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### Funding Opportunity

**Applications Due:** Friday, April 29, 2016, by 11:59 pm

**Application Information Webinar:** Thursday, March 31, 2016, from 1 pm - 2 pm

**Letter of Intent Due:** Friday, April 1, 2016, by 11:59 pm

## **SCHOOL HEALTH PROFESSIONAL GRANT PROGRAM**

PURSUANT TO: 22-96-101 through 22-96-105 C.R.S.

**C:\Users\young_a\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\V3IGULSK\CGA-176 School Health Professional (2).tif**

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**Colorado Department of Education**

**Office of Federal Program Administration**

1560 Broadway, Suite 1100, Denver, CO 80202

Table of Contents

[Introduction 3](#_Toc445215806)

[Purpose 3](#_Toc445215807)

[Meeting CDE’s Strategic Goals 3](#_Toc445215808)

[Eligible Applicants 4](#_Toc445215809)

[Available Funds and Matching Funds 4](#_Toc445215810)

[Allowable Use of Funds 4](#_Toc445215811)

[Review Process and Timeline 5](#_Toc445215812)

[Duration of Grant 5](#_Toc445215813)

[Evaluation and Reporting 5](#_Toc445215814)

[Technical Assistance 6](#_Toc445215815)

[Submission Process and Deadline 6](#_Toc445215816)

[Application Format 7](#_Toc445215817)

[Required Elements 7](#_Toc445215818)

[Part IA: Cover Page 8](#_Toc445215819)

[Part IB: Recipient School Information and Signature Page 9](#_Toc445215820)

[Part IC: Assurances Form 10](#_Toc445215822)

[Selection Criteria & Evaluation Rubric 13](#_Toc445215827)

[Priority Considerations 13](#_Toc445215828)

[Section A: Needs Assessment 14](#_Toc445215829)

[Section B: Proposed Program Description 14](#_Toc445215830)

[Section C: Partnerships 15](#_Toc445215831)

[Section D: Sustainability 15](#_Toc445215832)

[Section E: Budget Narrative & Electronic Budget Form 16](#_Toc445215833)

[Attachment A: Rules for Administration 17](#_Toc445215834)

[Attachment B: End-of-Year Program Report Questions 20](#_Toc445215835)

[Attachment C: Letter of Intent 21](#_Toc445215836)

# School Health Professional Grant Program 2016

# Applications Due: Friday, April 29, 2016, by 11:59 pm

# Introduction

The legalization of retail marijuana in the state of Colorado is anticipated to increase the availability of marijuana to underage youth. Marijuana use by minors can have immediate and lasting health implications, and many youth who engage in substance abuse develop or have underlying behavioral health needs. School health professionals are in a unique position to educate, assess, and assist youth who have substance abuse or behavioral health issues.

The Center for Disease Control's Healthy People 2020 recommends one school nurse for every 750 general education students. However, many school nurses in Colorado are responsible for as many as 6,000 students. Other recommended ratios include one school counselor for every 250 students and one school psychologist for every 500-700 students. The lack of health care professionals makes it difficult to provide the social-emotional support students need.

This Request for Proposal (RFP) is designed to provide matching funds to eligible Education Providers pursuant to the requirements of the School Health Professional Grant Program (22-96-101 through 22-96-105 C.R.S.). This program will enhance the presence of school health professionals in secondary schools throughout the state to facilitate better prevention education, screening for early identification, and referral care coordination for secondary school students with substance abuse and other behavioral health needs.

Individual awards for Education Providers will be granted depending on the number of health professionals added, which will bring the student-to-school health professionals to the recommended ratio(s). See **Attachment A** for the Rules for Administration of this program.

# Purpose

This matching grant program exists to help secondary schools:

1. Increase the presence of school health professionals in secondary schools to provide substance abuse and behavioral health care to students who are enrolled in secondary schools and have substance abuse or other behavioral health needs;
2. Provide training and resources for the newly hired school health professionals, other behavioral health school team members, and school staff on the implementation of evidence-based programming (defined as programming that evaluation research has proven to be effective) on substance abuse prevention education and behavioral health education for all students who are enrolled in secondary schools; and
3. Allow school health professionals to provide care coordination and connect students who are enrolled in secondary schools with services that are provided by community-based organizations for treatment and counseling for students who are at risk for substance abuse.

**Only applicants that specifically address one or more of the three purposes identified for funding will be considered.**

# Meeting CDE’s Strategic Goals

This matching grant program allows the Colorado Department of Education (CDE) and grant recipients to fulfill the following CDE Strategic Goals:

* *Every student meets or exceeds standards*
* *Every student graduates ready for college and careers*

# Eligible Applicants

Education Providers (on behalf of secondary schools that include any of grades seven through twelve) are eligible to apply for this opportunity in order to enhance the presence of school health professionals in their secondary schools. An eligible Education Provider is:

* A school district;
* A Board of Cooperative Services (BOCES);
* A Charter school authorized by a school district; or
* A Charter school authorized by the Charter School Institute.

Applications will not be accepted from individual schools, but must be authorized and submitted through the Education Provider. A charter school’s authorizer will be the fiscal agent, if funded.

Applicants that have received funds from the 2013-14 or 2014-15 School Health Professional Grant Program may apply for this current funding opportunity but in their application must describe current grant activities and services and demonstrate how, if awarded, capacity to provide activities and services will be expanded, augmented, or sustained. Past expenditure of funds and quality of program implementation will also be considered.

Available grant funding will be distributed to Education Providers on behalf of school(s) demonstrating high need based on Priority Criteria. Priority will be given to applicants that demonstrate the:

* Need for additional school health professionals, demonstrated by data regarding marijuana and the number of marijuana establishments located within the boundaries of a school district. Other examples to demonstrate need may include descriptions of school climate surrounding availability, prevalence, usage, attitudes of students and community, and increases in disciplinary action related to substance use.
* Existence of a successful school health team in Education Provider’s school(s).
* Education Provider’s emphasis and commitment to implement evidence-based programs and strategies. “Evidence-based” is defined as programming and strategies that evaluation research has shown to be effective. For the purposes of this grant, promising and best practices should be identified as such.
* Likelihood that the Education Provider will continue to fund the increases in the level of school health professional services following expiration of the grant.
* Amount of the matching funds that the Education Provider is able to commit.

# Available Funds and Matching Funds

Approximately $2 million is available for the 2016-2017 school year, with funding contingent on approval of appropriations from the State Legislature. CDE anticipates to award grants for a three-year period. Funding in subsequent years for grantees is contingent upon continued appropriations and upon grantees meeting all grant, fiscal and reporting requirements.

**Note:** Applicants must demonstrate a match of 10% of the funds requested. Federal funds may not be used for matching funds. Matching funds may include both in-kind and cash matches. The matching funds can come from state dollars, local government dollars, private dollars, or in-kind support. Examples of in-kind matches are student snacks, staff stipends, computers, or telephones for newly hired school health professionals.

# Allowable Use of Funds

An Education Provider that receives a grant under the program shall use the monies to increase the level of funding the Education Provider allocates to secondary school health professionals to provide substance abuse and behavioral health care to students prior to receiving the grant and not to replace other funding allocated to provide school health professionals for students in **secondary schools**. Funds must be used to add or increase hours for the following positions: School Nurse; School Psychologist; School Social Worker; and/or School Counselor. These positions must be state licensed or state certified school nurses or state licensed or state certified (or eligible for) health professionals qualified under state law to provide support services to children and adolescents.

Allowable school health professional services or activities include:

* Increasing the presence of school health professionals in secondary schools to provide substance abuse and behavioral health prevention education and early identification to students who are enrolled in secondary schools and have substance abuse or other behavioral health needs;
* Providing evidence-based training in substance abuse, behavioral health, and/or mental health strategies to school health professionals;
* Facilitating and coordinating training and resources for school staff on the implementation of evidence-based programming on substance abuse prevention and behavioral health education for all students and, whenever possible, families of students who are enrolled in secondary schools;
* Allowing school health professionals to provide care coordination and connect students who are enrolled in secondary schools with services that are provided by community-based organizations for treatment and counseling for students who are at risk for substance abuse.

Funding should be used for staff education and training as well as screening and early identification practices. Activities funded through this grant should be implemented during the school day and not after school.

**Note:** Funding may not be used for food, staff stipends, hiring for district positions, or for therapy or intervention practices. Partnerships should be developed with community agencies for therapy or intervention practices, so that the Education Provider may refer students to these partners.

# Review Process and Timeline

Applications will be reviewed by CDE staff, the School Health Professional Matching Grant Advisory Board, and peer reviewers to ensure they contain all required components. Applicants will be notified of final award status no later than June 17, 2016.

**Note:** This is a competitive process – applicants must score at least 120 points out of the 170 possible points to be approved for funding. Applications that score below 120 points may be asked to submit revisions that would bring the application up to a fundable level. There is no guarantee that submitting an application will result in funding or funding at the requested level. All award decisions are final. Applicants that do not meet the qualifications may reapply for future grant opportunities.

# Duration of Grant

Grants will be awarded for a three-year term beginning in the 2016-2017 fiscal year. Additional grant funding for subsequent years will be contingent upon annual appropriations by the State Legislature. Funded applicants for the 2016-2017 school year are not guaranteed any additional funding beyond the 2016-2017 year at this time. Funds must be expended by June 30, 2017. There will be no carryover of funds.

# Evaluation and Reporting

Each Education Provider that receives a grant through the School Health Professional Grant Program is required to report, at a minimum, the following information to the Department on or before July 1, 2017:

1. The number of school health professionals hired using grant monies.
2. Number and grade levels of students served.
3. School health professional to student ratio.
4. A breakdown of the use of matching and matched grant monies.
5. A list and explanation of the substance abuse, intervention, and behavioral health care student services provided using grant monies.
6. A list and explanation of the training and resources for school staff provided using grant monies.
7. Any health-related professional development programs provided using grant monies.
8. Information indicating an increase in the level of evidence-based programming on substance abuse prevention education provided to secondary students at recipient schools, such as screening or referral care programs.
9. A list and explanation of utilized community-based organizations for treatment and counseling for students.
10. Evaluation of impact of the School Health Professional Grant Program, to include a comparison of the numbers of students served at the recipient secondary schools for which the Education Provider receives a grant.

See **Attachment B** for the 2016 End-of Year Program Report Questions. Education Providers receiving a grant through the School Health Professional Grant Program may be selected for a site visit by CDE program staff during the 2016-2017 school year.

**Data Privacy**

CDE takes seriously its obligation to protect the privacy of student Personally Identifiable Information (PII) collected, used, shared, and stored. PII will not be collected through the School Health Professional Grant Program. All program evaluation data will be collected in the aggregate and will be used, shared, and stored in compliance with CDE’s privacy and security policies and procedures.

# Technical Assistance

An application training webinar will be held on **Thursday, March 31, 2016, from 1 pm – 2 pm**. Register for this technical assistance via Eventbrite at <http://shpgapp2016.eventbrite.com>. If you have questions or issues regarding registration, please email [CompetitiveGrants@cde.state.co.us](mailto:CompetitiveGrants@cde.state.co.us).

If interested in applying for this funding opportunity, please submit the Letter of Intent (see **Attachment C**) via SurveyMonkey at [www.surveymonkey.com/r/shpgp2016\_loi](https://www.surveymonkey.com/r/shpgp2016_loi) by **Friday, April 1, 2016, by 11:59 pm**.

# Submission Process and Deadline

An electronic copy of the application (in PDF format) and electronic budget (in Excel format) must be submitted to [CompetitiveGrants@cde.state.co.us](mailto:CompetitiveGrants@cde.state.co.us) by **Friday, April 29, 2016, by 11:59 pm**. The electronic version should include all required components of the application as one document. Please attach the electronic budget workbook in Excel format as a separate document. Faxes will not be accepted. Incomplete or late applications will not be considered. If you do not receive and email confirmation of receipt of your application within 24 hours of the deadline, please email [CompetitiveGrants@cde.state.co.us](mailto:CompetitiveGrants@cde.state.co.us). Application materials and budget are available for download on the CDE website at

<http://www.cde.state.co.us/healthandwellness/schoolhealthprofessionalgrantprogram>.

Submit the electronic copy of the application and electronic budget to: [CompetitiveGrants@cde.state.co.us](mailto:CompetitiveGrants@cde.state.co.us)

By: **Friday, April 29, 2016, by 11:59 pm**

# Application Format

* The total narrative (Part II) of the application **cannot exceed 10 pages**. Please see below for the required elements of the application.
* Typed applications are strongly preferred and should be submitted in 12-point font and single-spaced with 1-inch margins and numbered pages.
* All pages should be on standard letter size paper, 8-1/2” x 11.”
* The signature page must include original signatures of the lead organization/fiscal agent.

# Required Elements

The format outlined below must be followed in order to assure consistent application of the evaluation criteria. **See evaluation rubric for specific selection criteria needed in Part II (pages 13 – 16).**

**Part I: Application Introduction (not scored, does not count toward page limit)**

IA: Cover Page

IB: Recipient School Information and Signature Page

IC: Assurances Form

Executive Summary (no more than 1 page)

**Part II: Narrative (cannot exceed 10 pages)**

Priority Considerations

Section A: Needs Assessment

Section B: Proposed Program Description

Section C: Partnerships

Section D: Sustainability

Section E: Budget Narrative and Electronic Budget Form (does not count toward page limit)

School Health Professional Grant Program 2016

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Part IA: Cover Page(complete and attach as the first page of application) | | | | | | | | | | | | | |
| **Education Provider Information** | | | | | | | | | | | | | |
| **LEA/BOCES Name:** | |  | | | | | | | | **LEA/BOCES Code:** | | |  |
| **Mailing Address:** | |  | | | | | | | | **DUNS #:** | |  | |
| **Authorized Representative Information** | | | | | | | | | | | | | |
| **Name:** |  | | | **Title:** | |  | | | | | | | |
| **Telephone:** |  | | | **E-mail:** | | |  | | | | | | |
| **Signature:** |  | | | | | | | | | | | | |
| **Program Contact Information** | | | | | | | | | | | | | |
| **Name:** |  | | | **Title:** | |  | | | | | | | |
| **Telephone:** |  | | | **E-mail:** | | |  | | | | | | |
| **Signature:** |  | | | | | | | | | | | | |
| **Fiscal Manager Information** | | | | | | | | | | | | | |
| **Name:** |  | | | | | | | | | | | | |
| **Mailing Address:** | |  | | | | | | | | | | | |
| **Telephone:** |  | | | **E-mail:** | | |  | | | | | | |
| **Signature:** |  | | | | | | | | | | | | |
| **Type of Education Provider**  (check box below that best describes your organization) | | | | | | | | | | | | | |
| School District Board of Cooperative Educational Services (BOCES) Charter School Institute | | | | | | | | | | | | | |
| **Region**  (indicate region of Colorado this program will directly impact) | | | | | | | | | | | | | |
| Metro Pikes Peak North Central Northwest  West Central Southwest Southeast Northeast | | | | | | | | | | | | | |
| **Recipient Schools**  (list all schools impacted by this funding – additional rows may be added) | | | | | | | | | | | | | |
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|  | | | | |  | | | | | | | | |
| Grant Information  The following information will be verified by CDE and considered in the funding decision: | | | | | | | | | | | | | |
| **Amount Requested**  (i*ndicate the total amount of funding you are requesting for this grant*) | | | | | **Amount to Match**  *(indicate the total amount of funding you will match for this grant)* | | | | | | | | |
| **Year 1 (2016-2017)** | | **$** |  | | Year 1 (2016-2017) | | | **$** |  | | | | |
| **Are legal retail marijuana sales allowed in education provider’s city/county?** | | | | | | | | | | | **Yes  No** | | |
| **Number of retail/medical marijuana establishments located within boundaries of district:** | | | | | | | | | | |  | | |

**Note:** If grant is approved, funding will not be awarded until all signatures are in place. Please attempt to obtain all signatures before submitting application.

|  |
| --- |
| Part IB: Recipient School Information and Signature Page(complete and attach after the Cover Page – if necessary, additional copies of this page may be attached in order to include each participating school) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Education Provider Information** | | | | | | |
| **LEA/BOCES Name:** | |  | | | | |
| **Recipient School Information** | | | | | | |
| **School Name:** | |  | | | **School Code:** |  |
| **Mailing Address:** | |  | | | | |
| **Principal Name:** | |  | | | | |
| **Telephone:** |  | | **E-mail:** |  | | |
| **Principal Signature:** | |  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Education Provider Information** | | | | | | |
| **LEA/BOCES Name:** | |  | | | | |
| **Recipient School Information** | | | | | | |
| **School Name:** | |  | | | **School Code:** |  |
| **Mailing Address:** | |  | | | | |
| **Principal Name:** | |  | | | | |
| **Telephone:** |  | | **E-mail:** |  | | |
| **Principal Signature:** | |  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Education Provider Information** | | | | | | |
| **LEA/BOCES Name:** | |  | | | | |
| **Recipient School Information** | | | | | | |
| **School Name:** | |  | | | **School Code:** |  |
| **Mailing Address:** | |  | | | | |
| **Principal Name:** | |  | | | | |
| **Telephone:** |  | | **E-mail:** |  | | |
| **Principal Signature:** | |  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Education Provider Information** | | | | | | |
| **LEA/BOCES Name:** | |  | | | | |
| **Recipient School Information** | | | | | | |
| **School Name:** | |  | | | **School Code:** |  |
| **Mailing Address:** | |  | | | | |
| **Principal Name:** | |  | | | | |
| **Telephone:** |  | | **E-mail:** |  | | |
| **Principal Signature:** | |  | | | | |

# Part IC: Assurances Form

# (complete and attach after Recipient School Information pages)

**School Health Professional Grant Program 2016**

The appropriate Authorized Representatives must sign below to indicate their approval of the contents of the application, and the receipt of program funds.

|  |  |  |  |
| --- | --- | --- | --- |
| On | (date) | , 2016, the Board of | (district) |

hereby agrees to the following assurances:

1. The grantee will annually provide the Colorado Department of Education the evaluation information required on pages 5-6 and in the Progress Report (Attachment B) of the Request for Proposal.
2. The grantee will work with and provide requested data to CDE for the School Health Professional Grant Program within the time frames specified.
3. In addition to the Education Provider’s proposed plan for training and resources, the grantee will budget for a team to attend grant trainings during the term of the grant.
4. The grantee will not discriminate against anyone regarding race, gender, national origin, color, disability, or age.
5. That funds will be used to supplement and not supplant any moneys currently being used to provide school health professionals or services for students in secondary schools and grant dollars will be administered by the appropriate fiscal agent.
6. That funded projects will maintain appropriate fiscal and program records and that fiscal audits of this program will be conducted by the grantees as a part of their regular audits.
7. That if any findings of misuse of these funds are discovered, project funds will be returned to CDE.
8. The grantee will maintain sole responsibility for the project even though subcontractors may be used to perform certain services.

The Colorado Department of Education may terminate a grant award upon thirty (30) days’ notice if it is deemed by CDE that the applicant is not fulfilling the requirements of the funded program as specified in the approved project application, or if the program is generating less than satisfactory results.

Project modifications and changes in the approved budget must be requested in writing and be approved in writing by the Colorado Department of Education before modifications are made to the expenditures. Please contact Kathy Patrick ([Patrick\_K@cde.state.co.us](mailto:Patrick_K@cde.state.co.us) | 303-866-6779) and Marti Rodriguez ([Rodriguez\_M@cde.state.co.us](mailto:Rodriguez_M@cde.state.co.us) | 303-866-6769) of CDE’s Grants Fiscal Management for any modifications.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of School Board President/BOCES President  (if applicable) |  | Signature |
|  |  |  |
| Name of District Superintendent  (if applicable) |  | Signature |
|  |  |  |
| Name of Charter School Board President  (if applicable) |  | Signature |
|  |  |  |
| Name of Charter School Institute Authorized Representative  (if applicable) |  | Signature |

# School Health Professional Grant Program 2016

# Selection Criteria and Evaluation Rubric

# Application Scoring (CDE Use Only)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Part I:** | **Application Introduction** | | No Points | | |
| **Part II:** | **Narrative** | |  | | |
|  | Priority Considerations | |  | | /75 |
|  | Section A: | Needs Assessment |  | | /35 |
|  | Section B: | Proposed Program Description |  | | /25 |
|  | Section C: | Partnerships |  | | /10 |
|  | Section D: | Sustainability |  | | /10 |
|  | Section E: | Budget Narrative and Electronic Budget Form |  | | /15 |
| **Total:** | | |  | **/170** | |

**GENERAL COMMENTS:** Please indicate support for scoring by including overall strengths and weaknesses. These comments are used on feedback forms to applicants.

**Strengths:**

**Weaknesses:**

**Required Changes:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RECOMMENDATION:** | Funded |  |  | Funded with Changes |  |  | Not Funded |  |

# Selection Criteria & Evaluation Rubric

**Part I: Application Introduction (No Points)**

Cover Pages and Certification

Complete the attached cover page, signature pages, and assurances page and attach as the first pages of the application.

Executive Summary

Provide a brief description (no more than one page) of the proposed School Health Professional Grant Program. This may include descriptions of the school(s); school culture; community; and leadership. Some emphasis should be placed on why the Education Provider is applying and the vision for providing behavioral health and substance use support to students. This summary does not count toward the 10-page narrative page limit.

**Part II: Narrative (170 Points)**

The following criteria will be used by reviewers to evaluate the application as a whole. In order for the application to be recommended for funding, it must receive at least 120 points out of the 170 possible points and all required elements must be addressed. An application that receives a score of 0 on any required elements will not be funded.

For those applicants that have previously received funding from the School Health Professional Grant Program, the expectation is that the narrative will include references to that award, where applicable. For example, discuss how the funds contributed to the program and what still needs to be accomplished. In particular, applicants should demonstrate ongoing and improved capacity in the program and a well-developed plan for sustainability.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Priority Considerations | **Inadequate Description** | **Minimal Need** | **Adequate**  **Need** | **Priority Need** | |
| 1. Describe applicant’s need for additional school health professionals, demonstrated by data regarding marijuana and the number of marijuana establishments located within the boundaries of a school district. Other examples to demonstrate need may include descriptions of school climate surrounding availability, prevalence, usage, attitudes of students and community, and increases in disciplinary action related to substance use. | 0 | 5 | 10 | 15 | |
| 1. Describe the existence of, or intent to implement, a successful school health team in Education Provider’s school(s), or intent to implement a successful school health team. | 0 | 5 | 10 | 15 | |
| 1. Describe Education Provider’s emphasis and commitment to implement evidence-based programs and strategies. “Evidence-based” is defined as programming and strategies that evaluation research has shown to be effective. For the purposes of this grant, promising and best practices should be identified as such. | 0 | 5 | 10 | 15 | |
| 1. Describe the likelihood that the Education Provider will continue to fund the increases in the level of school health professional services following expiration of the grant. | 0 | 5 | 10 | 15 | |
| **Matching Funds** | | | | | |
| 1. Describe anticipated amount and source of matching funds that the Education Provider intends to provide to augment any grant money received.  ***Note: There is a required 10% match of funds.*** | **<10% Match, unallowable sources, or not listed** | **10% Match and allowable source(s)** | **11-24% Match and allowable source(s)** | **25% or more Match and allowable source(s)** | |
| 0 | 5 | 10 | 15 | |
| **Reviewer Comments:** | | | | | |
| TOTAL POINTS | | | |  | **/75** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Section A: Needs Assessment | **Inadequate**  **(information not provided)** | **Minimal**  **(requires additional clarification)** | **Adequate**  **(clear and complete)** | **Excellent**  **(concise and thoroughly developed)** | |
| 1. Describe the extent to which the Education Provider has seen increased incidence of disciplinary actions for drug use or selling drugs. | 0 | 2 | 5 | 7 | |
| 1. Describe the nature of current health care strategies in recipient secondary school(s), to include screenings, referrals to community organizations, and training on substance abuse issues. | 0 | 2 | 5 | 7 | |
| 1. Describe the nature of current behavioral systems in place in recipient secondary school(s), to include early intervention or disciplinary action, Multi-Tiered System of Supports (MTSS), Alternatives to Suspension, and training for these programs for students and staff, on substance abuse issues. | 0 | 2 | 5 | 7 | |
| 1. Identify current gaps in health care services and explain current trends or reasons for the gaps in these services, using data where applicable. | 0 | 2 | 5 | 7 | |
| 1. Clearly and thoroughly describe whether the Education Provider has a successful school health team in its recipient secondary school(s), including: the number, roles, and responsibilities of current behavioral/health care professionals. | 0 | 2 | 5 | 7 | |
| **Reviewer Comments:** | | | | | |
| **TOTAL POINTS** | | | |  | **/35** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Section B: Proposed Program Description | **Inadequate**  **(information not provided)** | **Minimal**  **(requires additional clarification)** | **Adequate**  **(clear and complete)** | **Excellent**  **(concise and thoroughly developed)** | |
| 1. Provide a specific and well-conceived description of the plan for use of the grant moneys to provide substance abuse and behavioral health care servicesat recipient secondary school(s), including screenings, referrals to community organizations, and training for students and staff on substance abuse issues. | 0 | 3 | 5 | 10 | |
| 1. Provide clear, measurable goals/objectives consistent with desired outcomes of the School Health Professional Grant Program, including increasing the capacity (hiring school health professional FTEs, etc.) and effectiveness (with the support of evidence-based training and programming, for example) of the substance abuse and behavioral health care services in secondary school(s). | 0 | 1 | 3 | 5 | |
| 1. Provide a clearly detailed work plan for implementation. Timeline identifies major implementation activities, interim benchmarks, the date by which they will be accomplished, and the person(s) responsible. Please use the table below to complete your SMART goals(s). | 0 | 1 | 5 | 10 | |
| Example:   |  |  |  | | --- | --- | --- | | **SMART Goal** (**S**pecific, **M**easurable, **A**chievable, **R**elevant, **T**ime-phased) | | | | **What data will you collect that will indicate the objective has been achieved?**  Number participating/in attendance will be counted (for example) | | | | **Activity** | **Date to be completed (in chronological order)** | **Job Title of Person Responsible** | | Contact XXXX. | Month Day, Year |  | | Plan XXXX. | Month Day, Year |  | | Contact community partner to support XXXX. | Month Day, Year |  | | Have the XXXX event. | Month Day, Year |  | | | | | | |
| **Reviewer Comments:** | | | | | |
| **TOTAL POINTS** | | | |  | **/25** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Section C: Partnerships | **Inadequate**  **(information not provided)** | **Minimal**  **(requires additional clarification)** | **Adequate**  **(clear and complete)** | **Excellent**  **(concise and thoroughly developed)** | |
| 1. Describe the extent to which the Education Provider has developed or plans to develop community partnerships to serve substance abuse and behavioral health care needs of its secondary students. | 0 | 1 | 3 | 5 | |
| 1. Describe the extent to which the Education Provider has planned to involve the following in increasing the capacity and effectiveness of the substance abuse and behavioral health care services provided to secondary school students: 2. Leaders at recipient secondary school(s); 3. Faculty at recipient secondary school(s); 4. Leaders in the surrounding community; 5. Parent and family engagement; and 6. Youth as partners. | 0 | 1 | 3 | 5 | |
| **Reviewer Comments:** | | | | | |
| **TOTAL POINTS** | | | |  | **/10** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Section D: Sustainability | **Inadequate**  **(information not provided)** | **Minimal**  **(requires additional clarification)** | **Adequate (clear and complete)** | **Excellent**  **(concise and thoroughly developed)** | |
| 1. Describe a clear and well-conceived plan for how the proposed project will be continued once the grant dollars have expired. For example, how will quality behavioral health care services continue to serve to secondary students once the grant has expired? | 0 | 3 | 5 | 10 | |
| **Reviewer Comments:** | | | | | |
| **TOTAL POINTS** | | | |  | **/10** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Section E: Budget Narrative & Electronic Budget Form **(Electronic Budget Form does not count toward page limit)** | **Inadequate**  **(information not provided)** | **Minimal**  **(requires additional clarification)** | **Adequate (clear and complete)** | **Excellent**  **(concise and thoroughly developed)** | |
| 1. Describe all expenditures contained in the electronic budget form and connect to project goals and activities. The costs of the proposed project (as presented in the electronic budget and budget narrative) shall be reasonable and the budget sufficient in relation to the objectives, design, scope and sustainability of project activities. | 0 | 3 | 5 | 10 | |
| 1. Demonstrate how the funds awarded under the program will be used to supplement the level of funds available for authorized programs and activities, and will **not supplant** federal, state, local, or non-federal funds. | 0 | 1 | 3 | 5 | |
| **Reviewer Comments:** | | | | | |
| **TOTAL POINTS** | | | |  | **/15** |

# Attachment A: Rules for Administration

**COLORADO STATE BOARD OF EDUCATION**

**Department of Education**

**1 COLORADO CODE OF REGULATION 301-94**

**EMERGENCY RULES FOR THE ADMINISTRATION OF**

**THE SCHOOL HEALTH PROFESSIONAL GRANT PROGRAM**

**Authority:** Article IX, Section 1, Colorado Constitution. 22-2-106(1)(a) and (c); 22-2-107(1)(c); 22-7-409(1.5); 22-96-101 et seq. of the Colorado Revised Statutes (C.R.S.).

**1.00 Statement of Basis and Purpose.**

The statutory basis for these emergency rules adopted on August 14, 2014 is found in 22-2-106(1)(a) and (c), State Board Duties; 22-2-107(1)(c), State Board Powers; and 22-96-101 through 22-96-105, the School Health Professional Grant Program, C.R.S.

The School Health Professional Grant Program, 22-96-101 through 22-96-105, C.R.S., requires the State Board of Education to promulgate rules for the implementation of the program, including but not limited to: the timeline for submitting applications to the Department; the form of the grant application and any information in addition to that specified in section 22-96-104 (2), C.R.S. to be included in the application; any criteria for awarding grants in addition to those specified in section 22-96-104 (3), C.R.S.; and any information to be included in the Department’s program report in addition to that required in section 22-96-105, C.R.S.

**2.00 Definitions.**

2.00 (1) Department: The Department of Education created and existing pursuant to section 24-1-115,

C.R.S.

2.00 (2) Education Provider: A school district, a board of cooperative services, a charter school

authorized by a school district pursuant to Part 1 of Article 30.5 of Title 22 C.R.S., or a charter school authorized by the State Charter School Institute pursuant to Part 5 of Article 30.5 of Title 22 C.R.S.

2.00 (3) School Health Professional: A state-licensed or state-certified school nurse or other state-

licensed or state-certified health professional qualified under state law to provide support services to children and adolescents.

2.00 (4) Secondary School: A public school that includes any of grades seven through twelve.

2.00 (5) State Board: The State Board of Education created pursuant to Section 1 of Article IX of the State

Constitution.

2.01 Implementation Procedures.

2.01 (1) **Application Timeline.** During the 2014-15 school year, the Department will conduct an initial

grant funding competition for the School Health Professional Grant Program. Applications will be due to the Department on or before October 1, 2014. Beginning on May 1, 2015, and May 1 of each year thereafter, subject to available appropriations, School Health Professional Grant applications will be due for funding available July 1 of the subsequent fiscal year.

2.01 (2) **Application Procedures.** The Department will be the responsible agency for implementing the

School Health Professional Grant Program. The Department will develop a Request for Proposal (RFP), pursuant to the Department’s RFP process and pursuant to the requirements and timelines found in 22-96-104, C.R.S. If the Department determines an application is missing any information required by rule to be included with the application, the Department may contact the education provider to obtain the missing information. Each grant application, at a minimum, shall specify:

2.01 (2) (a) The intended recipient secondary schools, the number of health professionals employed

by the education provider in secondary schools prior to receipt of a grant, and the ratio of students to school health providers in the secondary schools operated by or receiving services from the education provider;

2.01 (2) (b) The education provider's plan for use of the grant moneys, including the extent to which

the grant moneys will be used to increase the number of school health professionals at recipient secondary schools and to provide substance abuse and behavioral health care services at recipient secondary schools, including screenings, referrals to community organizations, and training for students, families and staff on substance abuse issues;

2.01 (2) (c) The education provider's plan for involving leaders at the recipient secondary schools

and in the surrounding community and the faculty at recipient secondary schools in increasing the capacity and effectiveness of the substance abuse and behavioral health care services provided to secondary school students enrolled in or receiving educational services from the education provider;

2.01 (2) (d) The extent to which the education provider has developed or plans to develop

community partnerships to serve substance abuse and behavioral health care needs of all of the secondary students enrolled in or receiving educational services from the education provider;

2.01 (2) (e) The extent to which the education provider has seen increased incidence of disciplinary

actions for drug use or selling drugs;

2.01 (2) (f) The extent to which the education provider has an existing program that can be

expanded to increase the availability of school health professionals;

2.01 (2) (g) The amount of matching funds that the education provider intends to provide to

augment any grant moneys received from the program and the anticipated amount and source of any matching funds;

2.01 (2) (h) The education provider's plan for continuing to fund the increase in school health

professional services following expiration of the grant; and

2.01 (2) (i) An assurance of the education provider's commitment to participate in the Healthy Kids

Colorado Survey and School Health Profiles.

2.01 (3) **Application Priority Criteria.** In reviewing applications and making recommendations to the

State Board, the Department shall prioritize applications based on the following criteria:

2.01 (3) (a) The education provider's need for additional school Health professionals in secondary

schools, demonstrated by the local school and community data regarding marijuana and the number of marijuana establishments located within the boundaries of a school district;

2.01 (3) (b) The existence of a successful school health team in the education provider's school or

schools;

2.01 (3) (c) The amount of the matching funds that the education provider is able to commit;

2.01 (3) (d) The education provider's emphasis and commitment to implement evidence-based and

research-based programs and strategies; and

2.01 (3) (e) The likelihood that the education provider will continue to fund the increases in the

level of school health professional services following expiration of the grant.

2.01 (4) **Additional Review Criteria.** The Department and the State Board shall consult with experts in

the area of school health professional services when establishing any additional criteria for awarding grants and in reviewing applications and selecting grant recipients.

2.01 (5) **Duration and Amount of Grant Awards.** Subject to available appropriations, the State Board

shall award grants to applying education providers pursuant to 22-96-104, C.R.S. The State Board shall base the grant awards on the Department’s recommendations. Each grant shall have an initial term of one year. In making the award, the State Board shall specify the amount of each grant.

2.01 (5) (a) An education provider that receives a grant under the program shall use the moneys to

increase the level of funding the education provider allocates to secondary school health professionals to provide substance abuse and behavioral health care to students prior to receiving the grant and not to replace other funding sources allocated to provide school health professionals for students in secondary schools.

2.01 (6) **Reporting.** In any fiscal year in which the general assembly makes an appropriation to the

department for the purposes of the program, each education provider that receives a grant through the program shall report the following Information to the department each year during the term of the grant:

2.01 (6) (a) The number of school health professionals hired using grant moneys; and

2.01 (6) (b) A list and explanation of the services provided using grant moneys.

2.01 (7) **Evaluation of Program.** On or before May 1, 2015, and on or before May 1 in each fiscal year

thereafter in which the general assembly makes an appropriation to the Department for the purposes of the program, the Department shall submit to the Education Committees of the Senate and the House of Representatives, or any successor Committees, a report that, at a minimum, summarizes the Information received by the department pursuant to subsection (1) of this 22-96-105, C.R.S. The Department shall also post the report to its web site.

# Attachment B: End-of-Year Program Report Questions

Each Education Provider awarded funding through the School Health Professional Grant Program must submit an End-of-Year Report to CDE **on or before July 1, 2017**. Submit via email to Susan Munro at [Munro\_S@cde.state.co.us](mailto:Munro_S@cde.state.co.us).

Please include the following information and any applicable data in your report:

1. The number of school health professionals hired using grant monies.
2. Number and grade levels of students served.
3. School health professional to student ratio.
4. A breakdown of the use of matching and matched grant monies.
5. A list and explanation of the substance abuse, intervention, and behavioral health care student services provided using grant monies.
6. A list and explanation of the training and resources for school staff provided using grant monies.
7. Any health-related professional development programs provided using grant monies.
8. Information indicating an increase in the level of evidence-based programming on substance abuse prevention education provided to secondary students at recipient schools, such as screening or referral care programs.
9. A list and explanation of utilized community-based organizations for treatment and counseling for students.
10. Evaluation of impact of the School Health Professional Grant Program, to include a comparison of the numbers of students served at the recipient secondary schools for which the Education Provider receives a grant.

# Attachment C: Letter of Intent

The Letter of Intent to apply for the School Health Professional Program is due **Friday, April 1, 2016, by 11:59 pm**. Submit online via SurveyMonkey at [www.surveymonkey.com/r/shpgp2016\_loi](https://www.surveymonkey.com/r/shpgp2016_loi). Below is a screenshot of the information requested in the Letter of Intent.

