

# **Funding Opportunity**

**Applications Due:** Thursday, March 21, 2019 by 11:59 pm **Application Information Webinar:** Wednesday, February 13, 2019 at 1:00-2:00

pm

Letter of Intent Due: Tuesday, February 19, 2019 by 11:59 pm

# **School Professional Grant Program**

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

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## School Professional Grant Program 2019 Applications Due: Thursday, March 21, 2019 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 professionals are in a unique position to educate, assess, and assist youth who have substance abuse or behavioral health issues.

This funding opportunity is designed to provide matching funds to eligible Education Providers pursuant to the requirements of the Behavioral Healthcare Professional Matching Grant Program (C.R.S. 22-96-101 through 22-96-105). This program will enhance the presence of school professionals in schools K-12 throughout the state to facilitate better prevention education, screening for early identification, and referral care coordination for K-12 school students with substance abuse and other behavioral health needs.

### **Purpose**

This matching grant program exists to help K-12 schools:

- 1) Increase the presence of school professionals in K-12 schools to provide substance abuse and behavioral health care to students who are enrolled in elementary and secondary schools and have substance abuse or other behavioral health needs;
- 2) Provide training and resources for the newly hired school 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 K-12 schools; and
- 3) Allow school professionals to provide care coordination and connect students who are enrolled in K-12 schools with services that are provided by community-based organizations for treatment and counseling for students who are at risk for substance abuse and behavioral health needs.

Only applicants that address all of the above will be considered. See Attachment A for the Rules for Administration of this grant program.

## **Program Definitions**

The definition of "school professional" refers to any licenses and certificates issued by the State, including those issued by the Department of Regulatory Affairs (DORA) to provide support services to children and adolescents in grades K-12.

## **Eligible Applicants**

Education Providers (on behalf of K-12 schools) are eligible to apply for this opportunity in order to enhance the presence of school professionals in their K-12 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 within a school district or BOCES, but must be authorized and submitted through the Education Provider. Note: a charter school authorized by a school district or CSI may submit an application but the charter school authorizer will be the fiscal agent, if funded.

Applicants that have received funds from this grant program in previous years may apply for the current funding opportunity. Existing grantees can apply for supplemental funds through this grant opportunity, which does not affect current grant activities or funds.

For applicants that have previously received funding from the School Professional Grant Program, the expectation is that the application narrative will include references to that award, where applicable. In particular, applicants should demonstrate ongoing and improved capacity in the program (including expanded or augmented grant activities) and describe those grant priorities that have improved their infrastructure to address students behavioral health needs.

### **Priority Consideration**

Available grant funding will be distributed to Education Providers on behalf of school(s) based on the demonstration of the following priority considerations:

- Need for additional school professionals, demonstrated by data regarding marijuana use and behavioral health needs of students. 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 professional services following expiration of the grant.
- Amount of the matching funds that the Education Provider is able to commit.

#### **Duration of Grant**

Grants will be awarded for a three-year term beginning in the 2019-2020 fiscal year. Additional grant funding for subsequent years will be contingent upon annual appropriations by the State Legislature and grantees fulfilling all program and fiscal reporting requirements. Funded applicants for the 2019-2020 school year are not guaranteed any additional funding beyond the 2019-2020 year at this time. Funds from year one of the grant must be expended by June 30, 2020. There will be no carryover of funds.

## **Available Funds and Matching Funds**

This application is being released, but is contingent upon approved appropriations to the School Professional Grant (Behavioral Health Care Professional Matching Grant) for 2019-20 school year.

The anticipated level of funding is approximately \$2.28 million for the 2019-2020 school year.

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

#### **Required Grant Activities**

For all grantees, attendance is required at a state-wide training meeting in fall of 2019, provided by CDE in the Denver metro area. Additionally, there may be one to two other training meetings throughout the grant cycle. CDE recommends that school professionals and administrators/coordinators of the grant activities attend. Grant funds may be used for mileage, accommodations, per diem, etc. for CDE meeting(s).

#### Allowable Use of Funds

Allowable grant activities include:

- Hiring FTEs may include State Certified School Psych, Social Worker, Nurse, Counselor or other DORA licensed or State certified School Professional.
- Staff training and professional development and associated travel costs, including attendance at required grantee meeting in Fall 2019 in the Denver metro area;
- Resources for school staff on the implementation of evidence-based programming on substance abuse prevention education;
- Screening, early identification practices and referrals for students.

\*Individuals who will fill these positions under this grant must be currently licensed through the Colorado Department of Education or have a license through DORA and must be able to obtain a license within 30-60 days of being hired through this grant. Positions for school professionals who are not licensed through the Colorado Department of Education and/or DORA will not be funded through this grant.

Funding may not be used for hiring for district-level positions, administrative costs, incentives for students, or for therapy services for students.

An Education Provider that receives a grant under the program must use the funds to increase the level of funding for K-12 school 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 professionals.

#### **Review Process and Timeline**

Applications will be reviewed by CDE staff, the School Professional Grant Advisory Board, and peer reviewers to ensure they contain all required components. Applicants will be notified of final award status no later than May 30, 2019.

Note: This is a competitive process – applicants must score at least 70 points out of the 100 possible points to be approved for funding (70% of the possible total points). Applications that score below 70 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.

## **Evaluation and Reporting**

Each Education Provider that receives funds through this grant program must submit the following information:

#### Mid-year Progress Report: Due by January 31, 2020

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

- 1) Describe the progress on the budget spending through January.
- 2) Provide data in the Scorecard that will help with strategic planning, data-driven decision-making, quality improvement, and evaluation. The data will tell how well programs are serving the students by answering these questions- How much was done? How well was it done? Is anyone better off?
- 3) Indicate which participants have been involved with work and/or trainings so far this year.
- 4) Describe the projected goals you plan to have completed/accomplished by the end of this school year.
- 5) Describe any current unexpected roadblocks that have occurred so far this year that is hindering the goals of the work plan.

#### End-of year program report: Due by June 1, 2020

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

- 1) The number of school professionals hired;
- 2) A list and explanation of the services provided;

- 3) Resources used to support the program;
- 4) Professional development received for school professionals, faculty and staff; and
- 5) Students served.
- 6) Data in the Scorecard that will help with strategic planning, data-driven decision-making, quality improvement, and evaluation. The data will tell how well programs are serving the students by answering these questions- How much was done? How well was it done? Is anyone better off?

See Attachment B for the 2019-2020 program reporting requirements. Additionally, interim fiscal reports will be due mid-year on January 31, 2020. Grantees may also be selected for a site visit by CDE program staff during the 2019-2020 school year.

### **Data Privacy**

CDE takes seriously its obligation to protect the privacy of student and educator Personally Identifiable Information (PII) collected, used, shared, and stored. Therefore, CDE provides a secure system to collect information, survey responses, and PII for this grant program. PII will be collected, used, shared, and stored in compliance with CDE's privacy and security policies and procedures.

Please note: Documents submitted in support of the application must not contain any personally identifiable student or educator information including names, identification numbers, or anything that could identify an individual. All data should be referenced/included in the aggregate and the aggregate counts should be redacted to remove small numbers under 16 for students or 5 for educators.

#### **Technical Assistance**

An application training webinar will be held on **Wednesday**, **February 13**, **2019 at 1:00-2:00 pm**. Register here for this technical assistance. If you have questions or issues regarding registration, please email CompetitiveGrants@cde.state.co.us.

If interested in applying for this funding opportunity, please submit the Letter of Intent (see Attachment C) by Tuesday, February 19 at 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 by Thursday, March 21, 2019 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.

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

> > By: Thursday, March 21, 2019 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 1inch 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 13-17).

#### 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 (form does not count toward page limit)

# School Professional Grant Program 2019

Part IA: Cover Page							
(complete ar	(complete and attach as the first page of application)						
			Education Pro	vider In	formation		
LEA/BOCES N	Name:					LEA/BOCES	Code:
Mailing Add	ress:					DUNS #:	
			Authorized Repre		e Information		
Name:				Title:			
Telephone:				E-mail:			
Signature:							
			Program Cor	tact Info	ormation		
Name:				Title:			
Telephone:				E-mail:			
Signature:							
			Fiscal Mana	ger Info	rmation		
Name:							
Telephone:				E-mail:			
Signature:	Signature:						
Type of Education Provider  (check box below that best describes your organization)							
☐ School	District	·	of Cooperative Educ				ool Institute
			·	egion	·		
		(indicate	e region of Colorado	_	ram will direct	y impact)	
		☐ Metro	☐ Pikes Peak	□ Nort	h Central	□ Northwest	
		☐ West Cent	ral 🗆 Southwe	st 🗆	Southeast	☐ Northeast	
	(	list all school	Recipion   s impacted by this fu	e <b>nt Scho</b> ending – a		may be added)	
	,	not an serioon	o impacted by this id		adicional rows	may be added,	
						-	
	An	nount Reque	sted		A	mount to Match	
(indicat	e the to	tal amount o	f funding you are	(indic	ate the total a	nount of funding yo	u will match for
	reque	esting for this	grant)			this grant)	
Year 1 (2019	/ear 1 (2019-2020) \$				1 (2019-2020)	\$	

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 for each recipient school participating in the grant program – if necessary, additional copies of this page may be attached in order to include each participating school)

LEA/BOCES Name:  Recipient School Information  School Name:  Principal Name:  Telephone:  Principal Signature:   Education Provider Information  LEA/BOCES Name:  Recipient School Information  School Code:  Principal Name:  Telephone:  Principal Signature:  Education Provider Information  LEA/BOCES Name:  Recipient School Information  LEA/BOCES Name:  Education Provider Information  School Code:  Principal Name:  Femail:  Principal Name:  Femail:  Principal Signature:  Education Provider Information  LEA/BOCES Name:  Education Provider Information  Education Provider Information  Education Provider Information		Education Provider Information	
School Name: Principal Name: Telephone:    E-mail:	LEA/BOCES Name:		
Principal Name: Telephone:  Principal Signature:  Education Provider Information  LEA/BOCES Name:  Recipient School Information  School Name: Principal Name: Telephone:  Principal Signature:  Education Provider Information  LEA/BOCES Name:  Recipient School Information  LEA/BOCES Name:  Recipient School Information  School Name: Principal Name: Telephone:  Principal Name: Telephone:  E-mail: Principal Signature:  Education Provider Information  LEA/BOCES Name:  Recipient School Information		Recipient School Information	
Telephone:   E-mail:    Principal Signature:    Education Provider Information  LEA/BOCES Name:   Recipient School Information  School Name:   School Code:    Principal Name:   E-mail:    Principal Signature:    Education Provider Information  LEA/BOCES Name:   Recipient School Information  School Name:   School Code:    Principal Name:   Telephone:   E-mail:    Principal Signature:    Education Provider Information  LEA/BOCES Name:   E-mail:    Principal Signature:    Education Provider Information  LEA/BOCES Name:   Recipient School Information	School Name:		School Code:
Education Provider Information	Principal Name:		
Education Provider Information	Telephone:	E-mail:	
Recipient School Information   School Code:	Principal Signature:		
Recipient School Information   School Code:			
Recipient School Information  School Name: Principal Name: Telephone:  Principal Signature:  Education Provider Information  LEA/BOCES Name:  Recipient School Information  School Name: Principal Name: Telephone:  Telephone:  E-mail:  E-mail:  E-mail:  E-mail:  E-mail:  Principal Signature:  Education Provider Information  LEA/BOCES Name:  Recipient School Information		Education Provider Information	
School Name: Principal Name: Telephone: Principal Signature:  Education Provider Information  LEA/BOCES Name: Recipient School Information  School Name: Principal Name: Telephone: E-mail: Principal Signature:  Education Provider Information  School Code: Principal Name: Telephone: E-mail: Principal Signature:  Education Provider Information  LEA/BOCES Name: Recipient School Information	LEA/BOCES Name:		
Principal Name:  Telephone:  Principal Signature:  Education Provider Information  LEA/BOCES Name:  Recipient School Information  School Name:  Principal Name:  Telephone:  Telephone:  Principal Signature:  E-mail:  Principal Signature:  Education Provider Information  LEA/BOCES Name:  Recipient School Information		Recipient School Information	
Telephone:  Principal Signature:  Education Provider Information  LEA/BOCES Name:  Recipient School Information  School Name: Principal Name: Telephone:  Telephone:  Principal Signature:  Education Provider Information  Education Provider Information  LEA/BOCES Name:  Recipient School Information	School Name:		School Code:
Principal Signature:  Education Provider Information  LEA/BOCES Name:  Recipient School Information  School Name:  Principal Name:  Telephone:  Principal Signature:  Education Provider Information  LEA/BOCES Name:  Recipient School Information	Principal Name:		
Education Provider Information  LEA/BOCES Name:  Recipient School Information  School Name:  Principal Name:  Telephone:  Principal Signature:  Education Provider Information  LEA/BOCES Name:  Recipient School Information	Telephone:	E-mail:	
LEA/BOCES Name:  Recipient School Information  School Name:  Principal Name:  Telephone:  Principal Signature:  E-mail:  Education Provider Information  LEA/BOCES Name:  Recipient School Information	Principal Signature:		
LEA/BOCES Name:  Recipient School Information  School Name:  Principal Name:  Telephone:  Principal Signature:  E-mail:  Education Provider Information  LEA/BOCES Name:  Recipient School Information			
Recipient School Information  School Name:  Principal Name:  Telephone:  Principal Signature:  Education Provider Information  LEA/BOCES Name:  Recipient School Information		Education Provider Information	
School Name:  Principal Name:  Telephone:  Principal Signature:  E-mail:  Education Provider Information  LEA/BOCES Name:  Recipient School Information	LEA/BOCES Name:		
Principal Name:  Telephone:		Recipient School Information	
Telephone: E-mail:  Principal Signature:  Education Provider Information  LEA/BOCES Name:  Recipient School Information	School Name:		School Code:
Principal Signature:  Education Provider Information  LEA/BOCES Name:  Recipient School Information	Principal Name:		
Education Provider Information  LEA/BOCES Name:  Recipient School Information	Telephone:	E-mail:	
LEA/BOCES Name:  Recipient School Information	Principal Signature:		
LEA/BOCES Name:  Recipient School Information			
Recipient School Information		Education Provider Information	
·	LEA/BOCES Name:		
·		Recipient School Information	
School Name:   School Code:	School Name:	·	School Code:
Principal Name:	Principal Name:		
Telephone: E-mail:	_	E-mail:	
Principal Signature:	Principal Signature:		

## Part IC: Assurances Form

(complete and attach after Recipient School Information pages)

## **School Professional Grant Program 2019**

			<b>6</b>
	opropriate Authorized Represer ation, and the receipt of progra		cate their approval of the contents of the
On	(date)	, 2019, the Board of	(district/BOCES/CSI)
hereb	y agrees to the following assura		
1)			ration the evaluation information required ram reports (Attachment B) of the Funding
2)	-	aining meeting in September 20 itional training meetings throug	119, provided by CDE in the Denver metro shout FY2019-20.
3)	The grantee will not discrimin or age.	ate against anyone regarding ra	ce, gender, national origin, color, disability,
4)		es for students in secondary sch	currently being used to provide school ools and grant dollars will be administered
5)		appropriate fiscal and program tees as a part of their regular au	records and fiscal audits of this program udits.
6)	That if any findings of misuse	of these funds are discovered, p	project funds will be returned to CDE.
7)	The grantee will maintain sole perform certain services.	e responsibility for the project e	ven though subcontractors may be used to
8)	The grantee will ensure comp Colorado.	liance with <u>Article V, Section 50</u>	of the Constitution of the State of
by CD	E that the applicant is not fulfill		d upon thirty (30) days' notice if it is deemed ded program as specified in the approved tory results.
writin contac	g by the Colorado Department ct Phyllis Reed ( <u>Reed P@cde.st</u>	of Education before modification ate.co.us   303-866-6593) and	_
<u>(Roari</u>	guez_ivi@cue.state.co.us   303	ood-o7o9) of CDE'S Grants FISC	cal 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 Professional Grant Program 2019 Selection Criteria and Evaluation Rubric

## **Application Scoring (CDE Use Only)**

Part I:	Application I	ntroduction		No Points
Part II:	Narrative			
	Priority Cons	derations		/10
	Section A:	Needs Assessment		/25
	Section B:	Proposed Program Description		/25
	Section C:	Partnerships		/10
	Section D:	Sustainability		/10
	Section E:	Budget Narrative and Electronic Budget Form		/20
			Total:	/100
		: Please indicate support for scoring by including overall strength feedback forms to applicants.	าร and weakne	esses. These

Str	en	gt	hs	

### Weaknesses:

## **Required Changes:**

RECOMMENDATION: Funded Funded with Changes Not Funded	
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### **Selection Criteria & Evaluation Rubric**

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

**Cover Pages and Certification** 

Complete the 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 Professional Matching 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 (100 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 70 points out of the 100 possible points (70% of the 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 applicants that have previously received funding from the School Professional Grant Program, the expectation is that the application 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 (including expanded or augmented grant activities) and a well-developed plan for sustainability.

Αp	iority Considerations plicants should provide a complete and concise explanation of the lowing priority considerations to be considered for award.	No Description Provided OR Does Not Demonstrate Commitment to Priority	Description Demonstrates Commitment to Priority
1)	Describe the Education Provider's need for additional school professionals, demonstrated by data regarding marijuana and behavioral health needs. 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	2
2)	Describe the existence of, or intent to develop and implement, a successful school health team in Education Provider's recipient school(s).	0	2
3)	Describe the 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.	0	2
4)	Describe the likelihood that the Education Provider will continue to fund the increase(s) in the level of school health professional services following expiration of the grant.	0	2

<ul> <li>Matching Funds</li> <li>5) List the anticipated amount and source(s) of matching funds that the Education Provider intends to provide to augment any grant money received.</li> </ul>	<10% Match, unallowable sources, or not listed	10% Match and allowable source(s)
Note: There is a required 10% match of funds in order to be awarded grant funds through this program.	0	2
Reviewer Comments:	то	TAL POINTS /10

	A: Needs Assessment	Not Addressed or Met No Criteria (information not provided)	Met One Criterion (requires additional clarification)	Met All Criteria (concise and thoroughly developed, high quality response)
Provid a) b)	data where applicable, describe the extent to which the Education der has seen increased incidence of disciplinary actions for:  drug use; and/or  selling drugs.	0	3	5
strate a)	ibe the nature of current substance abuse and behavioral health care gies in recipient K-12 school(s), to include: screenings, referrals to community organizations, and prevention education and training on substance abuse and behavioral health issues.	0	3	5
schoo a) b) c)	ibe the nature of current behavioral systems in place in recipient K-12 I(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, related to     substance abuse and behavioral health issues.	0	3	5
a)	data where applicable: identify current gaps in substance abuse and behavioral health care services, and explain current trends or reasons for the gaps in these services.	0	3	5
secon a) b) c) OR If Education	ibe the Education Provider's current school health team in its recipient dary school(s), including: the number, roles/job titles, and responsibilities of current behavioral/health care professionals.  on Provider does not currently have a team in place, describe plans to d implement a team at the onset of this grant, if awarded.  r Comments:	0	3	5

Se	ection	B: Proposed Program Description	Not Addressed or Met No Criteria (information not provided)	Met One Criterion (requires additional clarification)	Met All Criteria  (concise and thoroughly developed, high quality response)
1)	a) int b) cu K-: c) cu	the Education Provider's: stended recipient K-12 schools, rrent and proposed number of professionals employed in the recipient 12 schools, and rrent and proposed reduced ratio of students to school health oviders in the recipient K-12 schools.	0	3	5
2)	a)	be the Education Provider's plan to: increase the presence of school professionals in identified K-12 schools, and provide substance abuse and behavioral health care to K-12 students who have substance abuse or other behavioral health needs.	0	3	5
3)	a)	the Education Provider's plan to provide training and resources for: the newly hired school professionals, other behavioral health school team members, and school staff on the implementation of evidence-based programming on substance abuse prevention education and behavioral health education for all K-12 students.	0	3	5
4)		be the Education Provider's plan to: allow school professionals to provide care coordination, and connect students who are enrolled in K-12 schools with services that are provided by community-based organizations for treatment and counseling for students who are at risk for substance abuse.	0	3	5
	Goals to with de school evidence	e a clearly detailed work plan for implementation using the SMART emplate provided below. Template and timeline should be consistent esired outcomes of the grant, including increasing the capacity (hiring professional FTEs, etc.) and effectiveness (with the support of ce-based training and programming, for example) of the substance and behavioral health care services in K-12 school(s).	0	3	5

**Example:** 

#### SMART Goal

(Specific, Measurable, Achievable, Relevant, Time-phased)

What data will you collect that will indicate the objective has been achieved?

Number participating/in attendance will be counted (for example)

1 1 5	•	. ,
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	

#### **Reviewer Comments:**

TO	ΓΔΙ	POI	NTS	/25

Section C. Bortnorships	Not	Met One	Met All
Section C: Partnerships	Addressed	Criterion	Criteria

	or Met No Criteria (information not provided)	(requires additional clarification)	(concise and thoroughly developed, high quality response)
<ol> <li>Describe the extent to which the Education Provider has developed or plans to develop community partnerships to serve:         <ul> <li>a) substance abuse and</li> <li>b) behavioral health care needs</li> <li>of its K-12 students.</li> </ul> </li> </ol>	0	3	5
<ul> <li>2) 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 K-12 school students: <ul> <li>a) Leaders at recipient K-12 school(s),</li> <li>b) Faculty at recipient K-12 school(s),</li> <li>c) Leaders in the surrounding community,</li> <li>d) Parent and family engagement, and</li> <li>e) Youth as partners.</li> </ul> </li> </ul>	0	3	5
Reviewer Comments:			1
	TOTA	AL POINTS	/10

Section D: Sustainability	Not Addressed or Met No Criteria (information not provided)	Met One Criterion (requires additional clarification)	Met All Criteria (concise and thoroughly developed, high quality response)
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 K-12 students once the grant has expired?	0	5	10
Reviewer Comments:			
	TOTA	L POINTS	/10

Section E: Budget Narrative & Electronic Budget Form (Electronic Budget Form does not count toward page limit; Budget Narrative included in the 10-page limit)	Not Addressed or Met No Criteria (information not provided)	Met One Criterion (requires additional clarification)	Met All Criteria  (concise and thoroughly developed, high quality response)
1) Complete and attach the <u>Budget Spreadsheet (Excel file)</u> . List costs of the proposed project as presented that are reasonable, necessary and are calculated to show how amounts are determined. The budget should:  a) be sufficient in relation to the objectives, design, scope, and sustainability of project activities, and b) demonstrate how funds will be used for supplementary services.  Item Description Example:  .X FTE for [role or title] at \$xxxxx per [hour or month or year] times [x per hours or months or year]	0	5	10

		TOTA	L POINTS	/20
Reviewe	r Comments:			
•	rograms and activities, and rill not supplant federal funds.	-		_
a) w	onstrate how the funds awarded under the program:  will be used to supplement the level of funds available for authorized	0	3	5
b)	the applicant plans to implement using the grant funds.			
a)	Provide an explanation that summarizes the proposed uses of grant funds by budget category and is tied to the Proposed Project Description (Section B).	0	3	5
follov	ded in the 10-page limit) in a narrative format that addresses the ving criteria:			
2) In add	dition to submitting the electronic budget, include a <b><u>Budget Narrative</u></b>			

### **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 Professional Grant Program, C.R.S.

The School 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) <u>Department:</u> 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 School Health Professional: A state-licensed or state-certified school nurse or other statelicensed or state-certified health professional qualified under state law to provide support services to children and adolescents.
- 2.00 (4) <u>Secondary School</u>: 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 Application Timeline. During the 2014-15 school year, the Department will conduct an initial grant funding competition for the School Professional Grant Program. Applications will be due to the Department on or before March 21, 2019. Beginning on May 1, 2020, and May 1 of each year thereafter, subject to available appropriations, School 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 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 K-12 schools, the number of school professionals employed by the education provider in K-12 schools prior to receipt of a grant, and the ratio of students to school providers in the K-12 schools operated by or receiving services from the education provider;
- (2) 2.01 (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 professionals at recipient K-12 schools and to provide substance abuse and behavioral health care services at recipient K-12 schools, including screenings, referrals to community organizations, and training for students, families and staff on substance abuse issues;
- 2.01 (2) The education provider's plan for involving leaders at the recipient K-12 schools (c) and in the surrounding community and the faculty at recipient K-12 schools in increasing the capacity and effectiveness of the substance abuse and behavioral health care services provided to K-12 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 K-12 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 professionals;
- 2.01 (2) The amount of matching funds that the education provider intends to provide to (g) 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 **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) The education provider's need for additional school professionals in K-12 (a) schools, demonstrated by the local school and community data regarding marijuana use;

- 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)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.
- 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 K-12 school 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 professionals for students in K-12 schools.
- (6) 2.01 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) The number of school professionals hired using grant moneys; and (a)
- 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, 2020, 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: Questions for Mid-Year Progress and End-of-Year Program Reports

Education Providers that receive funds through this grant program are required to submit a mid-year progress report and an end-of-year program report. Submit each report in a Word document via email to Phyllis Reed (Reed P@cde.state.co.us) by the deadlines below.

#### Mid-year Progress Report: Due by January 31, 2020

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

- 1) Describe the progress on the budget spending through January.
- 2) Describe the progress/completed work that has been done as it aligns with this year's work plan.
- 3) Indicate which participants have been involved with work and/or trainings so far this year.
- 4) Describe the projected goals you plan to have completed/accomplished by the end of this school year.
- 5) Describe any current unexpected road blocks that have occurred so far this year that is hindering the goals of the work plan.

#### End-of year program report: Due by June 1, 2020

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

- 1) The number of school professionals hired;
- 2) A list and explanation of the services provided;
- 3) Resources used to support the program;
- 4) Professional development received for school professionals, faculty and staff; and
- 5) Students served.

## **Attachment C: Letter of Intent**

The Letter of Intent to apply for the School Professional Program is due Tuesday, February 19, 2019 by 11:59 **pm**. <u>Submit here</u>. See below for the information requested in the Letter of Intent.

ne of LEA (District)/BOCES:
ying on behalf of the following school(s):
ying on behall of the following school(s).
ne of LEA/BOCES Authorized Representative:
ne of Contact for the Proposal:
act Telephone Number:
act E-mail Address
firm that I am the named authorized representative from the LEA/BOCES, or that the named
horized representative is aware and has approved of the intent to apply for the grant
portunity.
<b>•</b>