Dear Parents / Guardians,

Beaverhead County High School is pleased to offer families the opportunity to have their students participate in a computerized screening for mental wellness. Here is some brief information:

- Participation in the screening is encouraged, but completely voluntary. Even if a parent or guardian signs the consent, students can ask to stop testing at any time.
- The screener has been used in other elementary, middle, and high schools in Montana and elsewhere.
- Much like our other health and dental screenings, this mental health screening will be managed by the Counseling Department with assistance from local health care and mental health professionals.
- The screening will be used to identify students who need additional mental health supports at school or in the community.
- Screening may identify a small percentage of students who are struggling with urgent, difficult issues such as suicidal thoughts or behaviors (planning or trying to kill themselves), but who have not said anything or shown outward signs. In these few cases, the school will make every attempt to immediately contact parents or guardians. The school will also immediately alert an interagency team of professionals trained to support a student in emotional health crisis, even if parents or guardians cannot be reached.
- Screening is safe and effective. It detects mental health issues but does not cause them. Past participants in computerized mental health and suicide risk screenings reported they appreciated being asked the questions.
- The web-based screener is accurate and takes less time to complete than paper versions. Most students will finish the screening in 5-15 minutes.
- Every effort will be made to protect students' privacy. Students will be issued a code that they will use when they login to the survey or they may use their student IDs. Only the school Counseling Department or Administration will have access to those codes. Results will be shared ONLY with the student and parents or guardians and the mental health provider except as allowed by parents or guardians on this consent form.

- The consent form is for the 2023-2024 school year. Depending on timing, students may be screened twice.
- The school will follow up with parents/guardians and students to find out how the screening went and what could be made better. The school hopes to make the mental health screening one of the standard health screenings offered each year. It will continue to invite parent and community partnership in the development of the screening program.
- Every effort will be made to contact you if your child indicates they need extra support before they receive it.
- In the event you cannot be reached, and your child indicates the need for counseling is urgent:
    - If your child is 15 years old or younger a psychiatrist or psychologist at the school or an RBHI contracted provider will meet with your student to ensure your child's safety.
    - If your child is 16-year-old or older, they can decide whether they want to meet with a mental health clinician.

For more detailed information about the project, please see the Parent and Caregiver Letter, attached or available at www.bchsmt.com or by calling Janna Hankins or Rob Hankins at (406) 683-2361.

Some students may already work with a therapist, counselor, or physician, or the family or guardian may have a trusted one. If screening indicates my child would benefit from follow-up care, I give the school permission to share my child's screening result with the following providers (please check the boxes for all that apply, see the example).

Please Provide contact information of any provider that works with your child on a regular basis.

	Provider	Name of Preferred Physician / Counselor / Provider
	School Counselor	
	CSCT Staff	
	Community Health Partners	
	Private-Practice Counselor Name & Phone	
	Other Provider: Name & Phone	
	Other Provider: Name & Phone	
	Other Provider: Name & Phone	

Unless I indicate below, I agree to my child's participation in the mental wellness screening during the 2023-2024 school year. I also agree a mental health provider may meet with my child if they report they have been thinking about dying or tried to kill themselves recently even if the school cannot reach me on a screening day.

☐ I do **NOT** want my child to participate in the mental wellness screening.

_____

Printed Full Name of Student

_____ _____

Parent or Guardian Signature Date

_____

Please print your name on the line above (only one parent or guardian needs to sign)