Received from mental health partners:

Presenting concerns that could prompt transfer to the CCS hotline:

(This is not meant to be an all-inclusive list, but provides some general mental health / behavioral health issues that are common presenting problems for the Hotline)

- Mood Concerns:
  - Depression
  - Sadness
  - Angry
  - Up and down
  - Suicidal thoughts (NOT a suicide in progress)
- Self-injurious behavior:
  - Cutting
  - Scratching
  - Burning
- Anxiety
- Feeling overwhelmed by school, family, friends
- Family / Relationship concerns:
  - Interpersonal conflicts with friends/classmates
  - Feeling unsafe
- Sleeping too much or not enough
- General stress (not necessarily overwhelm, though could be):
  - Achievement/pressure
  - School/sports
  - College
  - Friends
- Gender identity concerns / Fearful of Coming Out
- Bullying
- Feeling isolated / not fitting in
- Dysregulated eating/body image
- Alcohol or other drug use
- Questions about “What’s wrong with me?” / “Why am I feeling so sad?”
- Any of the above worries about someone else and how to talk to them about it/get them resources

There are situations when, even with these topics, it may be more appropriate to keep the caller on the line with S2T. These may include an imminent situation like a suicide in progress, an immediate threat to safety, or if the caller requests to involve the school staff or law enforcement.
We would like to thank the Attorney General’s Office and Safe2Tell staff for the opportunity to provide feedback on the Department’s implementation plan for HB20-1113. Our organizations have some concerns about the proposed plan to transfer mental health and substance use related communications to Colorado Crisis Services (CCS).

HB20-1113 requires Safe2Tell to “devise a process and develop standardized protocols so that any communication related to mental health or substance use received by Safe2Tell, including any communication related to another person, may be transferred, as appropriate, to the statewide behavioral health crisis response system pursuant to section 27-60-103.” Per the informational webinar on Sept. 17, 2020, Safe2Tell is proposing to offer a call transfer to every caller to CCS and to offer CCS’ contact information to every tipster. We are concerned that this will create confusion amongst youth about the response they should expect from their tip. Safe2Tell should continue to respond to calls and tips related to safety concerns at a school or in a community. Safety-related communications would be inappropriate to transfer to CCS. Furthermore, the plan proposes to provide CCS’ contact information to a Safe2Tell tipster at the end of their dialogue with an analyst. Since Safe2Tell analysts are not clinicians trained to interact with youth who may be in a crisis, we believe youth should be given this information as soon as a mental health or substance use concern is identified.

Safe2Tell is considering an auto response to all mobile app and online web form tipsters, which represents the majority of communications that Safe2Tell receives. We are concerned that the current language as drafted is misleading, specifically the use of the words “safety partners.” We recommend that Safe2Tell instead refer to “law enforcement” or “local police department” so that youth are fully informed. Not all youth will understand what the term “safety partners” entails. To this point, under current law, Safe2Tell is no longer required to send call tips to law enforcement if the tipster is connected with CCS. Will the Department please provide information on the process for making sure these tips are not sent to law enforcement? We believe the legislative intent behind HB20-1113 was to ensure the most appropriate response to youth with mental health and substance use concerns; this often means taking law enforcement out of the equation.

Safe2Tell has also disclosed the inability to transfer mobile app and online web form tips. We would ask the Department to consider asking the tipster if he or she would give Safe2Tell permission to provide their contact information to CCS. This could lead to a follow-up call or text from a mental health professional who could better get the contact or their friend connected to services and supports.

We request that the Department continue to engage stakeholders regarding their proposed plan, and include an opportunity for stakeholders to engage with the Department in an open and transparent forum. Thank you for the opportunity to submit feedback.
Received from school officials:

Thank you for the webinar, I have a few questions/thoughts for you in regards to this process.

1. Sending information in response to a tip is a great idea - mental health and substance use concerns contact information is great.
2. When someone is transferred to the Colorado Crisis Center, will the school still receive notification of the tip?

If you need any more help/assistance please let me know.

I am the School Resource Officer for Summit High School in Breckenridge, Colorado. I have a few questions?

Will the school or SRO know when a student or someone is referred to CCS? Will it let us know on the S2T that we get? If the tipster doesn’t want anyone to know they called except CCS, shouldn’t the school at least know and follow up to make sure they are getting all the available resources, and possibly even complete a risk assessment?

Thank you for providing the information during today’s webinar in response to HS1113. In following, it was unclear on if tips for risk of depression and suicide are continuing to be shared with schools, shared with schools and referred to Colorado Crisis Services, or no longer shared with schools and referred to Colorado Crisis Services.

Can you please clarify those changes in procedures?

Once I receive clarification and I can share additional questions.