



Jack Copps
Superintendent

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Dear Parents / Guardians:

This letter is being sent to the parents/guardians of all high school students in Helena Public Schools.

Helena Public Schools believe that mental wellness is critical to the academic success of students. Some children go through temporary periods of stress, sadness or anxiety due to multiple factors, such as the loss of a family member, a relationship breakup, or changing to a new school. For other students, these periods of stress, sadness or anxiety can be more than just situational, and can be a sign your child is struggling. As a result, we have partnered with Intermountain to make free, voluntary, mental health and substance use screenings available to our high school students through the School Based Outpatient Therapy (SBOT) services of Intermountain.

Helena Public Schools is proud to be working with Intermountain to help safeguard the health and welfare of our students, and we hope that you will take advantage of this confidential service for your child. Although your child may or may not have participated in past years, we remind you that a child's mental health can change within the course of a year, and an annual mental wellness and substance use screening may be beneficial. Please read the information below, and if you would like your child to participate, fill out, sign and return the Parent Consent Form to the address on the form.

Here is how the program works. Intermountain is in charge of the mental health and substance use screening process. Your child will not be screened without your signed permission. If signed permission is given, screening will take place during school hours in a private setting at the student's school. Below are three steps to the screening process:

Step One: Students will meet one-on-one with the School Based Outpatient Therapist (SBOT). During this meeting, the therapist will interview the student about general signs and behaviors exhibited by students who could be struggling. Questions include topics on thoughts of self-harm or suicide, signs of emotional distress, and incidents of substance use. Screenings will occur between now and the end of this school year.

Step Two: If your child's screening indicates a potential mental health or substance use issue, or if he or she asks for help, the School Based Outpatient Therapist (SBOT) will initially evaluate for immediate risk of self-harm, and will contact you to make a plan to meet your child's needs.

Mental Health and Substance Use Screening Parent/Guardian Consent Form

Please return this form as soon as possible to: Helena Public Schools
Attn: Jonathan R. Jackson
55 South Rodney Street
Helena, MT 59601

I have read and understand the letter that describes the mental health and substance use screening offered by Helena Public Schools. I am the parent / legal guardian of the child named below, and:

_____ I would like my child to participate: (please initial)

Student's Name (Please Print): _____ Date of Birth: _____

School (Please Circle): HHS - CHS - PAL - Access to Success

Grade (Please Circle): 9 - 10 - 11 - 12

Has your child been previously screened (Please Circle): Yes No Don't Know

Date form is being signed: _____

Parent / Legal Guardian's Name (Please Print): _____

Parent / Legal Guardian's Signature: _____

Please provide the following information so the School Based Outpatient Therapist can contact you.

Mailing Address: _____ Home Phone Number: _____

City / State / Zip Code: _____ Cell Phone Number: _____

E-Mail Address: _____

Best times to reach you: _____ Phone Number: _____

_____ Phone Number: _____