteristics of information, products, and/or services. Next, students determine whom in their home, school, or community they can go to for information. It is also important that students know how to contact those individuals, or trusted adults, and they are able to determine when their help is needed. Finally, students analyze the characteristics and resources for validity, deciding if the information or source is truthful.

The Model

The Steps

Skill Steps	Teaching Progression
Step 1: Identify Characteristics of Validity	Students identify the characteristics of the information, products, or services they are considering. Later students analyze the validity of these specific characteristics. Students work together to identify the characteristics of a website for their research project. Specifically, students should be taught how to locate the author's name, publication date, and possible supporting organizations. Students should also become familiar with URL extensions and their meanings (.edu, .org, .gov, .net, and .com). Students should examine how to identify fact from opinion. Examine what it means to educate without appealing to emotions. Finally, students need to determine if there is enough information about the topic, and if the information is well written and free of errors. Provide students with specific examples of each of these criteria and practice identifying how they would determine if the resource meets the criteria.
Step 2: Locate Accessible Resources	Students brainstorm all of the possible resources that may be available in their home, school, and community. This includes printed material like books, magazines, newspapers, and billboards. It can also include media such as TV, radio, internet, and social networks. Finally, it includes human resources. For example; friends, family, health professionals, and others. Students need to know where to access these resources. If printed material or media is not readily available, they determine where to go to access the resource. If a health professional is needed, students must not only consider which resource meets their needs, but also where and how they can be located. Locate Accessible Resources - Students work together to explore some popular internet search sites designed for children. They identify and record the features offered by one of the sites, then compare and contrast these with other sites. Discuss the importance of locating multiple sites when looking for research.
Step 3: Analyze for Validity	When analyzing for validity, students check to see if the characteristics or if the resources are **truthful**. This means that they are truthful and based on facts. The following questions may help determine if a characteristic, website or resource is valid. • Is the author(s) and their credentials listed? • Is the site or resource from a respected organization (.gov, .edu, .net, or .org)? • Is the information based on fact rather than opinion? • Is the site or resource free of errors (grammar, spelling, typographical, etc.)? • Is the site or resources current? • Are the claims realistic? • Does the information educate you without appealing to your emotions? • Can you find the same information in another resource? Analyze for Validity - Explore the idea that anyone can publish on the internet, so not all sites are trustworthy or valid. People who create posts, blogs, or other websites, aren't necessarily "experts" in the subject they are writing about. Their "facts" may not be true, or they may represent their opinions as facts. Students need to carefully evaluate the sites they use for research and then decide which ones they will trust. Students discuss the established criteria for rating an informational website, then apply the criteria by examining and scoring an assigned site based on the site's characteristics. The students compare their results, and learn that all websites are not equally trustworthy, or valid sources of information.

Sample Student Handouts



Accessing Information

Validity Checklist

List the website or resource you are considering using and answer the questions to decide if it is valid.

Internet Website Address or resource:

_____

1. Is the author(s) and their credential(s) listed?	YES	NO
2. Is the site or resource from a respected organization (.gov, .edu, .net, or .org)?	YES	NO
3. Is the information based on fact rather than opinion?	YES	NO
4. Is the site or resource free of errors (grammar, spelling, typographical, etc.)?	YES	NO
5. Is the site or resources current?	YES	NO
6. Are the claims realistic?	YES	NO
7. Does the information educate you without appealing to your emotions?	YES	NO
8. Can you find the same information in another resource?	YES	NO

How many times did you circle YES _____ out of a total 10?

7-8: Success! - You can trust the information on your site.

4-6: Be Careful - Check the facts using another trusted resource.

0-3: No Good - It isn't safe to use this site as a valid source of information. Try again.

Teaching Tips:

- Vocabulary: products, services, valid/validity, credentials, criteria
- Realize as a teacher where the students are developmentally. Students need multiple exposures and opportunities to practice identifying valid, as well as non-valid, characteristics and resources.
- We don't want a student to believe that simply because they have found an answer to their question, it must be correct. They need to practice determining validity.
- Accessing information is a critical skill in all subject areas. Students need to be knowledgeable and critical consumers of information. The only way they master this skill is through thoughtful opportunities for practice across the curriculum.
- Reading - Create a list of books in the library that would help a fellow student learn more about a particular topic.
- Science – Identify and compare two scientific claims and determine if the claims are valid based on the information given.
- Social Studies - Analyze a want ad that appeared in an east coast paper in 1803, looking for young men to join Lewis and Clark and the Corps of Engineers on an expedition to the west.
- A partnership between schools and parents can provide the type of environment that will help them access information not only at school, but also at home and in their community. Parents can reinforce the skills and vocabulary used in the classroom regarding the accessing information model.

What Does Mastery of Accessing Information Look Like:

To show proficiency, students in grades 3-5 will access valid information, products, and services. Students will also locate resources from home, school, and the community that provide valid information. Achieving this standard improves health literacy and the confidence to access legitimate sources of information, products, and services, from a variety of resources that will enhance their health

Teaching/Student Resources

The Colorado Education Initiative
http://www.coloradoedinitiative.org/resources/chpe/

RMC Health
http://www.rmc.org/

Colorado Department of Education
http://www.cde.state.co.us/cohealthpe/statestandards

Validity Checklist

List the website or resource you are considering using and answer the questions to decide if it is valid.

Internet Website Address or resource:

_____

1. Is the author(s) and their credentials listed?	YES	NO
2. Is the site or resource from a respected organization (.gov, .edu, .net, or .org)?	YES	NO
3. Is the information based on fact rather than opinion?	YES	NO
4. Is the site or resource free of errors (grammar, spelling, typographical etc.)?	YES	NO
5. Is the site or resources current?	YES	NO
6. Are the claims realistic?	YES	NO
7. Does the information educate you without appealing to your emotions?	YES	NO
8. Can you find the same information in another resource?	YES	NO

How many times did you circle YES _____ out of a total 10?

7-8: Success! - You can trust the information on your site.

4-6: Be Careful - Check the facts using another trusted resource.

0-3: No Good - It isn't safe to use this site as a valid source of information. Try again.

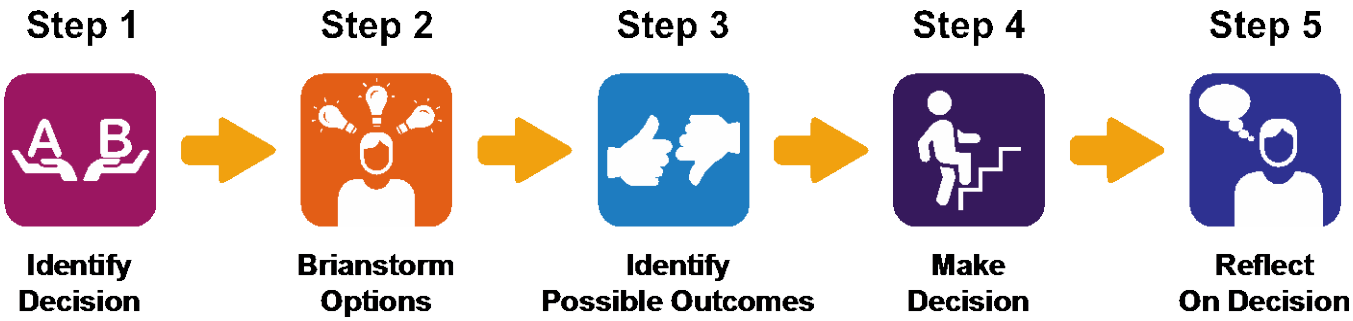
Grade 6-8 Decision Making

Background Information:

Students make decisions everyday, however, many of the decisions they see and experience may not have been carefully considered. It is important for students to understand that the use of this skill will allow them to sort through problems, brainstorm options, analyze the positive and negative outcomes, and then implement and reflect on the choices they make. When applied to health issues, this process gives students the ability to make decisions individually, or collaboratively, to improve their quality of life.

The decision making model for grades 6-8 involves five basic steps. It is a good idea to have these steps posted in the room or available as a handout. The model and an example should be shared with students during the teaching of the skill. By understanding how to make good decisions students will learn that they will have more control over their lives.

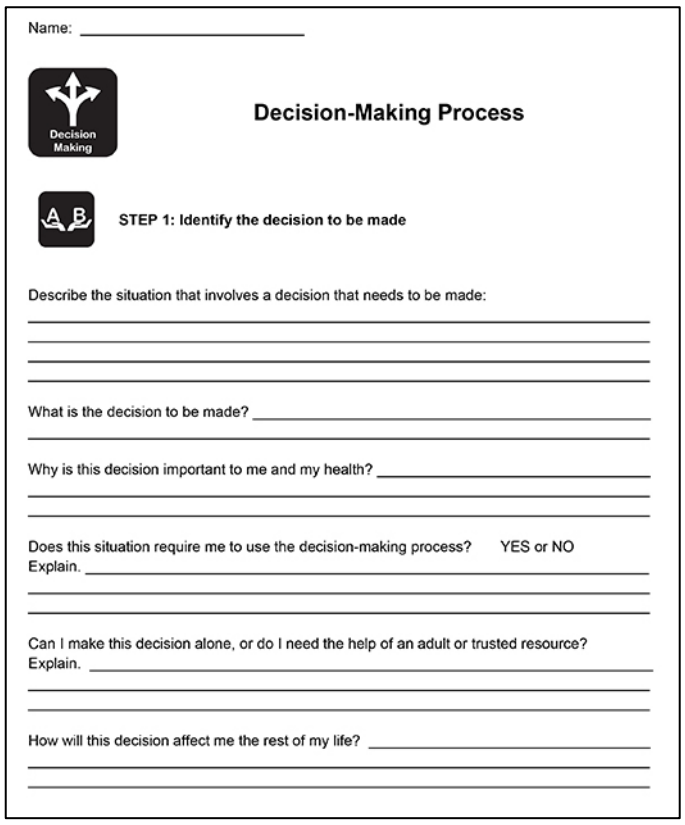
The Model



The Steps

Skill Steps	Teaching progression	Grades MS Decision Making Example:
Step 1: Identifying a Decision That Needs a Decision	Before students can identify a decision, they need to be able to have a discussion about circumstances that can help or hinder healthy decision making. They need to anticipate when and where situations will arise that will require them to make a healthy decision. • Going to a party with friends • Parents are gone-what are kids expected to do here? • Choosing healthy foods The next step is being able to evaluate when a thoughtful decision is needed versus an everyday decision. For example, smoking marijuana vs. what to wear to school. Another concept for students to examine is the difference between an impulsive versus a thoughtful decision. Students should discuss what situations they will need help with a decision. Finally, students need to be able to verbalize why this decision is important to their health and how making a healthy decision will benefit themselves and/or others.	A couple of my friends have gone to parties and are bragging about smoking cigarettes. I am going to a party this next weekend and I am afraid that I may be pressured to smoke. "If someone at the party asks me to smoke, am I going to say yes or no"
Step 2: Brainstorm Possible Options	Make a list of all of the possible options you would consider.	Brainstorm Options: 1. Don't go to the party at all. 2. Go to the party and try smoking. 3. Go to the party and say no.
Step 3: Identify the Positive and Negative Outcomes for Each Option	The use of a chart is beneficial in listing all of the positive and negative outcomes of each option: The criteria to be used is as follows: • Is the option healthy or unhealthy? • How does the option affect myself? • How does the option affect others? • Does this option support my values? • How do these options affect my goals? • Does the decision follow the law?	Outcomes: 1. Don't go to the party at all. Outcomes, positive no pressure to smoke, negative I miss out on being with friends. 2. Go to the party and try smoking. Outcomes, positive fit in with my friends; negative labeled by others as a smoker and may become addicted. 3. Go to the party and say no. Outcomes, positive not breaking the law, be with my friends, negative, might lose my smoking friends
Step 4: Make a Decision and Follow Through	Students are now ready to make their decision based on their analysis of the positive and negative outcomes.	The decision will be to go to the party and say no.
Step 5: Reflect on the Decision That was Made	Students need to take time to reflect on the decision that was made and analyze the outcome of the decision. Students can answer a variety of questions related to the decision making process. • What was the decision I made? • Why did I make the choice that I did? • Did the decision that I made work? Why or Why not? • How did this decision affect my health? • Would you make this decision again?	Use the reflection questions to analyze if the decision was the correct one for me. It was good choice because I was able to be with my friends and I did not break the law. They accepted my decision to say no.

Sample Student Handouts



Name: _____

Decision Making

Decision-Making Process

A B

STEP 1: Identify the decision to be made

Describe the situation that involves a decision that needs to be made:

_____
_____
_____
_____

What is the decision to be made? _____
_____

Why is this decision important to me and my health? _____
_____
_____

Does this situation require me to use the decision-making process? YES or NO
Explain. _____
_____
_____

Can I make this decision alone, or do I need the help of an adult or trusted resource?
Explain. _____
_____
_____

How will this decision affect me the rest of my life? _____
_____
_____

Teaching Tips:

- Vocabulary, outcomes, positive, negative, reflection, decision, values
- Time needs to be spent differentiating between an easy decision and a thoughtful decision.
- Middle school students can also make impulsive decisions. Discussing how the brain works at this age level and having kids practice stopping and thinking before engaging in an activity are important.
- The use of role play to practice decision making can be beneficial because it allows students to consider the potential outcomes.
- Time also needs to be spent recognizing which situations might require the help of an adult or other trusted resource.
- More time is spent on the role of values in decision making at the high school level. However, this is a good time to introduce what a value is and how it can influence decision making.
- Decision making is different than refusal skills. Decision making should be done before students actually get into an unhealthy situation, while refusal skills helps students get out of a situation

What Does Mastery of Accessing Information Look Like:

Grades 6-8 students will have mastered the skill of decision making if they can first of all, anticipate situations where they might have to make a thoughtful decision. Then, they should be able to identify the decision to be made and determine if the decision can be made alone, or if they need the help of an adult or trusted source. Next, students will be able to list healthy options and predict positive and negative outcomes. Finally, they will be able to make a healthy decision and then analyze the outcome of the decision and how it will benefit their life in the future.

Teaching/Student Resources

The Colorado Education Initiative
http://www.coloradoedinitiative.org/resources/chpe/
RMC Health
http://www.rmc.org/
Colorado Department of Education
http://www.cde.state.co.us/cohealthpe/statestandards

Name: _____

Decision-Making Process

STEP 1: Identify the decision to be made

Describe the situation that involves a decision that needs to be made:

_____
_____
_____
_____

What is the decision to be made? _____
_____

Why is this decision important to me and my health? _____
_____
_____

Does this situation require me to use the decision-making process? YES or NO

Explain. _____
_____
_____

Can I make this decision alone, or do I need the help of an adult or trusted resource?
Explain. _____
_____
_____

How will this decision affect me the rest of my life? _____
_____
_____

Step 2: Brainstorm all possible options

Options	Positive Outcome	Negative Outcome
1.		
2.		
3.		

Step 3: Brainstorm all possible options: (???)

Step 4 - Make a Decision and Follow Through

According to the options above, which one looks like the best and circle it.

Now, look at the criteria below, answer each question about the option you chose. If you answered no to any of the questions, then you need to re-evaluate your option.

	YES	NO
Is the option healthy?	_____	_____
Does this decision respect my mind and body?	_____	_____
Does this decision respect people that care about me?	_____	_____
Does this option support my values?	_____	_____
Does this option promote my goals?	_____	_____
Does this decision follow the law?	_____	_____

Which healthy option did you chose? _____

_____

_____

Step 5: Reflect on the decision that was made:

Decision Making Reflection

Write a paragraph that will reflect on the decision you made and how it worked.
Use some of the answers to the questions below in your paragraph.

- Why did I make the choice that I did?
- Did the decision that I made work? Why or Why not?
- How did this decision affect my health?
- Would I make this decision again?
- How did the decision-making model help you come up with a decision?

_____

_____

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Grades 6-8 Goal Setting

Background Information:

Goal setting skills are essential for young people. They empower students to strive for self-improvement and have control over their own lives. This skill includes steps that will help students achieve short and long term goals. By reaching these goals, students gain confidence and are able to identify, adopt, and maintain healthy behaviors that will help them be successful in the future.

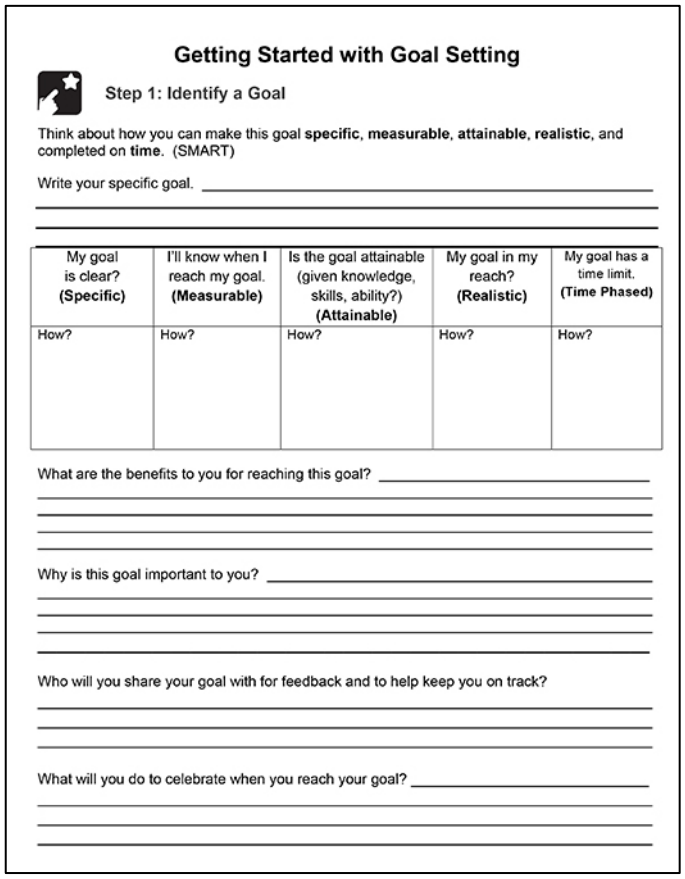
The goal-setting model for grades 6-8 involves three steps. The first is to help students identify a goal. The goal should be exact, very clearly defined, and have some way that it can be measured. The second step is to create and design an action plan for accomplishing the goal. This includes breaking their goal up into smaller steps and identifying what resources students need in order to help them reach their goal. The third step is to reflect upon if their goal was met or not. Students may either reward themselves for accomplishing their goal, or they can make changes and try their goal again. This is a life-long healthy skill and if teachers provide opportunities for practice then students will gain mastery of goal setting.

The Model

The Steps

Skill Steps	Teaching Progression	Grades 6-8 Goal Setting Example:
Step 1: Identify the Goal	In order to identify a goal, it is a good idea for students to assess their own health needs. • After students have decided on a possible goal, they need to make sure it meets the following criteria. (SMART) If it doesn't, they need to pick a new goal or make changes. a. **Is the goal specific?** Make sure the goal is not too broad. It needs to be specific enough so that students can focus their efforts and clearly define what they are going to do. b. **Is the goal measurable?** When choosing a goal, be sure to have one that can be measured. When they can measure a goal, they see changes occur. Students will also be able to stay on track and have better success. c. **Is the goal attainable?** If they set a goal that is too far out of their reach, then they will not commit to it for long. Attainable goals help develop attitudes, abilities, and skills if they are important. d. **Is the goal realistic?** This means do-able. Set the bar high enough for a satisfying achievement. It must require some effort. e. **Is the completion time defined?** Can I finish the goal in a reasonable amount of time? Most middle school students will have more success with short-term goals. • Students need to be able to verbalize the importance of their goal to their lives. Once they have the knowledge that being able to set goals will help them, they are more apt to use this model to achieve their goals.	I have a "D" in English and I want to raise my grade to a "C" or better by the end of the quarter. This goal is specific, measurable, attainable, realistic, and I can accomplish this goal in three weeks. I want to achieve this goal because it will help me in school. I also will not have to go to summer school. I need to get better grades so I can graduate from high school in order to get a better job.
Step 2: Action Plan	Use an action plan to help break the goal into smaller, more achievable steps. • Students develop a list of steps to accomplish the goal. Use charts, calendars, journals, etc. to track progress. • Students list times of completion next to each step. This will help them stay on track. • Students share their steps with a peer or trusted adult who may be able to help and give suggestions for reaching their goal. • Finally, students need to start "doing" their action plan. They need to track their progress as they are engaged in their goal. If students are not having success with completing their goal, they may need to make adjustments or changes. In some cases they may need to pick an entirely new goal.	My action plan: • Talk to teachers to see what assignments I am missing. • Get a planner to write down my daily assignments (daily) • Work on homework from 6:00- 7:30 at night (Daily) • Get a special folder to put my completed work in and turn it in on time (daily) My teachers can help me. I will ask my parents to help me find a quiet place to do my work. I will get weekly grade sheets to assess how I am doing on my goal.
Step 3: Reflection	Students reflect on their progress and learning. • The first reflection would be if students met their goal by using the skill. However, success can also be measured through the learning the student has gained even if they did not reach their goal. This can be accomplished through a set of reflective questions and class discussions. • Students list ways to celebrate their successes. Students reflect on how they did in reaching their goal. • Why was this goal important to me? • Did you reach your goal? If not, why did you not reach it? • What did you do well? • Did you have to change anything in your goal? • If you did this goal again, what would you do differently?	I reached my goal. This goal was important to me because now I don't have to go to summer school. I think that using my planner was the best help—especially for homework on the weekends.

Sample Student Handout



Getting Started with Goal Setting

Step 1: Identify a Goal

Think about how you can make this goal **specific**, **measurable**, **attainable**, **realistic**, and completed on **time**. (SMART)

Write your specific goal. _____

My goal is clear? **(Specific)**	I'll know when I reach my goal. **(Measurable)**	Is the goal attainable (given knowledge, skills, ability?) **(Attainable)**	My goal in my reach? **(Realistic)**	My goal has a time limit. **(Time Phased)**
How?	How?	How?	How?	How?

What are the benefits to you for reaching this goal? _____

Why is this goal important to you? _____

Who will you share your goal with for feedback and to help keep you on track?

What will you do to celebrate when you reach your goal? _____

Teaching Tips:

- Vocabulary: long term goal, short term goal, action plan, measurable, attainable, specific, realistic, barriers, supporters
- It is important to have goal setting steps posted in the room or available on a handout for the students to access.
- There are many surveys and examples online you can access to help students determine what kind of goal they would like to try.
- A great homework assignment might be to have kids interview an adult about their successes and failures in reaching goals.
- Identify an age appropriate person that could give support in reaching a goal.
- As a teacher, it is a good idea to set up checks throughout the process to have students assess their own progress.
- This model can be used in all subject areas.

What Does Mastery of Accessing Information Look Like:

Grades 6-8 students will have mastered goal setting if they can identify a goal that will maintain or improve a health related activity. The goal must be specific, measurable, attainable, realistic and completed in the time provided. Students will show mastery if they are able to document the steps needed to complete a goal and provide solutions to problems that arise during the action plan process. Students will reflect on why this goal is important to them and how the goal is going to make their life better. Students can identify their successes and failures they had during their experience and how goal setting will help them in the future.

Teaching/Student Resources

The Colorado Education Initiative
http://www.coloradoedinitiative.org/resources/chpe/
RMC Health
http://www.rmc.org/
Colorado Department of Education
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Getting Started with Goal Setting

Step 1: Identify a Goal

Think about how you can make this goal **specific**, **measurable**, **attainable**, **realistic**, and completed on **time**. (SMART)

Write your specific goal. _____

My goal is clear? **(Specific)**	I'll know when I reach my goal. **(Measurable)**	Is the goal attainable (given knowledge, skills, ability?) **(Attainable)**	My goal in my reach? **(Realistic)**	My goal has a time limit. **(Time Phased)**
How?	How?	How?	How?	How?

What are the benefits to you for reaching this goal? _____

Why is this goal important to you? _____

Who will you share your goal with for feedback and to help keep you on track?

What will you do to celebrate when you reach your goal? _____

Step 2: Create an Action Plan

Goal: _____

_____

Goal Start Date: _____ Goal End Date: _____

Steps I Will Use to Reach My Goal: Place a checkmark next to each step once it is completed:

Measurable steps to the goal	Starting and completion dates	What do I need?	Did I achieve it?	Why not? What is my solution?

Who can support me in reaching my goal? _____

_____

_____

_____

_____

Step 3: Reflection

Why was this goal important to me?_____
_____
_____

Did I reach my goal? YES NO

What things did I do that made it possible for me to reach my goal? _____
_____
_____
_____

If I did not reach my goal, why didn't I? _____
_____
_____
_____

Did I have to change anything while I was working on my goal? Explain. _____
_____
_____
_____
_____

How did this goal benefit my life? _____
_____
_____
_____

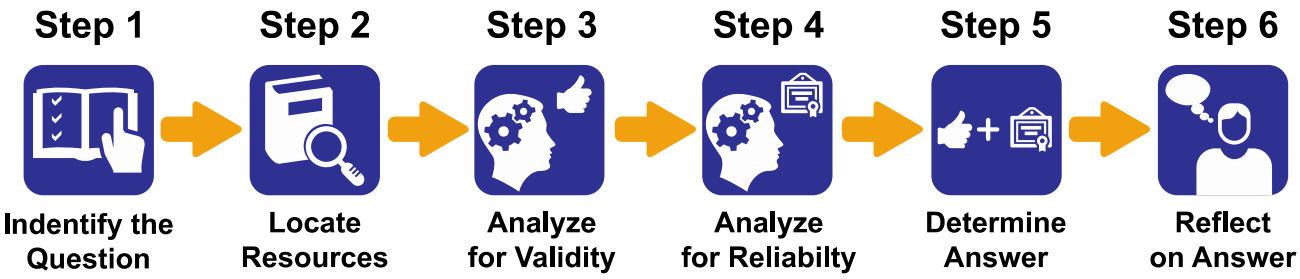
Grades 6-8 Accessing Information

Background Information:

Accessing valid information, products, and services is important in the prevention, detection, and treatment of health problems. This skill is often the foundation of many decisions students will make. When using this skill, students will be evaluating the validity and reliability of information they have accessed on the Internet, from other printed sources, the media, and other people. Mastery of this skill will empower students to either accept or reject the information they have found in order to achieve better health.

The accessing information model for grades 6-8 has six steps. The most important parts of this skill is for students to be able to determine the validity and reliability of a resource. It is important to have these steps posted in the room or available as a handout as students are learning how to master the skill.

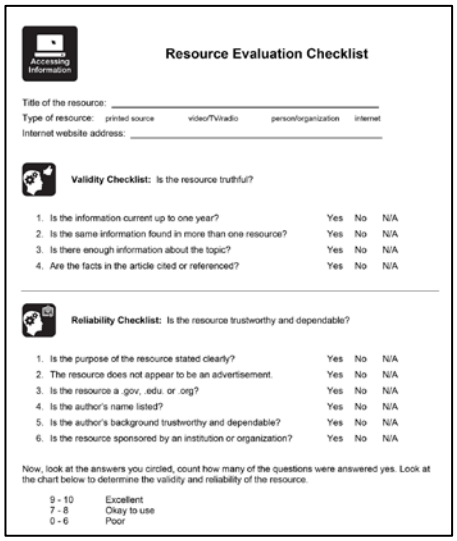
The Model



The Steps

Skill Steps	Teaching Progression
Step 1: Identify the Question	Students need to identify specific information, product, or service that needs to be examined. Their questions need to be related to gathering more information about a particular topic like nutrition; a specific product like purchasing a bike; or a specific service/class like one offered in the community (snowmobile safety, first-aid, babysitting, etc.). What questions are students trying to answer about the information product or service? For example, are electronic cigarettes a healthier alternative to smoking? Is the information in a commercial or a website valid and reliable for making a decision to purchase a product?
Step 2: Locate Accessible Resources	Students need to brainstorm all of the possible resources that may be available for them to access. This includes printed material like books, magazines, and newspapers. It can also include media like TV, radio, internet, and social networks. Finally, people like friends, family, health professionals, and others could be used as resources. These should come from the home, school, and/or community.
Step 3: Analyze for Validity	When analyzing for validity, students are checking to see if the source is truthful. This means that the information is true based on facts. The factors that can determine this is if the same information is found in multiple resources and if the information is current. Another factor is if all aspects of the subject are covered sufficiently and documented.
Step 3: Analyze for Reliability	When analyzing for reliability, students are checking to see if the source is trustworthy and dependable. This means that the information is recognized or written by an appropriate government, medical, or other professional organization or respected group. (.gov, .edu, .org, etc.) During this lesson, students need to be taught why .gov, .org, and .edu are more reliable sources versus a .com. Other factors to use to determine reliability are the author's purpose behind the source, who wrote the source (PhD., M.D., etc.), and who is sponsoring the information. It is important to teach students how to find the author of a printed source including the author of an internet source.
Step 5: Determine the best Answer	Students now gather their information from their variety of sources they used to formulate an answer based on the criteria they used in determining the validity and reliability of each source.
Step 6: Reflect on your Answer	During this last step, students are expected to be able to justify their reasons for their choosing a source based on its validity and reliability.

Sample Student Handout



Resource Evaluation Checklist

Title of the resource: _____

Type of resource: printed source video/TV/radio person/organization internet

Internet website address: _____

Validity Checklist: Is the resource truthful?

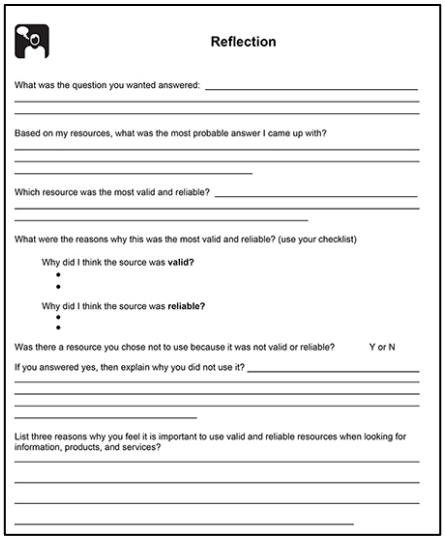
1. Is the information current up to one year?	Yes	No	N/A
2. Is the same information found in more than one resource?	Yes	No	N/A
3. Is there enough information about the topic?	Yes	No	N/A
4. Are the facts in the article cited or referenced?	Yes	No	N/A

Reliability Checklist: Is the resource trustworthy and dependable?

1. Is the purpose of the resource stated clearly?	Yes	No	N/A
2. The resource does not appear to be an advertisement.	Yes	No	N/A
3. Is the resource a .gov, .edu. or .org?	Yes	No	N/A
4. Is the author's name listed?	Yes	No	N/A
5. Is the author's background trustworthy and dependable?	Yes	No	N/A
6. Is the resource sponsored by an institution or organization?	Yes	No	N/A

Now, look at the answers you circled, count how many of the questions were answered yes. Look at the chart below to determine the validity and reliability of the resource.

9 - 10	Excellent
7 - 8	Okay to use
0 - 6	Poor



Reflection

What was the question you wanted answered: _____

Based on my resources, what was the most probable answer I came up with?

Which resource was the most valid and reliable? _____

What were the reasons why this was the most valid and reliable? (use your checklist)

Why did I think the source was **valid?**

-
-

Why did I think the source was **reliable?**

-
-

Was there a resource you chose not to use because it was not valid or reliable? Y or N

If you answered yes, then explain why you did not use it? _____

List three reasons why you feel it is important to use valid and reliable resources when looking for information, products, and services?

Teaching Tips:

- Vocabulary: accessing information, validity, reliability, accessible resources, cite,
- Accessing information is critical in all subject areas, specifically social studies and science. Because of the information age we live in, it is vital that students have this skill in order to have critical thinkers leaving our school system.
- Make sure students are aware of all types of resources that are available to them.
- On the worksheet, when having students look for validity, they need to make sure there is enough information written about a topic--not just a few comments.
- On the worksheet, when having students checking to see if the facts are cited, students need to know how to check the article for where the information was cited or referenced.
- It might be important to teach students at the upper levels how to research an author's background.
- Adjustments to the criteria worksheet may need to happen--especially if they are listening or interviewing a person.
- It is a good idea to practice with invalidated and unreliable resources as a class, so the students understand the process before they do it on their own.

What Does Mastery of Accessing Information Look Like:

Grades 6-8 students will have mastered the skill of accessing information if they are able to locate, analyze, and evaluate sources and then determine if the information, products, and services are valid and reliable. Students will also be able to explain why it is not only important to access valid information, but why accessing this information is important to their future lives including their health and well being.

Teaching/Student Resources

The Colorado Education Initiative
http://www.coloradoedinitiative.org/resources/chpe/
RMC Health
http://www.rmc.org/
Colorado Department of Education
http://www.cde.state.co.us/cohealthpe/statestandards

Resource Evaluation Checklist

Title of the resource: _____

Type of resource: printed source video/TV/radio person/organization internet

Internet website address: _____

Validity Checklist: Is the resource truthful?

1.	Is the information current up to one year?	Yes	No	N/A
2.	Is the same information found in more than one resource?	Yes	No	N/A
3.	Is there enough information about the topic?	Yes	No	N/A
4.	Are the facts in the article cited or referenced?	Yes	No	N/A

Reliability Checklist: Is the resource trustworthy and dependable?

1.	Is the purpose of the resource stated clearly?	Yes	No	N/A
2.	The resource does not appear to be an advertisement.	Yes	No	N/A
3.	Is the resource a .gov, .edu. or .org?	Yes	No	N/A
4.	Is the author's name listed?	Yes	No	N/A
5.	Is the author's background trustworthy and dependable?	Yes	No	N/A
6.	Is the resource sponsored by an institution or organization?	Yes	No	N/A

Now, look at the answers you circled, count how many of the questions were answered yes. Look at the chart below to determine the validity and reliability of the resource.

9 - 10	Excellent
7 - 8	Okay to use
0 - 6	Poor

Reflection

What was the question you wanted answered: _____
_____
_____

Based on my resources, what was the most probable answer I came up with?
_____
_____
_____

Which resource was the most valid and reliable? _____
_____
_____

What were the reasons why this was the most valid and reliable? (use your checklist)

Why did I think the source was **valid?**

-
-

Why did I think the source was **reliable?**

-
-

Was there a resource you chose not to use because it was not valid or reliable? Y or N

If you answered yes, then explain why you did not use it? _____
_____
_____
_____
_____

List three reasons why you feel it is important to use valid and reliable resources when looking for information, products, and services?
_____

_____

_____

_____

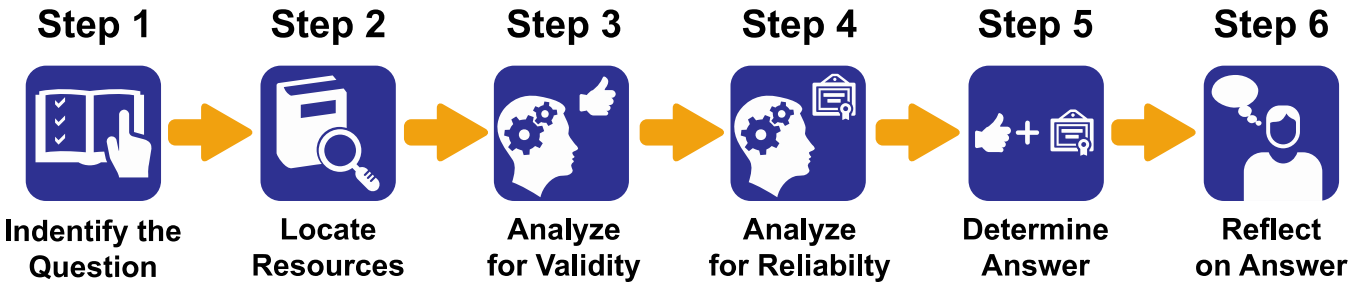
Grades HS Accessing Information

Background Information:

Accessing valid information, products, and services is important in the prevention, detection, and treatment of health problems. This skill is often the foundation of many decisions students will make. When using this skill, students will be evaluating the validity and reliability of information they have accessed on the internet, from other printed sources, the media, and other people. Mastery of this skill will empower students to either accept or reject the information they have found in order to achieve better health.

The accessing information model for high school has six steps. The most important parts of this skill is for students to be able to determine the validity and reliability of a resource. It is important to have these steps posted in the room or available as a handout as students are learning how to master the skill.

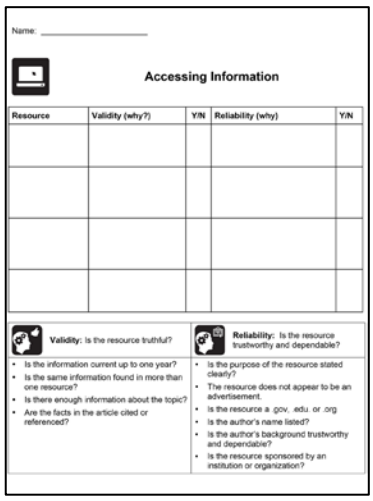
The Model



The Steps

Skill Steps	Teaching Progression
Step 1: Identify the Question	Students need to identify a specific information, product, or service that need to be examined. Their questions need to be related to gathering more information about a particular topic like nutrition; a specific product like purchasing a bike; or a specific service/class like one offered in the community (snowmobile safety, first-aid, babysitting, etc.). What questions are students trying to answer about the information product or service? For example, are electronic cigarettes a healthier alternative to smoking? Is the information in a commercial or a website valid and reliable for making a decision to purchase a product?
Step 2: Locate Accessible Resources	Students need to brainstorm all of the possible resources that may be available for them to access. This includes printed material like books, magazines, and newspapers. It can also include media like TV, radio, Internet, and social networks. Finally, people like friends, family, health professionals, and others could be used as resources. These should come from the home, school, and/or community.
Step 3: Analyze for Validity	When analyzing for validity, students are checking to see if the source is truthful. This means that the information is true based on facts. The factors that can determine this is if the same information is found in multiple resources and if the information is current. Another factor is if all aspects of the subject are covered sufficiently and documented.
Step 3: Analyze for Reliability	When analyzing for reliability, students are checking to see if the source is trustworthy and dependable. This means that the information is recognized or written by an appropriate government, medical, or other professional organization or respected group. (.gov, .edu, .org, etc.) During this lesson, students need to be taught why .gov, .org, and .edu are more reliable sources versus a .com. Other factors to use to determine reliability are the author's purpose behind the source, who wrote the source (PhD., M.D., etc.), and who is sponsoring the information. It is important to teach students how to find the author of a printed source including the author of an internet source.
Step 5: Determine the best Answer	Students now gather their information from their variety of sources they used to formulate an answer based on the criteria they used in determining the validity and reliability of each source.
Step 6: Reflect on your Answer	During this last step, students are expected to be able to justify their reasons for their choosing a source based on its validity and reliability.

Sample Student Handouts



Name: _____

Accessing Information

Resource	Validity (why?)	Y/N	Reliability (why)	Y/N

Validity: Is the resource truthful?

- Is the information current up to one year?
- Is the same information found in more than one resource?
- Is there enough information about the topic?
- Are the facts in the article cited or referenced?

Reliability: Is the resource trustworthy and dependable?

- Is the purpose of the resource stated clearly?
- The resource does not appear to be an advertisement.
- Is the resource a .gov, .edu. or .org
- Is the author's name listed?
- Is the author's background trustworthy and dependable?
- Is the resource sponsored by an institution or organization?

Name: _____

Reflection

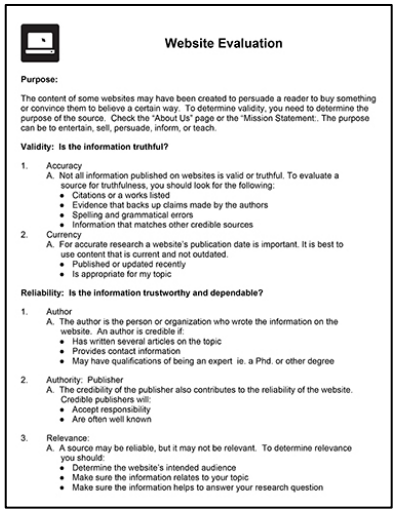
What was the answer to your question?

What factors did you use to determine the validity of your sources? (What was most important and guided your decision to determine validity?)

What factors did you use to determine the reliability of your sources? (What was the most important and guided your decision to determine reliability?)

What form of media resources (internet, publications, music, advertisements, etc.) do you think were the most valid and reliable for your question? Support your answer.

Describe how would having this knowledge help you prevent, detect, and treat health problems.



Website Evaluation

Purpose:

The content of some websites may have been created to persuade a reader to buy something or convince them to believe a certain way. To determine validity, you need to determine the purpose of the source. Check the "About Us" page or the "Mission Statement:. The purpose can be to entertain, sell, persuade, inform, or teach.

Validity: Is the information truthful?

1. Accuracy
   A. Not all information published on websites is valid or truthful. To evaluate a source for truthfulness, you should look for the following:
      - Citations or a works listed
      - Evidence that backs up claims made by the authors
      - Spelling and grammatical errors
      - Information that matches other credible sources
2. Currency
   A. For accurate research a website's publication date is important. It is best to use content that is current and not outdated.
      - Published or updated recently
      - Is appropriate for my topic

Reliability: Is the information trustworthy and dependable?

1. Author
   A. The author is the person or organization who wrote the information on the website. An author is credible if:
      - Has written several articles on the topic
      - Provides contact information
      - May have qualifications of being an expert ie. a Phd. or other degree
2. Authority: Publisher
   A. The credibility of the publisher also contributes to the reliability of the website. Credible publishers will:
      - Accept responsibility
      - Are often well known
3. Relevance:
   A. A source may be reliable, but it may not be relevant. To determine relevance you should:
      - Determine the website's intended audience
      - Make sure the information relates to your topic
      - Make sure the information helps to answer your research question

Teaching Tips:

- Vocabulary: accessing information, validity, reliability, accessible resources, credibility,
- Most information is accessed from the media. The most common form being the Internet. Also point out that information can also come from music, television, movies, books and magazines as well.
- Check with your media, library, or English teachers to see how they teach accessing information as well.
- Another great activity for use with High School students is during election cycles. They can use the steps of the skill to analyze political commercials.
- When students are filling out the chart, be sure they give reasons to justify why a source is valid or reliable.
- Make sure you collaborate with other core content areas such as social studies and English due to standard alignment.

What Does Mastery of Accessing Information Look Like:

High school students will have mastered the skill of accessing information if they are able to locate, analyze, and evaluate sources and then determine if the information, products, and services are valid and reliable. Students will also be able to explain why it is not only important to access valid information, but why accessing this information is important to their future lives including their health and well being.

Teaching/Student Resources

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http://www.coloradoedinitiative.org/resources/chpe/
RMC Health
http://www.rmc.org/
Colorado Department of Education
http://www.cde.state.co.us/cohealthpe/statestandards

Name: _____

Accessing Information

Resource	Validity (why?)	Y/N	Reliability (why)	Y/N

 **Validity:** Is the resource truthful?	 **Reliability:** Is the resource trustworthy and dependable?
• Is the information current up to one year? • Is the same information found in more than one resource? • Is there enough information about the topic? • Are the facts in the article cited or referenced?	• Is the purpose of the resource stated clearly? • The resource does not appear to be an advertisement. • Is the resource a .gov, .edu. or .org • Is the author's name listed? • Is the author's background trustworthy and dependable? • Is the resource sponsored by an institution or organization?

Name: _____

Reflection

What was the answer to your question?

_____
_____
_____

What factors did you use to determine the validity of your sources? (What was most important and guided your decision to determine validity?)

_____
_____
_____
_____
_____
_____

What factors did you use to determine the reliability of your sources? (What was the most important and guided your decision to determine reliability?)

_____
_____
_____
_____
_____
_____

What form of media resources (internet, publications, music, advertisements, etc.) do you think were the most valid and reliable for your question? Support your answer.

_____
_____
_____
_____
_____
_____

Describe how would having this knowledge help you prevent, detect, and treat health problems.

_____
_____
_____

Website Evaluation

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      - Citations or a works listed
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      - Spelling and grammatical errors
      - Information that matches other credible sources
2. Currency
   A. For accurate research a website's publication date is important. It is best to use content that is current and not outdated.
      - Published or updated recently
      - Is appropriate for my topic

Reliability: Is the information trustworthy and dependable?

1. Author
   A. The author is the person or organization who wrote the information on the website. An author is credible if:
      - Has written several articles on the topic
      - Provides contact information
      - May have qualifications of being an expert ie. a Phd. or other degree

2. Authority: Publisher
   A. The credibility of the publisher also contributes to the reliability of the website. Credible publishers will:
      - Accept responsibility
      - Are often well known

3. Relevance:
   A. A source may be reliable, but it may not be relevant. To determine relevance you should:
      - Determine the website's intended audience
      - Make sure the information relates to your topic
      - Make sure the information helps to answer your research question

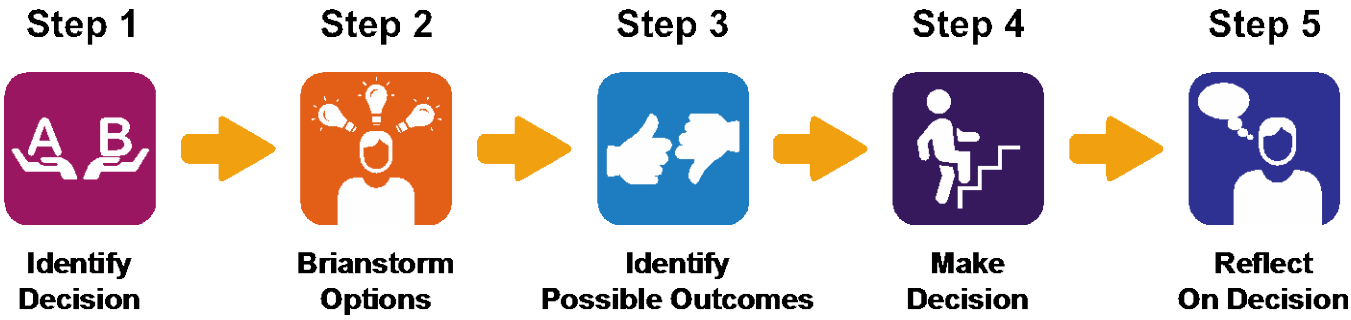
Grade 9-12 Decision Making

Background Information:

Students make decisions everyday, however, many of the decisions they see and experience may not have been carefully considered. It is important for students to understand that the use of this skill will allow them to sort through problems, brainstorm options, analyze the positive and negative outcomes, and then implement and reflect on the choices they make. When applied to health issues, this process gives students the ability to make decisions individually, or collaboratively, to improve their quality of life.

The decision making model for Grades 9-12 involves five basic steps. It involves identifying a decision, looking at all options, then looking at each option and listing negative and positive options. After identifying the options students will make a decision. It is important for students to process and reflect on their decision.

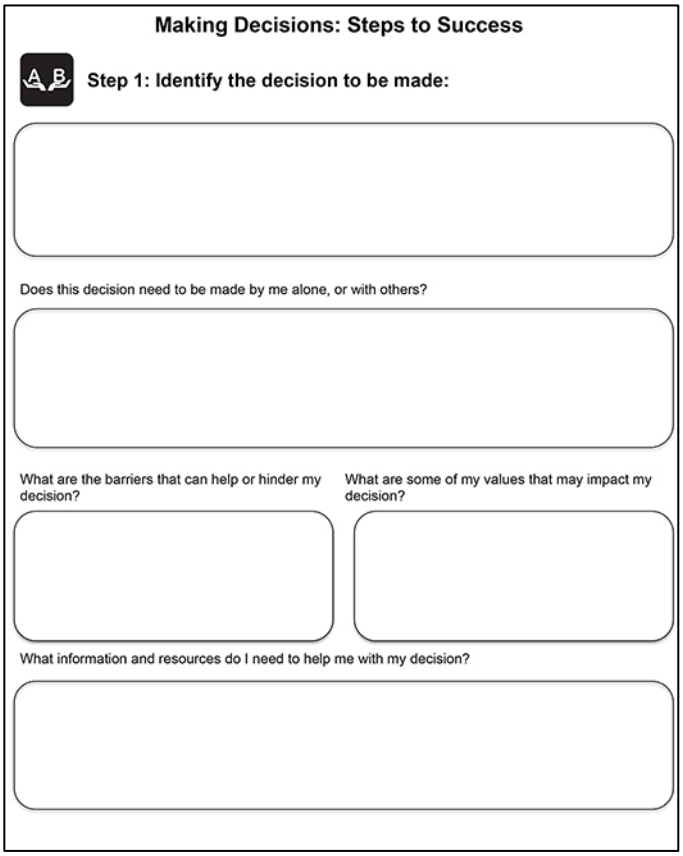
The Model



The Steps

Skill Steps	Teaching progression	Grades HS Decision Making Example:
Step 1: Identifying a Decision That Needs a Decision	Before students can identify a decision, they need to be able to The first step is being able to identify a decision that needs to be made. Students need to anticipate when and where situations will arise that will require them to make a healthy decision. Embedded in this step is also the ability to distinguish between what decisions students can make individually, or which decisions they need to have help with in a collaborative setting. Once they have identified a decision they need to make, they need to be able to evaluate if it is a thoughtful decision versus an everyday decision. For example, smoking marijuana vs. what to wear to school. Thoughtful decisions will require students to apply the full decision-making process. The next step is to gather information and examine the available resources. This may include researching, talking to friends, assessing experiences, and/or talking to experts. Once they have gathered information, they need to be able to have a identify personal circumstances, or barriers, that can help or hinder their healthy decision-making. Students need to be able to verbalize why this decision is important to their health and how making this decision will benefit themselves and/or others.	I am graduating this year and I am going to college next year. The decision I need to make is, *"Which college am I going to next year?"* In considering this thoughtful decision I will need to: Gather information about school options, including cost, location, degrees offered and identify available resources. Identify circumstances, or barriers, that can help or hinder my college decision. Be able to identify why this is an important decision for me. Identify what barriers I may encounter (ex. grades, test scores)
Step 2: Brainstorm Possible Options	Make a list of all of the possible options you would consider, positive, negative and potential barriers.	Brainstorm Options 1. Attend an out of state college--4 year 2. Attend an in state college--4 year Barriers 1. Cost 2. Location 3. Degrees offered
Step 3: Identify the Positive and Negative Outcomes for Each Option	The use of a chart is beneficial in listing all of the barriers, and the positive and negative outcomes of each option: The criteria to be used is as follows: • Is the option healthy or unhealthy? • What are the potential barriers? • What can I do to overcome the barriers? • How does the option affect myself? • How does the option affect others? • Does this option support my values? • How do these options affect my goals? • Does the decision follow the law?	Options Attend Out of State College-4 year: Outcomes, positive, make new friend, experience new environment, more choices of schools and degrees I am interested in; negative, miss friends/family, more expensive, could get lonely. Attend In State Collegen-4 year: Outcomes, Positive, close to home/family, close to friends, cheaper; negative, Negative, limited new experiences, close to home/family, less choice in schools and fewer degrees I am interested in.
Step 4: Make a Decision and Follow Through	Students are now ready to make their decision based on their analysis of the barriers, and the positive and negative outcomes. Now, look at the best option and answer the questions below that are relevant to your decision. • Is the option health enhancing? • Does this decision respect my mind and body? • Does this decision respect people that care about me? • What can I do to overcome the barriers? • How does the option affect myself? • How does the option affect others? • Does this option support my values? • Does this option promote my goals? • Does this decision follow the law? Based on the questions you answered above, choose the best healthy decision and follow through.	After analyzing the outcomes, I have decided to stay in state and attend a 4-year college. This is the best option because it is cheaper, and close to home/family and friends. Although my new experiences may be limited the money I save will allow me to travel when I graduate.
Step 5: Reflect on the Decision That was Made	Students need to take time to reflect on the decision that was made and analyze the outcome of the decision. Students can answer a variety of questions related to the decision making process. • Why did I make the decision that I did? • Did the decision that I made work? Why or Why not? • How did this decision affect my health? • Were the barriers, and the positive and negative outcomes as you expected? Explain. • Would you make this decision again or choose another option?	The number one reason is cost. Friendships are important to me and I can still attend a school where they offer the degree I want.

Sample Student Handouts



Making Decisions: Steps to Success

Step 1: Identify the decision to be made:

Does this decision need to be made by me alone, or with others?

What are the barriers that can help or hinder my decision?

What are some of my values that may impact my decision?

What information and resources do I need to help me with my decision?

Teaching Tips:

- Vocabulary: outcome, positive, negative, values, barriers, analyze
- When talking about options, these are both positive and negative consequences.
- Personal circumstances, or barriers, that can help or hinder decision-making can be discussed during all steps of the decision making process.
- When students are gathering relevant or reliable information to help in their decision, this refers to using the library, internet, or other sources. When using resources, this refers to people and organizations that provide relevant and reliable tools to help students.
- It is a good idea to have these steps posted in the room or available as a handout. The model and an example should be shared with students during the teaching of the skill. By understanding how to make good decisions, students will learn that they will have more control over their lives.
- Consider building decision making into social studies, literacy examining how decisions in in literary text and in a historical context.
- Use decision making into financial literacy lessons.

What Does Mastery of Accessing Information Look Like:

High school students will have mastered the skill of decision making if they can make informed, educated decisions that reflect their goals, values, and interpersonal relationships. This can be demonstrated by students being able to effectively use the steps of the decision making process in a variety of different settings ensuring that these decisions are health enhancing.

Teaching/Student Resources

The Colorado Education Initiative
http://www.coloradoedinitiative.org/resources/chpe/
RMC Health
http://www.rmc.org/
Colorado Department of Education
http://www.cde.state.co.us/cohealthpe/statestandards

Making Decisions: Steps to Success

Step 1: Identify the decision to be made:

Does this decision need to be made by me alone, or with others?

What are the barriers that can help or hinder my decision?

What are some of my values that may impact my decision?

What information and resources do I need to help me with my decision?

Step2: Brainstorm all possible options

Option 1: _____

Positive Outcomes

1._____

_____

2._____

_____

3._____

Negative Outcomes

1._____

_____

2._____

_____

3._____

Option 2: _____

Positive Outcomes

1._____

_____

2._____

_____

3._____

Negative Outcomes

1._____

_____

2._____

_____

3._____

Option 3:

_____

Positive Outcomes

1._____

_____

2._____

_____

3._____

Negative Outcomes

1._____

_____

2._____

_____

3._____

Step 4: Make a decision and follow through

Analyze the outcomes under each option. Make a decision and defend your choice.

- Is the option health enhancing?
- Does this decision respect my mind and body?
- Does this decision respect people that care about me?
- Does this option support my values?
- Does this option promote my goals?
- Does this decision follow the law?

Step 5: Reflect on the decision that was made

After your decision has been made, reflect on the outcome of the decision. Include the answers to there questions in your reflection.

- What was my decision?
- What were the major factors, values, or beliefs that affected my decision?
- What was the outcome of my decision? Would I do it again? Why or why not?
- Were there any solutions I missed? Explain.
- Were there any unexpected outcomes? Explain.
- Was this decision good for me? How did it affect my health? My future?

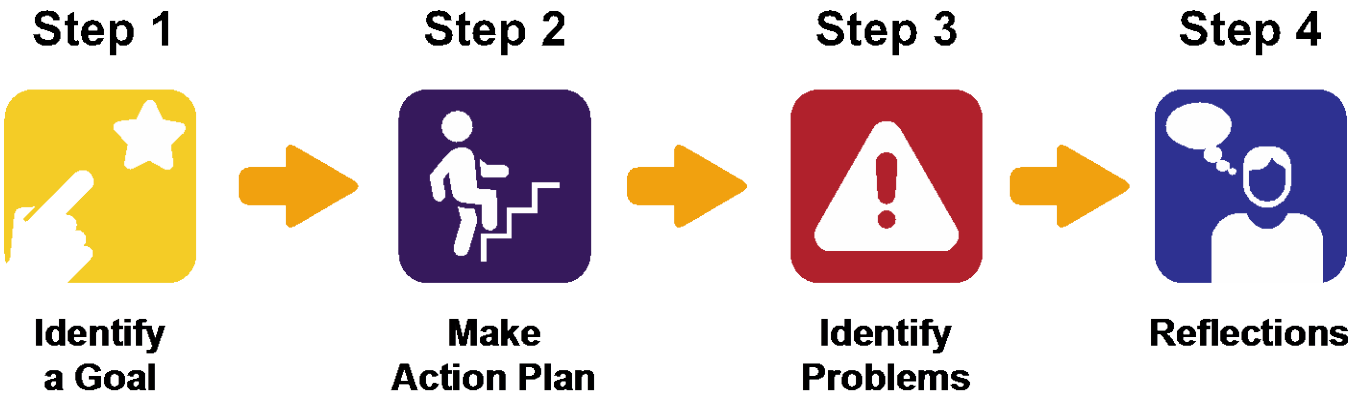
Grades 9-12 Goal Setting

Background Information:

Goal setting skills are essential for young people. They empower students to strive for self-improvement and have control over their own lives. This skill includes steps that will help students achieve short and long term goals. By reaching these goals, students gain confidence and are able to identify, adopt, and maintain healthy behaviors that will help them be successful in the future.

The goal-setting model for grades 9-12 involves four basic steps. The steps are identifying a short-term healthy goal, creating an action plan, identifying barriers and supporters, and reflecting on the plan. Students must first assess their overall personal health status--identifying strengths, needs, and risk behaviors. After they have analyzed their personal status, they need to identify a healthy short-term goal they wish to accomplish. Next, they need to create an action plan that includes strategies, a timeline, and resources. Next they need to identify possible barriers and brainstorm strategies that will help them overcome these challenges. Finally, when their goal is completed, they will reflect on their goal setting process and celebrate their successes.

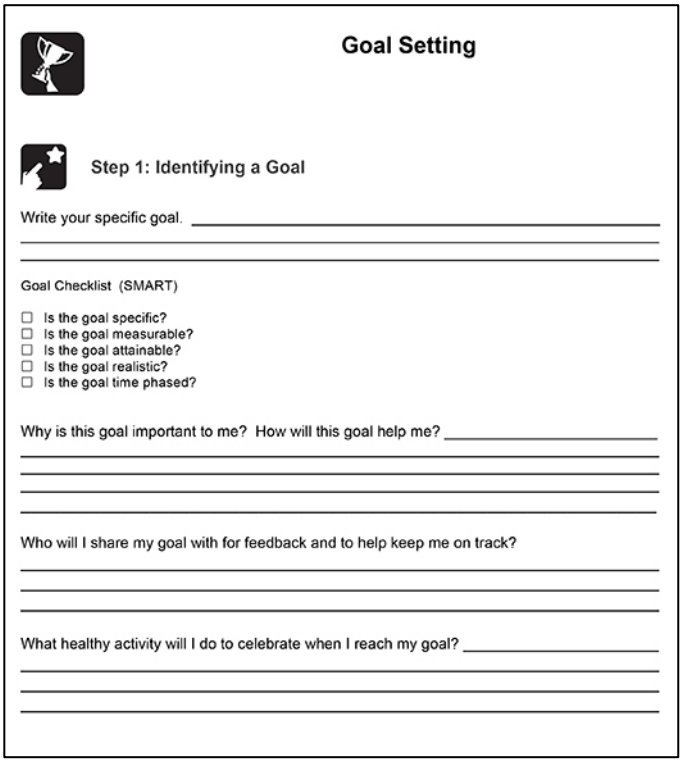
The Model



The Steps

Skill Steps	Teaching Progression	Grades 9-12 Goal Setting Example:
Step 1: Identify the Goal	In order to identify a goal, it is a good idea for students to assess their own health needs. • After students have decided on a possible goal, they need to make sure it meets the following criteria. If it doesn't, they need to pick a new goal or make changes. (SMART) a. **Is the goal specific?** Make sure the goal is not too broad. It needs to be specific enough so that students can focus their efforts and clearly define what they are going to do. b. **Is the goal measurable?** When choosing a goal, be sure to have one that can be measured. When they can measure a goal, they see changes occur. Students will also be able to stay on track and have better success. c. **Is the goal attainable?** If they set a goal that is too far out of their reach, then you will not commit to it for long. Attainable goals help develop your attitudes, abilities, and skills if they are important to you. d. **Is the goal realistic?** This means do-able. Set the bar high enough for a satisfying achievement. It must require some effort. e. **Is the completion time defined?** Can I finish the goal in a reasonable amount of time? Most high school students will have more success with short-term goals. • Next, students need to be able to explain why they want to attempt this goal and how this goal will help improve their lives. Once they have a belief that this skill will help them, they are more apt to use this process to achieve goals in the future.	Based on my nutrition pre-assessment diary, I want to decrease the amount of sugar I am consuming each day. Goal Statement: In three weeks, I will decrease the number of grams of sugars I consume by 50%. This is a worthwhile goal because I realize that I am eating 1000 more grams of sugar than I should be eating. This will be a challenge, but it is realistic for me to make some changes in the four week time period. This goal will help me feel better and help prevent diseases like diabetes and weight gain in the future.
Step 2: Action Plan	Once a goal has been identified, it is now time for students to begin their action plan. Using an action plan helps to break the goal into smaller and more achievable steps. • Students start to develop a list of smaller steps they want to do in order to accomplish the goal. After developing the steps, students then need to plan their course of action. Be sure it includes: ▪ starting and ending dates for each step, ▪ resources needed to accomplish the steps, ▪ solutions to barriers that will arise during the process. • Identify who can support you as you start to reach towards your goal. • It is helpful for them to also develop a way to keep track of their progress by using charts, timelines, calendars, or journals. • Finally, students need to start "doing" their action plan. They need to track their progress as they are engaged in the steps of reaching their goal. As a teacher, it is a good idea to set up checks throughout the process to have students assess their own progress. • If students are not having success with completing their goal, they may need to make adjustments or changes. In some cases they may need to pick an entirely new goal.	Break the goal into measurable and manageable steps • Research information about carbohydrates and sugar. • Talk with my parents about the amount of sugar I am consuming and how I can have help from home with healthier alternatives. • Create a daily menu that reflects a 50% drop in my sugar consumption. • Carry out the action plan for one week. • Keep track of my progress using the "My Plate" computer program. • Identify changes in my diet—for example, I am drinking one pop a day instead of 3.
Step 3: **Barriers/ Solutions**	• Students have to analyze possible barriers that might occur that would keep them from reaching their goal. • They need to create a list of anticipated barriers. After each barrier, students need to brainstorm a realistic solution to overcome the barrier. • It is recommended that students also share their steps with a peer or trusted adult who may become a support person for helping them reach their goal. Support can be in the form of resources, encouragement, and positive feedback.	• Some of the barriers I have encountered was drinking pop and energy drinks. It is hard to be around my friends and not drink those. I am going to drink flavored water instead. • I also leave campus everyday for lunch and go to 7-11. I found that I always get a jumbo candy bar. I am going to get a small one instead.
Step 4: Reflection	• Allow the students time to reflect on the outcome of their goal. Were they able to reach it or not?	• I reached my goal and celebrated by buying myself some music with the money I saved from not buying energy drinks and candy.

Sample Student Handout



Goal Setting

Step 1: Identifying a Goal

Write your specific goal. _____

Goal Checklist (SMART)

- ☐ Is the goal specific?
- ☐ Is the goal measurable?
- ☐ Is the goal attainable?
- ☐ Is the goal realistic?
- ☐ Is the goal time phased?

Why is this goal important to me? How will this goal help me? _____

Who will I share my goal with for feedback and to help keep me on track?

What healthy activity will I do to celebrate when I reach my goal? _____

Teaching Tips:

- Vocabulary: short term goal, long term goal, attainable, specific, measurable, realistic, barriers, supporters,
- If you are focusing on a health goal. Students should complete a health inventory or gather data to determine their overall health status. (There are many health assessments online.)
- Students have to be able to identify why the goal is important to them.
- Make sure students create a goal that is SMART. That means it is a goal that is specific, measurable, attainable, realistic, and has a timeline.
- A great homework assignment might be to have students interview an adult about their successes and failures in reaching goals.
- Have a class discussion about how to identify an age appropriate person that could give support in reaching a goal. How do you ask for help? You need to also help guide the students as to who would be a reliable support person to help guide them through this process.
- When looking at long-term goals, students need to learn how to set short-term goals that will lead to the success in attaining a long-term goal.
- This model can be used in all subject areas. (English, Physical Education, Science)
- Using rewards throughout the process is important to keep students motivated.
- Having students write a paper, reflect in a journal, or teach the process to others can assess mastery.
- When verbalizing or writing down a goal it seems to "stick" with a student. This may be done individually or by letting another person know about your plan.

What Does Mastery of Accessing Information Look Like:

Grades 9-12 students will have mastered the process of goal setting if they can formulate an effective long term and short-term personal health goal. They can also demonstrate their ability to monitor their own progress by following an action plan-- including the ability to identify barriers and formulate solutions. Finally, they should be able to assess their successes and failures they had during their experience and articulate how using the goal setting process will help them be successful in the future.

Teaching/Student Resources

The Colorado Education Initiative
http://www.coloradoedinitiative.org/resources/chpe/
RMC Health
http://www.rmc.org/
Colorado Department of Education
http://www.cde.state.co.us/cohealthpe/statestandards

Goal Setting

Step 1: Identifying a Goal

Write your specific goal. _____
_____
_____

Goal Checklist (SMART)

☐ Is the goal specific?
☐ Is the goal measurable?
☐ Is the goal attainable?
☐ Is the goal realistic?
☐ Is the goal time phased?

Why is this goal important to me? How will this goal help me? _____
_____
_____
_____
_____

Who will I share my goal with for feedback and to help keep me on track?
_____
_____
_____

What healthy activity will I do to celebrate when I reach my goal? _____
_____
_____
_____

Step 2: Create an Action Plan

Goal: _____

_____

Goal Start Date: _____ Goal End Date: _____

Steps I Will Use to Reach My Goal. Include a predicted date of completion. Place a checkmark at the end of each step once completed:

Measurable steps to the goal	Starting and completion dates	What do I need?	Did I achieve it?	Why not? What is my solution?

Who will support me? Write a paragraph about what kind of support I need and who would be the best person to give me support?

_____
_____
_____
_____
_____
_____
_____
_____

Step 3: Barriers/Solutions

As you are working on your goal, you may experience barriers that may keep you from reaching your goal. Write some of the barriers down and what some solutions might be so you can continue with your goal.

Barrier: _____

Possible
Solution: _____
_____
_____
_____

Barrier: _____

Possible
Solution: _____
_____
_____
_____

Barrier: _____

Possible
Solution: _____
_____
_____
_____

Step 4: Reflection

Reflection

Write a paper that reflects on the goal setting process. Be sure to include the following ideas:

- Did you reach your goal or not?
- Explain your successes and failures.
- How did you stay motivated to work on your goal? Did you keep from giving up?
- Did you reward yourself during the process? How?
- How will this goal make your life better?
- What did you learn about goal setting?

COLORADO
Department of Education

Multi-Tiered System of Supports (MTSS)

Guidance Article

What is *MTSS* in Colorado?

Introduction

A Multi-Tiered System of Supports (MTSS) is a systemic, continuous-improvement framework in which data-based problem solving and decision-making is practiced across all levels of the educational system for supporting students. The framework of MTSS is a "way of doing business," which utilizes high quality evidence-based instruction, intervention, and assessment practices to ensure that every student receives the appropriate level of support to be successful. A Multi-Tiered System of Supports helps schools and districts to organize resources through alignment of academic standards and behavioral expectations, implemented with fidelity and sustained over time, in order to enable every child to successfully reach his/her fullest potential.

Definition (2016)

In Colorado, a Multi-Tiered System of Supports (MTSS) is defined as:

> **a prevention-based framework of team-driven data-based problem solving for improving the outcomes of every student through family, school, and community partnering and a layered continuum of evidence-based practices applied at the classroom, school, district, region, and state level**.

CO MTSS Components

The Five Essential Components are:

- Team-Driven Shared Leadership
- Data-Based Problem Solving and Decision-Making
- Family, School, and Community Partnering
- Layered Continuum of Supports
- Evidence-Based Practices

The CO MTSS framework in Colorado is comprised of these Essential Components, which form a foundation for creating a sustainable system of supports.

When schools and districts fully-embrace and embed these components into their organizational structure, systems alignment and substantive improvement can occur. An enabling context is established so that systems-level and stakeholder-level innovations can be initiated, implemented with fidelity, and maintained successfully over time. The goal and primary purpose of CO MTSS implementation is to improve outcomes for students, using:

- **data** for decision making,
- **evidence-based practices** for student outcomes, and
- **systems** which adults need in order to support implementation efforts.

Creating a Problem Solving Culture

By systemically evaluating and analyzing student progress through ongoing universal screening and progress monitoring, school systems are able to more efficiently use their available resources and to improve student performance. Information yielded by these data sets allows educators to problem-solve less severe educational challenges in the general education environment and preserve additional resources for students who require more targeted and intensive instruction and intervention in order to achieve educational benchmarks. This type of structured problem-solving process meets the mandates of both ESEA (2002) and IDEA (2004). CO MTSS also supports the Colorado educational legislation priorities SB 10-191 (Educator Effectiveness), HB12-1238 (READ Act), SB08-212 (CAP4K), HB11-1254 (Bullying in Schools), and SB13-193 (Parent Engagement in Schools) and contributes to legislated considerations in the Every Students Succeeds Act (ESSA) and Coordinated Early Intervening Services (CEIS).

CO MTSS implementation is dependent upon effective use of data and information to make decisions about student-level and system-level progress. In order for districts and schools to function as a problem-solving culture, a shift in thinking must take place. The shift is the recognition that student achievement comes from a collective responsibility of all stakeholders to ensure an appropriate fit of curriculum, instruction, and environment that enables student learning. Effective leadership facilitates the building of systems and atmosphere to support and encourage educational stakeholders to problem solve at all levels and more efficiently meet student needs.

Leadership for CO MTSS

Shared leadership within CO MTSS exists at all levels (school, district, region, and state). For MTSS implementation to be successful, it is critical to establish leadership teams at each level of the system; these teams will ensure effective implementation across all levels of the system (district, school, classroom, and individual student). Initially, the team creates a common vision and establishes common language in order to clarify purpose and desired outcomes. Through data-based problem solving and decision- making, system support needs are identified, and plans are constructed. Leadership teams engage in ongoing review and evaluation of progress data to determine how to best allocate funding and available resources.

Implementation is a Science

Effective implementation of an MTSS framework—building both individual stakeholder capacity and the system's collective capacity—takes time. In order to reach *full implementation*, implementers should expect the process to take 2-4 years. An MTSS framework unifies complex inputs within an organizational frame contingent on the interaction of interdependent supports including: administrative and distributed leadership, teaming structures, use of a problem-solving process, coaching, operating routines, embedded and continuous personnel development, and action planning.

The Office of Learning Supports (OLS) at CDE provides support to leadership teams demonstrating readiness for implementation of MTSS. Readiness may be evident through activities such as: composition of a district-level leadership team; systems assessment (revealing strengths/gaps); and feasibility of establishing an MTSS framework locally, with identified priorities, planning, and procedures for evaluation.

Where can I learn more?

Colorado Multi-Tiered System of Supports: http://www.cde.state.co.us/mtss

Colorado Department of Education
201 E. Colfax Ave., Denver, CO 80203 • 303-866-6262 • watchorn_k@cde.state.co.us

COLORADO
Department of Education

Colorado Multi-Tiered System of Supports (CO-MTSS) is:

…a prevention-based framework of team-driven, data-based problem solving for improving the outcomes of every student through family, school, and community partnering and a layered continuum of evidence-based practices applied at the classroom, school, district, region, and state level.

Essential Components:

Team-Driven Shared Leadership

Teaming structures and expectations distribute responsibility and shared decision-making across school, district, and community members (e.g. students, families, generalists, specialists, district administrators, etc.) to organize coordinated systems of training, coaching, resources, implementation, and evaluation for adult activities.

Data-Based Problem Solving and Decision-Making

A consistent process is used by stakeholder teams and applied at multiple levels to analyze and evaluate relevant information to plan and implement strategies that support sustainable improved student and system outcomes.

Family, School, and Community Partnering

The collaboration of families, schools, and communities as active partners in improving learner, classroom, school, district, and state outcomes.

Layered Continuum of Supports

Ensuring that every student receives equitable academic and behavioral support that is culturally responsive, matched to need, and developmentally appropriate, through layers that increase in intensity from universal (every student) to targeted (some students) to intensive (few students).

Evidence-Based Practices

Approaches to instruction, intervention, and assessment that have been proven effective through research indicating improved outcomes for students.

For more information: http://www.cde.state.co.us/mtss

Colorado Department of Education
201 E. Colfax Ave., Denver, CO 80203 • 303-866-6262 • watchorn_k@cde.state.co.us

JUNE 2016

Practice Profile for the Essential Components of a Multi-Tiered System of Supports (MTSS)

Family, School, and Community Partnering

COLORADO
Department of Education

Multi-Tiered System of Supports (MTSS)

Colorado has defined Multi-Tiered System of Supports (MTSS) as a prevention-based framework of team-driven, data-based problem solving for improving the outcomes of every student through family, school, and community partnering and a layered continuum of evidence-based practices applied at the classroom, school, district, region, and state level.

Essential Components of MTSS Implementation

Colorado has identified **five Essential Components** fundamental in implementing a Multi-Tiered System of Supports framework.

The five components are:

1. Team-Driven Shared Leadership
2. Data-Based Problem Solving and Decision-Making
3. Family, School, and Community Partnering (FSCP)
4. Layered Continuum of Supports
5. Evidence Based Instruction, Intervention, and Assessment Practices

These components are complementary and iterative. They are neither mutually exclusive nor hierarchical. If the components are integrated and effectively-implemented, student outcomes will improve.

Purpose of this Practice Profile

A Practice Profile is utilized to support the adoption and implementation of an innovation; in this case, the innovation referred to is the MTSS framework, with each profile representing one of five Essential Components. A Practice Profile is an instrument used to operationalize the features of a practice, program, and/or system. This Practice Profile defines the guiding principles and critical components of **Family, School, and Community Partnering**, an Essential Component of MTSS implementation. It defines this Essential Component according to the ideal or "gold" standard of implementation, acceptable variation, and unacceptable variation. The content for this profile is adapted from the *National Family-School Partnership Standards* (National PTA, 2008) and the *Dual Capacity-Building Framework* (U.S. Department of Education, 2013).

Family, School, and Community Partnering Defined

The collaboration of families, schools, and communities as active partners in improving learner, classroom, school, district, and state outcomes.

	Ideal "Gold Standard"	Acceptable Variation	Unacceptable Variation
Welcoming All Families	Families are active participants in the educational system, and feel welcomed, valued, and connected to each other, to staff, and to what students are learning and doing. Positive relationships exist. The school community respects and includes every family.	Relationships have been established *between* families and between *families and educational staff*. Families feel comfortable attending school/district activities, at school(s) and in the community.	Families feel intimidated by the school(s). Some families are not included in efforts to partner effectively. Relationships are not established.
Communicating Effectively	Families and staff engage in regular, two-way, meaningful communication about student learning. Communication is timely and reciprocal, authentic inquiries are made of families, and staff members are responsive. Multiple methods of communication ensure access and equity. Communication is ongoing.	Plans for multiple methods of communication are being developed and implemented. Staff members share information on relevant topics (e.g., instruction, issues, and decisions). Families are encouraged to initiate communication.	Communication is one-directional. Information is infrequent &/or minimal. Only one communication method is used. Content is rarely related to student learning. Access and equity are not considered.
Supporting Student Success	Families and staff continuously collaborate as active partners to support students' learning at home and at school through a tiered system of supports. Information is shared about student-level and system-level progress.	School-based learning activities are known and supported by families and staff. Student-level progress data is consistently shared with each family.	There is no home and school coordination for student learning and progress. Learning is school-owned. Progress data is not known by all.
Speaking Up for Every Child	Families are empowered to be advocates for their own and other children, to ensure fairness and access. Families know how school systems operate, how to raise questions, and what their rights and responsibilities are.	Families feel empowered to advocate for their own children. Every family has awareness of family rights and responsibilities.	Families feel discouraged from asking questions or advocating. Families are not aware of their rights or how school systems operate.
Sharing Power	Families and staff are partners in decisions that affect children and families and together inform, influence, and create policies, practices, and programs. Family voice *and* family leadership are evident. Shared responsibility is exhibited in problem solving processes.	Select policies, documents, and procedures are results of partnering. Common language but inconsistent protocols are used in problem solving and decision-making processes.	Family voice is absent from individual and system-wide decision-making. Strategic, inclusive problem solving is not taking place.
Collaborating with Community	Families and educational staff mutually collaborate with community partners (e.g., businesses, organizations, institutions of higher education) to connect students, families, and staff to expanded learning opportunities, community services, and civic participation.	Links to community resources exist. The school/district has a place in the life of the greater community.	Families, educational staff, and community partners do not collaborate on projects. There is no mutual commitment between stakeholder groups to support student learning.
Dual Capacity - Building	Evidence-based adult learning principles are applied in an enabling context to provide varied opportunities (e.g., side-by-side workshops, online modules, forums, academies, etc.) to support the capabilities, connections, cognition, and confidence of families and educators to partner effectively throughout a multi-tiered framework.	Learning approaches, language, and content are considered when planning for adult learners. Tiered supports for families and educators are evidence-based. Delivery methods are limited.	Adult learning principles are not considered. Partnering content and/or skill development is not available. A single delivery method or stakeholder group is served. Multi-tiered partnering is not visible.

Positive Youth Development Fact Sheet

What is positive youth development?

Positive youth development (PYD) is an approach, not a program, that can be used to complement and enhance current models of care across the spectrum of prevention, intervention and treatment. Conceptually, this evidence-based public health approach guides communities and organizations as they organize services, opportunities and supports so that all youth can be engaged and reach their full potential. PYD cuts across multiple high-risk behaviors and threats to health and well-being and may be applied to multiple social groups of youth. It is rare to find an evidence-based approach that jointly reduces risk factors and promotes protective factors.

In practice, positive youth development incorporates the development of skills, opportunities and authentic relationships into programs, practices and policies so that young people reach their full potential.[1] This practical lens depicts youth and young adults as resources (and not problems!). This approach depends on the use of five guiding principles.

Principles of positive youth development:

1. Strengths-based. Taking a holistic approach that focuses on the inherent strengths of an individual, family or community, then building upon them.
2. Inclusive. Addressing the needs of all youth by ensuring that our approach is culturally responsive.
3. Engaging youth as partners. Ensuring the intentional, meaningful and sustained involvement of youth as equitable partners in the programs, practices and policies that seek to impact them.
4. Collaborative. Creating meaningful partnerships within and across sectors to effectively align our work.
5. Sustainable. Addressing long-term planning through funding, training, capacity building, professional development and evaluation in order to ensure ongoing support and engagement of youth.

Why integrate a positive youth development approach?

Adolescence, defined as young people between the ages of 9 to 25, is a developmental stage comprised of great change and opportunity. Youth are moving from a period of childhood in which they have things done for and to them, to a period of incrementally becoming more independent and self-reliant. The physical, social and psychological changes young people undergo does not only impact their behavior and how they interact with the world, but can also impact how the adults around them respond to this transformation. During this time of significant transition and increasing independence, resources and systems for youth must be constructed in a developmentally appropriate approach.

FOR ADDITIONAL INFORMATION, CONTACT:
AUDRA BISHOP - AUDRA.BISHOP@STATE.CO.US
TO REQUEST A TRAINING, VISIT:
WWW.CO9TO25.ORG/PYD/POSITIVE-YOUTH-DEVELOPMENT-PYD-TRAININGS

COLORADO
Department of Public Health & Environment

Understanding adolescence through a developmental lens:

- Guides adults in supporting adolescents in ways that are developmentally appropriate, with an end goal of helping youth transition into adulthood successfully.
- Gives cause for the integration of a positive youth development approach into all the work we do with and on-behalf of young people, as it meets young people where they are and addresses the needs they have in meaningful and relevant ways.

"Problem free is not fully prepared and fully prepared is not fully engaged."[2] Youth programs and policies need to focus not only on the prevention of problems, but equally so on the development and engagement of adolescents. This can be accomplished through the integration of a positive youth development approach. This approach is necessary to be effective and achieve desired positive outcomes and benefits for all stakeholders (youth, family and society).

The evidence-base for positive youth development.

Research demonstrates that youth with more developmental assets, such as positive family communication, caring school climate and sense of purpose, have reduced morbidity and better health outcomes.[3] In addition, key protective factors, such as connectedness to parents and family, connectedness to school and optimism, promote healthy youth behaviors and outcomes[4] while diminishing the likelihood of negative health and social outcomes. Therefore, a dual strategy of risk reduction and promotion of protective factors through an intentional positive youth development approach holds the greatest promise as a public health strategy to improve outcomes for youth.[5]

A variety of national organizations and initiatives are promoting the use of a PYD approach such as the American Academy of Pediatrics, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Association of Maternal and Child Health Programs and the National Association of City and County Health Officials.

Components of effective youth development programs:[6]

- Promoting a sense of safety
- Providing appropriate structure
- Creating supportive relationships
- Providing opportunities to belong
- Providing positive social norms
- Providing youth with responsibilities and challenges
- Providing opportunities for skill-building
- Coordinating family, school and community programming

[1]National Research Council & Institute of Medicine. (2002). Community Programs to Promote Youth Development. Committee on Community-Level Programs for Youth. J. Eccles & J. Gootman, eds. Washington, D.C.: National Academy of Sciences

[2]Pittman KJ, Irby M, Tolman J, Yohalem N, Ferber T. Preventing Problems, Promoting Development, Encouraging Engagement. Washington, DC: Forum for Youth Investment; 2011.

[3]Pittman K. What's health got to do with it? Health and youth development: connecting the dots. Forum Focus. 2005;3(2):1-4.

[4]Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health; Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health; National Adolescent Health Information Center, University of California, San Francisco. Improving the Health of Adolescents & Young Adults: A Guide for States and Communities. Atlanta, GA: 2004.

[5]From Richard E. Kreipe, MD, FAAP, FSAM Professor of Pediatrics, University of Rochester. May 2009 presentation, Youth Development as a Public Health Policy: How to Make it Work.

[6]Leffert, N. Making the Case: Measuring the impact of Youth Development Programs, Minneapolis: Search Institute, 1996.

COLORADO DEPARTMENT OF EDUCATION

Special Education Resources

For School Health Professionals

COLORADO
Department of Education

Special Education Eligibility

Schools are required to locate, identify, and evaluate all children with disabilities from birth through age 21. As a School Health Professional, you may encounter students you suspect may have an educational disability. In such cases, it may be up to you to notify to your special education team and your school principal. Check with your special education director for local policies and procedures required to make a special education referral.

The following link provides an on-demand learning module outlining the process for determining whether or not a student who is suspected of having a disability is eligible to receive Special Education and related services. This module covers the steps leading up to the creation of an Individualized Education Program (or IEP); from referral to eligibility determination.

Serious Emotional Disability (SED)

When a student is identified as eligible for special education and related services, a student may qualify under 13 different educational disability categories. One educational disability category is Serious Emotional Disability (SED). A child with an SED shall have emotional or social functioning which prevents the child from receiving reasonable educational benefit from general education. Students identified with an SED often require behavioral supports and psychological, counseling, or school social work related services as part of their Individualized Education Plan (IEP). Students in other disability categories may receive these services as well, according to need. To learn more about supports and resources for students with SED, visit the CDE SED webpage.

Evidence-Based Practices

The Colorado Department of Education's Exceptional Student Services Unit has created Technical Assistance documents to support the use of Evidence-Based Practices for supporting mental health in schools on variety of topics including anxiety and depression.

Colorado Crisis Services

ANYONE CAN BE ON THE FRONT LINES OF A CRISIS SITUATION, including educators.

If you aren't sure how to handle a crisis, or a situation that may lead to a crisis, these services are open to you. This is the best place to start handling and helping with any mental health, substance use or emotional issue.

http://coloradocrisisservices.org/

Colorado Crisis Services 1-844-493-TALK (8255) or text the word *TALK* to 38255:

Colorado Crisis Services offers a range of care options for anyone experiencing a crisis including but not limited to:

- 24/7 walk-in crisis centers throughout the state
- Warm-line/hot-line (1-844-493-TALK) staffed by mental health professionals to provide immediate feedback to those experiencing a mental health, emotional or substance use-related crisis.

Join the CDE's School Mental Health and Behavior Listserv!

- To be added to the listserv, email Londi Howard at Howard_L@cde.state.co.us

High Risk Behavior Student Referral

This form allows you to express concerns related to a particular student and is submitted directly to _____ in Counseling. It will be utilized to provide intervention and support for a student who you have reason to believe is abusing drugs, alcohol or is displaying high risk behaviors. All reports will be handled confidentially, whenever possible.

Student Name: _____

Person Making Referral: _____

Date: _____

Reasons for concern:

____ Behavior (Disruption/Tardy/ADHD)
____ School Safety (Weapons/Fighting)
____ Bullying/Harassment
____ Tobacco
____ Marijuana
____ Alcohol
____ Substance Abuse (Hard Drugs)
____ Mental Health (Anxiety/PTSD)
____ Depression/SI
____ Self Harm (Cutting)
____ Family Issues (Neglect)
____ Domestic Abuse
____ Other (Please note below)

Has this information been shared with Administration and/or Counseling Department?

____ Yes Date: _____ ____ No

Other behaviors:

Drug/Alcohol and More Student Referral

****Please place referrals in my office (next to health office) or in my box (inside the folder for privacy concerns) thank you:***
Patty Dodson

School _____

Referrers Name (for questions only) _____

Student Name_____

Date_____

Reason for Concern:

Habitual sleeping in class

Discussion of substance abuse

Suspicion of substance abuse or possession

Risky sexual behavior/talk

Hygiene issues (pls explain)

Health Concern (diabetes care, not eating, etc.)

Self-harm/cutting

Other:

_____

_____

Has any other staff been notified if so who (Oliver, Smith, Renn, SRO)? _____

(For office use only)

Date of contact_____

Actions_____

_____

Fountain • Fort Carson
SCHOOL DISTRICT EIGHT

FFC8
Advancing Wellness & Resilience in Education

CONFIDENTIAL:

Referral to School-Based AspenPointe,
Fort Carson's School-Behavioral Health, &
Bev Hawpe and Associates

Date: _____

Student's Name: _____ **DOB:** _____ **Race:** _____

Grade: _____ **School:** _____

Military Dependent: Yes ☐ **No** ☐

Parent/Guardian: _____ **Phone Number:** _____

Address:

_____

_____

Reason(s) for Referral: Problems/concerns related to:
Circle all that apply.

Absences/truancy/refusal to attend school	Gender identity	Self-harm
Abuse: emotional/physical/sexual	Grief/loss	Self-image/self-esteem
Academic challenges	Homicidal ideation	Sexually acting out/hypersexual
Anger	Impulsive/over active	Social skills difficulties
Anxious/worries/concerns/fears	Inattentive/easily distracted	Substance abuse
Bullying: Victim or Perpetrator	Juvenile justice involvement	Suicidal ideation
Daydreaming/fantasizing	Loss of motivation	Tardiness/late arrivals/wanders building
Defiant	Organization/executive functioning difficulties	Withdrawn
Depression/sadness	Past/recent trauma	Witness to trauma
Disrespectful	Peer relationship difficulties	Other:
Family concerns	Physical Fighting	
Fatigue	Recent change in behavior	

Comments:

_____
_____
_____
_____
_____

Person Making Referral: _____ **Position:** _____

School: _____

Email: _____

**********FFC8 Tracking Purposes **********

Is the student receiving services: Yes ☐ **No** ☐

If no, identify barrier: _____

AspenPointe: Deliver to Juliette Cutillo, jcutillo@ffc8.org
Bev Hawpe and Assoc: Welte referrals deliver to Scott Jaggers, ejaggers@ffc8.org
FFCHS referrals deliver to Jen Trainor, jtrainor@ffc8.org

REQUEST TO RELEASE OR SECURE CONFIDENTIAL INFORMATION

Student Name: Date of Request:

This permission shall be valid for the following duration. Start: to End:

RECORDS/INFORMATION TO BE RELEASED OR SECURED	RECORDS/INFORMATION TO BE RELEASED OR SECURED
☐ Educational	☐ Social Work
☐ IEP	☐ Police Records
☐ Medical	☐ Court/Probation
☐ Psychiatric	☐ Other:
☐ Psychological	☐ Other:

	From:	To:
Agency Name Address City, State, Zip Phone/Fax		

All information released or secured will be in compliance with the Family Education Rights and Privacy Act and the Colorado Open Records Law. No additional information will be released or secured without prior approval from the parent, except as provided by law.

PARENTAL CONSENT

I understand that my consent is voluntary and may be revoked at any time in writing. I hereby authorize the transfer of information as indicated above.

_____ _____

Signature of Parent/Guardian/ESP Date

COACT COLORADO
Strong minds, strong futures.

Resources for Working with Students Who Have Experienced Trauma

Every year, approximately 1 in 4 children under age 18 experiences a potentially traumatic event. Trauma, particularly in a child, can have a lasting emotional effect. The resulting stress and changes to the brain can increase the child's risk for mental health issues. Trauma can impact a child's ability to learn in school, manage social relationships, and adjust to life circumstances.

RESOURCES

www.coactcolorado.org/trauma - Learn about local efforts and resources in Colorado.

http://nctsn.org/resources/audiences/school-personnel - See the Child Trauma Toolkit for Educators.

http://www.acesconnection.com/ - A social network to prevent adverse childhood experiences, heal trauma, and build resilience.

https://greatergood.berkeley.edu/ - Information about building resilience and social-emotional learning programs.

RECOMMENDED READING

Help for Billy: A Beyond Consequences Approach to Helping Challenging Children in the Classroom by Heather Forbes

The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma by Bessel van der Kolk

TRAINING

To request training, please contact Dr. Ashley Brock-Baca at ashley.brock-baca@state.co.us

CONSULTATION

To request free consultation, please contact Dr. Jerry Yager at drjerry@goldcreekcenter.com

COLORADO Department of Human Services

SAMHSA Substance Abuse and Mental Health Services Administration www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

COACT COLORADO
Strong minds, strong futures.

Free Trauma Informed Care Clinical Consultation

The Trauma Informed Care Clinical Group is a subcommittee of the COACT Colorado System of Care, an initiative funded by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services. The initiative is housed within the Colorado Department of Human Services, Office of Behavioral Health, in partnership with the Office of Children, Youth and Families. The Trauma Informed Care Clinical Group is comprised of licensed mental health professionals with extensive experience serving at-risk children and families. The group provides free consultation to organizations serving children and families who have experienced trauma.

As part of the State's effort to support an ongoing development of a trauma-Informed, integrated system of care to improve mental health and child welfare outcomes, the clinical group, which meets the third Thursday of every month, is offering the following services free of charge:

- Individual case consultations
- Organizational consultations to create and implement Trauma Informed Care policies

To request consultation from this group, please contact Dr. Jerry Yager, drjerry@goldcreekcenter.com

The Trauma Informed Care Clinical Group is led by Dr. Jerry Yager, a clinical psychologist with more than 25 years of experience in the assessment and treatment of traumatized children and adolescents. He specializes in working with adolescents who exhibit self-destructive behavior and have severe mental illness such as clinical depression, bipolar mood disorder, post-traumatic distress disorder, and psychosis. Dr. Yager has been the Executive Director of the Denver Children's Home, which has a mission to provide high quality mental health care for low-income children whose problems would otherwise go undiagnosed and untreated, and the Director of Programs at the Denver Children's Advocacy Center.

SHPG TOOLKIT

CURRICULUM SUPPORT AND TRAININGS

IN THIS SECTION:

- Choices Consulting
- LifeSkills
- Marijuana Education Initiative
- Sources of Strength
- Wellness Training Specialists
- Youth Mental Health First Aid

Choices CONSULTING

Choices Consulting provides a variety of prevention, intervention, and wellness services in the community.

Choices Consulting Trainings:

Prevention and/or Intervention of Fetal Alcohol Spectrum Disorders (FASD)

FASD 101

FASD Trainer of Trainers (TOT)

Parenting the Alcohol and Drug Affected Child

Working with Youth with FASD in the Criminal Justice System

Working with Prenatally Exposed Youth in the Classroom

CHOICES

CHOICES is a two-day interactive training that will help to guide clinics, communities, or those working with women of childbearing age to help reduce the incidence of harm from risk drinking and Alcohol Exposed Pregnancy (AEP). This training will help enhance the community's knowledge, skills, and abilities to provide and promote interventions to reduce AEPs and risk drinking within their population. The CHOICES name was originally an acronym that stood for Changing High-Risk Alcohol Use and Increasing Contraception Effectiveness Study. After the study was completed, the name remains but is no longer spelled out.

Alcohol Screening and Brief Intervention (aSBI)/Screening Brief Intervention and Referral to Treatment (SBIRT)

Why Alcohol Screening and Brief Intervention/SBIRT in the schools?

In this session, we will look at the strategies of using ASBI/SBIRT and the usefulness of providing a brief intervention. We will look at the current screening tools for adolescents and ways to incorporate these tools into a standard intake. Using Motivational Interviewing tools, participants will learn to move the client through a brief intervention to change drinking/drug use patterns as well as how to prevent prenatal exposure. We will explore issues in today's classroom, home, and community around substance use and abuse and look at ways to begin to address this.

Alcohol Screening and Brief Intervention (ASBI)/SBIRT in the Clinic Setting

In this session, we will look at how to utilize a brief intervention within a clinic setting. Working with the clinic staff, we will explore strategies on when and how to screen as well as whom to screen. We will

discuss the various intervention strategies and how and where to refer a client if indicated. This will be an interactive session providing staff the skills to screen within a Motivational Interviewing framework.

Resilience/Adverse Childhood Events (ACEs)

Mindfulness: A Healing Journey

In this session, we will learn about the potential impact of adverse childhood experiences (ACEs) on individuals later in life, often resulting in non-productive coping skills, addictive behaviors and/or a multitude of physical ailments and conditions. We will also learn how practicing mindfulness can enable us to create a resilient community, to heal, recover, or remain unaffected by these traumatic childhood events. The session will include fun, interactive mindfulness activities that can help propel us into healthy, happy, and compassionate lives.

Motivational Interviewing

Motivational Interviewing: Mutual Respect in the Change Process

In this session, we will gain a basic understanding of motivational interviewing (MI) - how this partnership is not only a way of inspiring the individual to make healthy life choices, but allows for the individual to explore their ambivalence and work with them to evoke their own confidence in the change process. This session will include interactive fun practice activities using MI techniques that will help in facilitating the change process.

Choices Consulting Health Coaching

The staff at CC are registered nurses with a variety of experience levels from B.S.N. RN degree to advance practice degrees. Practicing in a holistic manner and utilizing wellness techniques, the staff provide ongoing health coaching with individuals experiencing chronic illnesses, as well as providing training and education to the client, community, or clinic staff. Our goal is to provide the necessary resources so that individuals can self-manage their health and optimize wellness.

Contact Information:
Pamela Gillen
Pam@choicesconsulting.net

Botvin LifeSkills Training

"Evidence-based Prevention Programs for Schools, Families, and Communities"

What is Botvin *LifeSkills Training*?

LifeSkills Training is an evidence-based curriculum proven to target the fundamental reasons why students engage in behaviors that put them at risk. Rather than merely teaching information about tobacco, alcohol, and drugs, LST promotes healthy alternatives to risky behavior through activities designed to help youth:

- Resist social (peer) pressures to smoke, drink, and use drugs
- Develop greater self-esteem, self-mastery, and self-confidence
- Effectively cope with social anxiety
- Increase knowledge of the immediate and long-term consequences of substance abuse
- Enhance cognitive and behavioral competency to reduce and prevent a variety of health risk behaviors

What tools do I need in order to implement the program?

One of the strengths of the *LifeSkills Training* program is its simplicity. The program includes a teacher's manual and student guide. Provider training is recommended for optimal implementation.

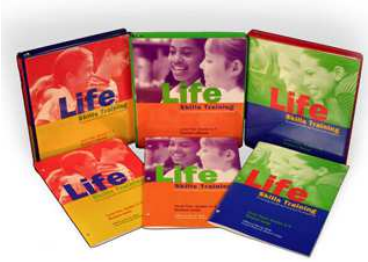
LifeSkills Training Middle School (grades 6- 9)

Blueprints for Healthy Youth Development – Certified Model+ Program

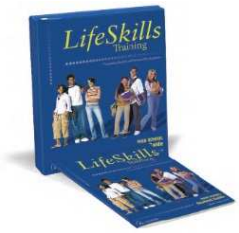
Meets the highest standards of evidence through independent review by the nation's top scientists

NREPP – Included in SAMHSA's National Registry of Evidence-based Programs and Practices

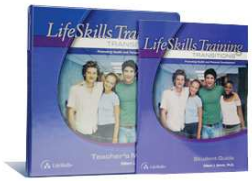
What other levels are available?



Elementary (grade 3-5)



High School (grades 9/10)



Transitions (grades 11+)

Parent Program

Selected for Excellence by:

- U.S. Department of Education
- Center for Substance Abuse Prevention
- National Institute on Drug Abuse
- Blueprints for Violence Prevention
- American Psychological Association
- Office of National Drug Control Policy
- Centers for Disease Control and Prevention
- U.S. Department of Justice, Office of Justice Programs

Global Reach: 38 Countries

An estimated 50,000 teachers, 10,000 schools/sites, and 3 million students have participated in the *LifeSkills Training* program. LST has been extensively evaluated in more than 30 scientific studies involving more than 330 schools/sites & 26,000 students in suburban, urban, and rural settings.

Botvin LifeSkills Training

www.lifeskillstraining.com
lstinfo@nhpamail.com 914-421-2525

About the Developer

The Botvin *LifeSkills Training* program was developed by Dr. Gilbert J. Botvin, one of America's foremost experts on health behavior and substance abuse prevention. Dr. Botvin has a B.A. from Colgate University and a Ph.D. in psychology from Columbia University. He has been a member of the faculty at Cornell University's Weill Medical College for over 30 years, serving as a professor of psychology in public health and psychiatry, chief of the division of prevention and health behavior, director of Cornell's Institute for Prevention Research, and currently as professor emeritus.

Dr. Botvin has published over 250 scientific papers and book chapters, has been an invited speaker at major scientific conferences around the world, and has been an advisor to leading health agencies such as the World Health Organization, National Institute on Drug Abuse, U.S. Department of Education, Centers for Disease Control and Prevention, and the White House Office of Drug Policy. He has been honored with many awards for his groundbreaking work in prevention, including the FBI's National Leadership Award, a MERIT award from the National Institute on Drug Abuse, and the presidential award for lifetime contributions to prevention science from the Society for Prevention Research.

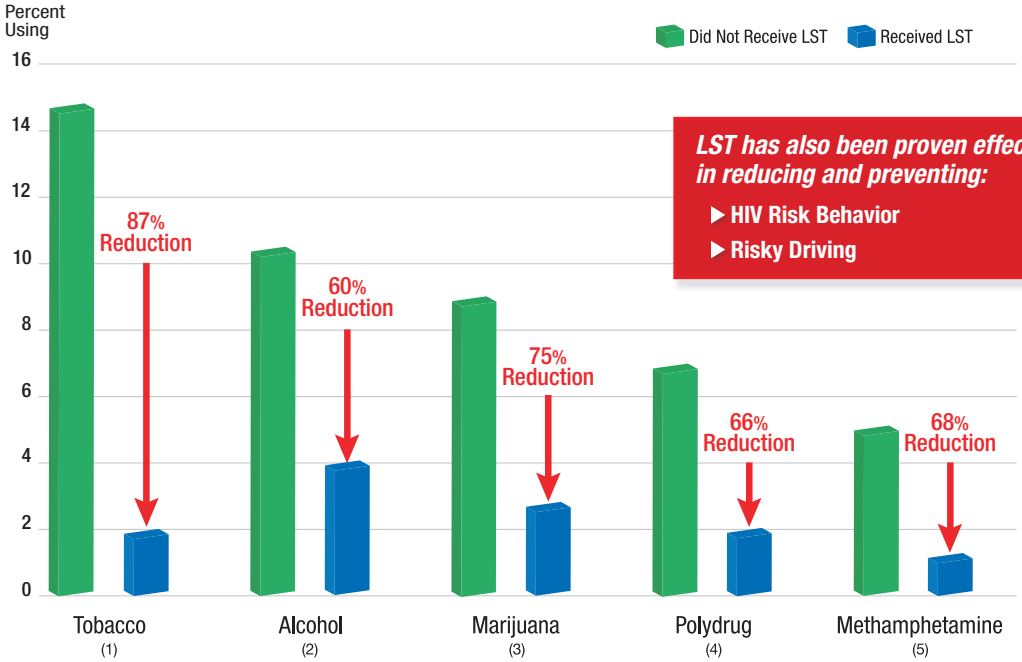
Program Research

Botvin *LifeSkills Training*: Top-Rated Substance Abuse Prevention Program

Botvin *LifeSkills Training* is a groundbreaking substance abuse prevention program based on more than 30 years of peer-reviewed scientific research. *LifeSkills Training* now holds the distinction of being the top research-based substance abuse prevention program in the country.

Sources: (1) Journal of Behavioral Medicine (1983), (2) Journal of Studies on Alcohol (1984), (3) Journal of Consulting and Clinical Psychology (1990), (4) Journal of the American Medical Association (1995), and (5) Archives of Pediatric & Adolescent Medicine (2006). Please contact us for more information on these and other studies.

Follow-Up Results from 5 Published Studies

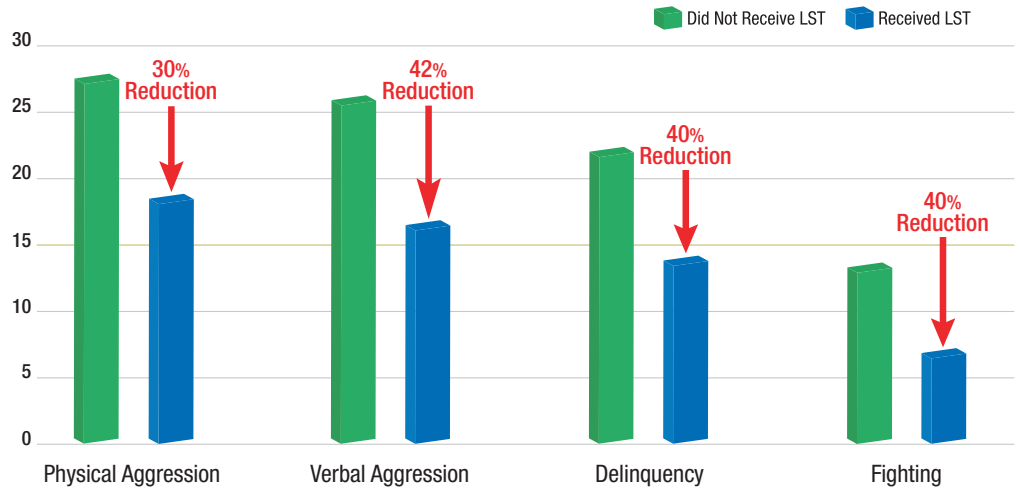


LST has also been proven effective in reducing and preventing:

- **HIV Risk Behavior**
- **Risky Driving**

Violence and Delinquency Prevention

Source: Preventing youth violence and delinquency through a universal school-based prevention approach. Prevention Science (2006).



Contact us to find out how ***LifeSkills Training*** can be used as a **violence prevention program**.

PRESCRIPTION DRUG ABUSE PREVENTION MODULE

This new Botvin *LifeSkills Training* Module gives teens the skills and knowledge necessary to help them avoid the misuse/abuse of **opioids** and **prescription drugs**. Ideal for school districts, community-based organizations, and agencies serving students in grades 6 - 9, the module is flexible enough to enhance the evidence-based *LifeSkills Training* program or to be integrated into any existing prevention programming.

Botvin LifeSkills®Training

Preventing youth opioid and Rx drug abuse

AUDIENCE
Grades 6 - 9

FORMAT
Digital (online/offline)
or Print

DURATION
50 Minutes
DIGITAL- 25 mins online
+ 25 mins of class activities
PRINT- 50 mins of class activities

COST
DIGITAL- $200/teacher
(Unlimited number of students)

PRINT- $200/teacher
(Teacher materials
+ 100 student worksheets)

IMPLEMENTATION
Can be implemented alongside the LST Middle School program or as a standalone module.

CONTACT US

lstinfo@nhpamail.com
800-293-4969
www.lifeskillstraining.com

FUNDING ANNOUNCEMENT
FOR A MIDDLE SCHOOL DRUG PREVENTION PROGRAM

The Center for the Study and Prevention of Violence (CSPV), University of Colorado Boulder, is seeking schools in Colorado containing grades 6-8 or 7-9 to implement the evidence-informed LifeSkills Training (LST) Program, a middle school substance abuse and violence prevention program consistently proven to reduce alcohol, tobacco, and drug use. Positive outcomes have also been shown for violence, risky driving behavior, and other high-risk behavior. LST is recognized as a Model or Exemplary program by various government and private agencies, including the Blueprints for Healthy Youth Development registry maintained by CSPV.

CSPV has learned about program replication successes and challenges by helping more than 300 school districts around the country implement the LifeSkills Training program. Through funding from the Colorado Department of Public Health and Environment (CDPHE), four years of training and technical assistance and program materials will be provided to eligible schools, districts, and education agencies, beginning in fall 2018.

For more information about the LST program and CSPV's Blueprints for Healthy Youth Development, please see the following web sites:
http://www.lifeskillstraining.com/ http://www.colorado.edu/cspv/blueprints/ http://www.blueprintsprograms.com/

Requirements:
- School or district containing grades 6-8 or 7-9, or educational agency.
- Support/commitment of schools and teachers.
- Assign a person (coordinator) in the district to oversee the LST effort.
- Ensure that teachers attend training workshops.
- Commitment to program integrity.
- Allow CSPV to monitor fidelity through classroom observations and site visits.
- Teachers complete a 10-minute survey at the end of the first full cycle of LST taught ($20 incentive provided).
- Coordinators complete a brief survey at the end of each year.

Schools Receive:
- Four years of LST curriculum materials, including student guides and teachers' manuals.
- Teacher training workshops during Years 1-3. All personnel who intend to teach the curriculum must attend.
- Teacher stipends or substitute-pay reimbursement for teachers attending training workshops.
- Ongoing technical assistance, if requested (telephone, email or site visits).
- Training of Trainers (TOT) workshops for interested persons.
- Regional training workshops to help sites design and implement effective financing and sustainability strategies.
- Yearly reports by CSPV detailing implementation fidelity, challenges, and opportunities for improvement.

Timeline
The deadline for applications is **October 27, 2017**. All sites will be selected by the conclusion of the 2017-2018 school year and begin implementation of the LST program in fall 2018.

FOR INFORMATION AND THE APPLICATION, SEE:
http://www.colorado.edu/cspv/blueprints/lst-grant/application.html
OR CONTACT:
Diane Ballard
Center for the Study & Prevention of Violence (CSPV) | University of Colorado Boulder
483 UCB, Boulder, CO 80309 | 303-735-4164 Phone | 303-492-2151 Fax | diane.ballard@colorado.edu

Your Feedback Report

Marijuana Education Initiative Baseline Assessment

7/13/17

Marijuana
Educational Initiative

ID: 913520

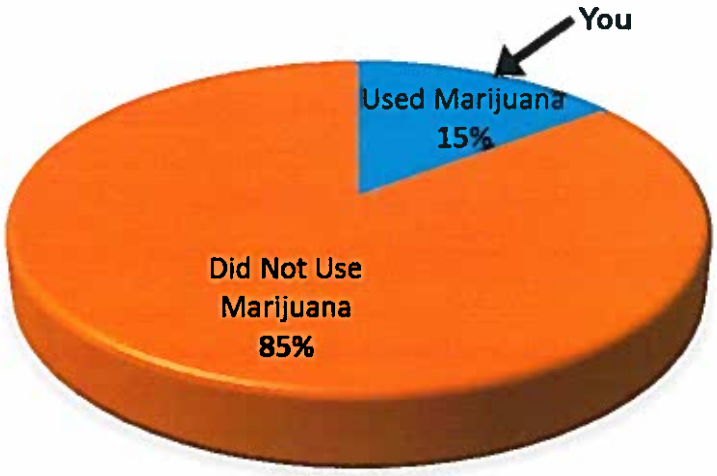
Here's what we learned about your marijuana use...

- You first tried marijuana when you were **13 years old.**
- **4.1%** of 13 year olds have smoked marijuana.

- You started smoking regularly (3 or more days per week) when you were **15 years old.**

During the past 30 days...

- **You used marijuana on 22 days per month.**
- Marijuana use by kids your age, in the last 30 days:



During the past 60 days...

On average, you used marijuana:

2 - 4 days a week before school.
1 day a week while at school.

Money spent $$$...

- In a typical month, you spend about **$150.00** on marijuana.
- That's about **$1,800.00 a year.** With that money, you could buy...

45% Of a used car *or* **23** Really good dates *or* **5** Semester credits at local college *or* **45** Tanks of gas




45 Special gifts for someone *or* **15** New outfits (including shoes)


Marijuana use can lead to consequences.

These are the consequences that you experienced recently.

⚠	**1.** You kept using marijuana even though it kept you from meeting your responsibilities at: • Home (like doing chores or coming home on time) • School (like going to classes, doing homework or studying for tests) ⚠ • Work (like doing a good job or arriving on time)
⚠	**2.** You used marijuana where it made the situation unsafe or dangerous for you, like when: • You were driving a car or using a machine ⚠ • You were in a situation here you might have been forced into sex or hurt
⚠	**3.** You had problems with the law because of your marijuana use.
	4. You kept using even after you knew it was causing problems between you and the people around you.

You reported 3 of 4 types of consequences.

Regular marijuana use can lead to a more serious pattern of use.

The consequences below are red flags that marijuana use may become a habit.

🚩	**1.** You used marijuana in larger amounts, more often, or for a longer time than you meant to.
🚩	**2.** You were unable to cut down or stop using marijuana.
🚩	**3.** You spent a lot of time either getting marijuana, using marijuana, feeling the effects of marijuana, or waiting for the effects to wear off.
	4. Your use of marijuana caused you to give up, reduce, or have problems at important activities at work, school, home or social events.
🚩	**5.** You kept using marijuana even after you knew it was causing you problems with: • your health (breathing, coughing) 🚩 • your emotions (feeling less motivated, depressed, or anxious) • your memory or concentration 🚩
	6. You needed more marijuana to get the same high or found that the same amount did not get you as high as it used to.
🚩	**7.** • You had withdrawal problems from marijuana (like being irritable, anxious, having trouble sitting still or sleeping). 🚩 • You continued to use to avoid or stop withdrawal problems. 🚩
	You reported 5 of 7 red flags.

Your risk of a serious pattern of use is:

High

Here are your 5 most important goals...

Use this scale to rate how marijuana affects your goals:

Very Negatively 1	Negatively 2	Not Positively or Negatively 3	Positively 4	Very Positively 5

My Goals	My marijuana use affects this goal:	Reducing my marijuana use would affect this goal:
1) graduate from high school		
2) get a job		
3) get along better with my parents		
4) get better grades my junior year		
5) be a better friend		

Question:	Your Answer:
How does smoking marijuana fit into your daily life?	I like to use it before I go out with friends
What do you like about using marijuana?	It makes me more relaxed and helps me focus in school
What do you dislike about using marijuana?	It gets me in trouble and my girlfriend doesn't like it
How have you noticed marijuana impacting you positively?	I have more friends.
How have you noticed marijuana impacting you negatively?	It gets me in trouble and I don't do as well in school
How confident are you that you could quit using marijuana when you are ready to?	On a scale from 1 to 10 you selected 7.
What would you need to make that happen?	I would need to want to quit

Next Steps...

Thanks for your participation.
Please either print this feedback report or provide the following link to your facilitator:
http://mjedu.rivulent.com/survey/feedback.php?enc=wQuz$11bbbbbb

Print

Marijuana Education Initiative

PROMOTING A BALANCED AND INFORMED UNDERSTANDING OF THE EFFECTS OF YOUTH MARIJUANA YOUTH

PRODUCT OVERVIEW

The Marijuana Education Initiative (MEI) provides educators, schools, communities, and families with information and resources to better understand and confront the challenges associated with the changing dynamics created by legalized marijuana. MEI fills the void with post-legalization, marijuana-specific curricula that shifts the dialogue and approach to adolescent drug prevention. As marijuana laws and views are changing across the country, MEI is committed to providing youth with progressive education to accompany these changes through a variety of facilitated or group-setting curricula and the MEI Academy, a collection of individual online modules that are both self-paced and self-directed. Read on for a comprehensive an overview of all MEI products.

Marijuana Impact Awareness Curriculum - $299

The core education principles of the MEI Impact Awareness curriculum include honest communication, informed decision making, and self-efficacy. The curriculum is designed to be implemented in a health or science class and to engage students in reality-based conversations about the use of marijuana, health and behavior risks associated with marijuana abuse, and informed decision making. The curriculum is standards based, is facilitated by classroom teachers or youth leaders, and is grade-level appropriate starting at fifth grade. A Social Emotional Learning-based journal is available to accompany the Middle and High School Impact Awareness courses.

Marijuana Intervention Curriculum - $299

The MEI Intervention curriculum is facilitated by a school mental health professional in a group setting for students who have an established marijuana habit and who want to reduce or eliminate their marijuana use. This seven-unit program provides scientific evidence-based information to increase participants' awareness of how their marijuana use affects their behavior, body, and brain, and employs a combination of techniques from cognitive behavioral therapy, motivational enhancement therapy, the Stages of Change model, and mindfulness training. The Intervention curriculum is engaging and includes discussion, activities, and journal writing. It is intended to help motivated students reduce or eliminate their marijuana habit. This curriculum uses a MEI-developed journal to help students explore and understand their marijuana use habits and patterns.

Infraction Response/Alternative to Suspension Curriculum - $299

This curriculum can be used as an alternative to suspension or as a suspension enhancement opportunity for students who have violated school marijuana policies. The curriculum is delivered through individual instruction. It can be used to help increase students' awareness of their marijuana patterns, which can then be addressed more thoroughly with the MEI Intervention curriculum. This curriculum utilizes motivational interviewing techniques and a personalized feedback report (PFR) to enhance students' understanding of their marijuana use and its impact. The curriculum can be used as part of the restorative justice process or to reduce a suspension resulting from a marijuana infraction.

Athlete Awareness - $299

Created at the request of coaches, the Athlete Awareness component is designed to be delivered by coaches or athletic directors and focuses on the impacts of marijuana use among student athletes. It is used to increase athletes' awareness of how marijuana use affects their cognitive and physical health and performance.

Marijuana and the Young Adult Curriculum - $299

This component is designed for youth who are in the 18- to 21-year age range who seek information on how marijuana might affect them as they launch into adulthood. The Marijuana and the Young Adult curriculum supports young adults as they navigate choices they are confronted with as they come of age in a society that has legalized recreational marijuana. Designed for first-year college students or high school seniors ready to graduate and move into the workforce or higher education, this seminar can support youth in making healthy choices regarding marijuana use as they move into adulthood.

Marijuana Out of the Box Curriculum - $750-5000

This unique marijuana curriculum is designed for agencies and organizations that are looking for a less traditional educational program for youth. Designed to be delivered outside of the classroom, these dynamic lessons cover topics ranging from marijuana and the brain, marijuana awareness, marijuana and the body, and refusal skills. All include an engaging activity and discussion prompts that reinforce the lesson.

MEI Facilitated Presentations - Prices are customized based upon group needs

The MEI team is available to come to your community or facility to present engaging, fact-based information on issues relevant to the changing cultural norms created by marijuana legalization. These presentations focus on the impacts of marijuana use by youth and adolescents and help adults navigate this complex and challenging paradigm shift.

MEI Academy - Starting at $29.99

The MEI Academy is a collection of 45-minute learning modules for educators, parents, coaches and youth who want to be informed and empowered regarding youth marijuana use. The MEI Academy offers certificated and non-certificated online courses that are self-paced and self-directed. The modules address a wide range of topics relating to youth marijuana.

P.O. Box 771445
Steamboat Spgs, CO 80477

970.846.6252
970.846.6232

info@meieducation.com
www.marijuana-education.com

SOURCES OF STRENGTH

EVIDENCE-BASED, UPSTREAM PREVENTION

NREPP

SAMHSA's National Registry of Evidence-based Programs and Practices

CONNECTED ADULT ADVISORS

+

DIVERSE PEER LEADERS

"Sources of Strength is the first suicide prevention program involving peer leaders to enhance protective factors associated with reducing suicide at the school population level."

- **American Journal of Public Health**

X

=

STRATEGIC MESSAGING

POSITIVE CULTURE CHANGE

INNOVATIVE

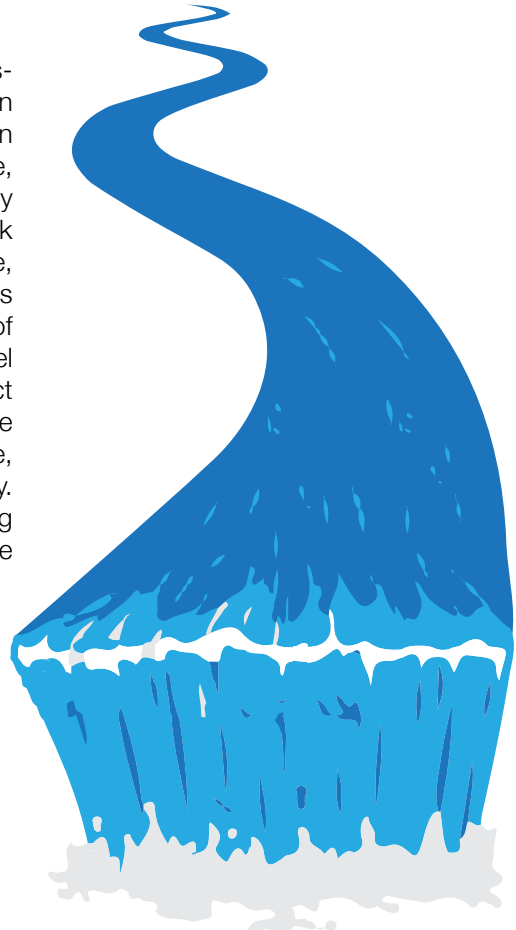
Sources of Strength is most commonly implemented in rural, urban and suburban middle schools and high schools, but has been adapted for a variety of populations and cultures. Previous successful implementations have included: universities and community colleges, juvenile justice facilities, LGBTQ drop-in centers, cultural centers, Latino/a groups, native/tribal groups and more.

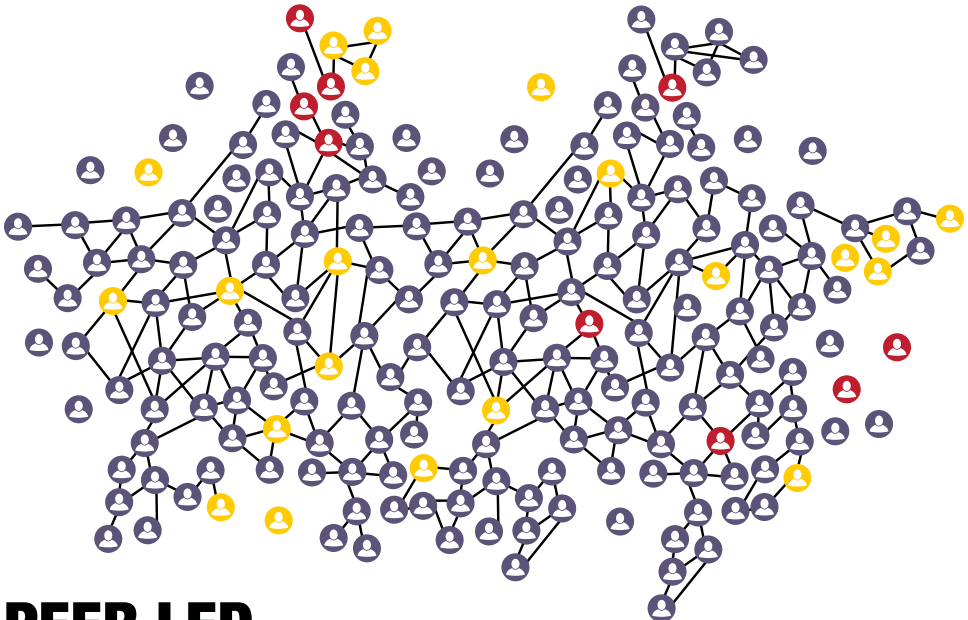
STRENGTH-BASED

Sources of Strength employs a radically strength-based approach to Suicide Prevention. Turning the traditional practice of identifying risk factors and warning signs on its head, Sources of Strength focuses on developing protective factors, using a model that is innovative, interactive, and radically strength-based. Using an active learning model, incorporating art, storytelling, small group sharing and games, Sources of Strength explores the eight protective factors, depicted in the wheel of strength, to develop resilient individuals and communities.

UPSTREAM

Most prevention work is actually crisis-driven intervention. Our primary mission is to move upstream in the prevention cycle. We work to build resilience, increase connection, change unhealthy norms around help-seeking, break down codes of secrecy and silence, and teach healthy coping strategies to ultimately prevent the very onset of suicidality. With a comprehensive model of upstream prevention, we can impact a wide variety of issues beyond suicide alone, including substance abuse, bullying, dating violence, and truancy. We are not just committed to keeping people alive, but to helping them live healthy and full lives.





PEER LED

In the same way that a cold spreads through a classroom, attitudes, behaviors, and beliefs spread through a social network. Sources of Strength utilizes the power of peer social networks to spread messages of Hope, Help and Strength throughout entire communities. Sources of Strength is peer led, but we don't train Peer Leaders to be "junior psychologists" or peer counselors; we empower them to leverage their social influence as an agent of change in their school. Ultimately, a Peer Leader serves as the "patient zero" of an epidemic of health, a contagion of strength, throughout their school or community.

EVIDENCE-BASED

Sources of Strength is one of the most rigorously evaluated upstream prevention programs in the world. Peer Leader teams are active across the United States, Canada, Australia, and many American Indian/Alaska Native and First Nations communities. We are training new teams, in new communities, every year! While we expand, we are committed to our research partnerships that have qualified us on SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) since 2012.

Program outcomes have shown: [1]

- Increase in connectedness to adults
- Increase in school engagement
- Increase in likelihood to refer a suicidal friend to an adult
- Increase in positive perceptions of adult support
- Increased acceptability of seeking help
- Largest increases amongst students with a history of suicidal ideation

[1] Wyman, P. et al. (2010). An outcome evaluation of the Sources of Strength suicide prevention program delivered by adolescent peer leaders in high schools. American Journal of Public Health, Vol. 100: 1653-1661.

Research Partnerships include:

- University of Rochester
- Stanford University
- Johns Hopkins University
- University of Manitoba
- Australian National University
- Black Dog Institute
- National Institute of Mental Health
- Centers for Disease Control

NREPP

SAMHSA's National Registry of Evidence-based Programs and Practices

CONNECT WITH US

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WELLNESS TRAINING SPECIALISTS

WELLNESS TRAINING SPECIALIST PROVIDES STATE OF THE ART, STANDARDS-BASED IN-SERVICE TRAINING AND TECHNICAL ASSISTANCE FOR SCHOOL STAFF, PHYSICAL EDUCATION TEACHERS, AND CLASSROOM TEACHERS . ALL WORKSHOPS ARE BASED ON ACADEMIC STANDARDS, BEST PRACTICES AND TAILORED TO MEET THE UNIQUE NEEDS OF EACH AUDIENCE.

SOCIAL-EMOTIONAL AND BEHAVIORAL HEALTH WORKSHOPS:

Teaching With The Brain in Mind Part 1– Brain-Bases Learning

This training workshop will focus on design, methods, and the creation of an environment that naturally enhances student learning. You will experience a variety of principles and strategies while discovering more about our brains. We will demonstrate techniques that apply brain-based learning modalities in education which assist the learning processes of all children. Learn how to incorporate methods into your teaching that will engage the learner resulting in increased student retention and enhanced performance. You will leave with methods that will engage the student, enhance their learning and create a stimulating environment that promotes both cognitive and physical growth

Teaching With The Brain in Mind Part 2—Mindfulness, Meaning and Mistakes

Get back onto the road of learning while considering the brain and how it operates, thinks, and processes information. Jump right in and join us as we experience teaching strategies that include neuroplasticity, learning to learn, mindfulness, using mistakes to make meaning, and brain differences (age, stage, gender). Participants attending this workshop will get a deeper understanding of how the learning brain functions and collect a variety of strategies to implement into planning, content, and the classroom.

Unleash the Responsible Classroom: How Social-Emotional Learning Fits into Physical Education

This workshop will empower participants to explore the five core competencies of social emotional learning. During the day participants will experience activities, dialogue, and learn new ideas on how to implement the 5 CASEL social and emotional core competencies into your pedagogy, while supporting students to develop a 21st century skillset. Participants will leave with resources that fit into physical education standards – Social and Emotional Wellness.

To schedule a workshop contact Terry Jones at terry@welltrain.org

WELLNESS TRAINING SPECIALISTS

4107 South Rome St.
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Website: www.welltrain.org

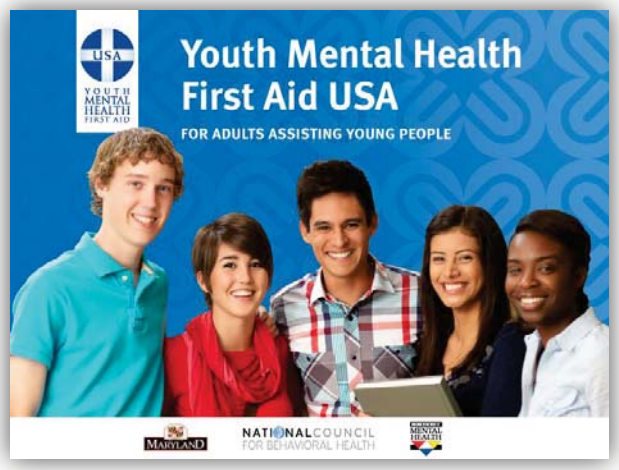
WELLNESS
TRAINING SPECIALISTS

Youth Mental Health First Aid

Youth Mental Health First Aid USA is an 8 hour public education program which introduces participants to the unique risk factors and warning signs of mental health problems in adolescents, builds understanding of the importance of early intervention, and teaches individuals how to help an adolescent in crisis or experiencing a mental health challenge. Mental Health First Aid uses role-playing and simulations to demonstrate how to assess a mental health crisis; select interventions and provide initial help; and connect young people to professional, peer, social, and self-help care.

WHAT WILL PARTICIPANTS LEARN?

The course teaches participants the risk factors and warning signs of a variety of mental health challenges common among adolescents, including anxiety, depression, psychosis, eating disorders, AD/HD, disruptive behavior disorders, and substance use disorder. Participants **do not** learn to diagnose, nor how to provide any therapy or counseling – rather, participants learn to support a youth developing signs and symptoms of a mental illness or in an emotional crisis by applying a core five-step action plan:



- **A**ssess for risk of suicide or harm
- **L**isten nonjudgmentally
- **G**ive reassurance and information
- **E**ncourage appropriate professional help
- **E**ncourage self-help and other support strategies

The Youth Mental Health First Aid USA curriculum is primarily focused on information participants can use to help adolescents and transition-age youth, ages 12-18.

WHO SHOULD TAKE THE COURSE?

The course is designed for adults who regularly interact with adolescents (teachers, school staff, coaches, youth group leaders, parents, etc.), but is being tested for appropriateness within older adolescent groups (16 and older) so as to encourage youth peer to peer interaction. In January 2013, President Obama recommended training for teachers in Mental Health First Aid. Since 2008, the core Mental Health First Aid course has been successfully offered to hundreds of thousands of people across the USA, including hospital staff, employers and business leaders, faith communities, law enforcement, and the general public.

WHO CREATED THE COURSE?

Mental Health First Aid USA is coordinated by the National Council for Behavioral Health, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health. Mental Health First Aid USA worked with experts at the National Technical Assistance Center for Children's Mental Health at the Georgetown University Center for Child and Human Development to develop the youth program.

WHERE CAN I LEARN MORE?

To learn more about the Mental Health First Aid USA, or to find a course or contact an instructor in your area, visit www.MentalHealthFirstAid.org.