



COLORADO
Department of Education

2021-2022 School Health Professional Grant Legislative Report

Submitted to:

The Education Committees of the Colorado Senate and House of Representatives

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Executive Summary

The School Health Professional Grant (SHPG) Program was created in 2014, pursuant to C.R.S. 22-96-101 through 22-96-105, to increase the presence of school-based health professionals (school nurses, school counselors, school social workers and school psychologists) within schools.

When the SHPG Program began in 2014, the purpose was to improve prevention, early intervention, services, and programs to reduce the risks of marijuana and other substance use or misuse by students. For the first two years of the grant, two cohorts each received one year of funding. In 2016, a third cohort received funding for three years. In 2017, the Colorado General Assembly approved an additional \$9.2 million to fund a fourth cohort for three years. This expansion in program funding and statutory language allowed for extending support beyond substance use and misuse to meet mental and behavioral health needs identified in K-12 schools. Cohort 5 funding began July 1, 2019, and Cohort 6 funding began July 1, 2020, each with three years of funding¹. Cohort 5 and Cohort 6 will end June 30, 2023.

History of SHPG Funding

Cohort	Funding Cycle	Annual Funded Amount	Number of Funded Local Education Providers
1	2014	\$2,332,760	25
2	2015	\$2,154,094	20
3	2016-19	\$2,283,155	22
4	2017-20	\$9,123,471	41
5	2019-22	\$5,223,269	42
6	2020-23	\$9,296,314	36

This report focuses on Cohorts 5 and 6. Highlights from these two cohorts during the 2021-22 academic year include:

- Across both cohorts, in the 2021-22 school year, SHPG funding impacted 13% of all K-12 public schools and 18% of all K-12 public school students in Colorado.
- Grant funding supported 61 unique districts, charters, or BOCES, 257 unique schools, and 156,838 unique students.
- Rural and small rural schools were well-represented in SHPG funding. Rural or small rural schools represent 29% of public schools in Colorado and 54% of schools supported by the grant; students in these schools represent 17% of Colorado public school students and 28% of students supported by the grant.
- A total of 186 school health professionals were funded by the SHPG in grantee schools in 2021-22, a 22% increase in comparison to the number of professionals funded in 2020-21. (Note: 186, the number of school health professionals, is lower in 2021-22 than in the 2017-18, 2018-19, and 2019-2020 school years).
- Common activities that Local Education Providers (LEPs) reported in support of student mental and behavioral health are as follows:
 - Professional development for staff in a variety of evidence-based programming.
 - Creation or support of school-wide systems (e.g., mental health screening/collection of other relevant data to guide efforts and referral processes).
 - Mental and behavioral health education for most or all students and mental and behavioral health intervention for students in need of more individualized supports; and

¹ Cohort 5 had a one-year, no-cost extension, due to the pandemic, ending in June 2023.



- Support for families/caregivers.
- Over 90% of LEPs reported providing students support for social emotional skill/character development, depression or suicidal ideation, anxiety, and health relationships. LEPs reported employing a variety of evidence-based programs designed to promote positive mental health, address mental health concerns, and build positive school climates.



Introduction

Colorado Senate Bill 14-215 established the School Health Professional Grant (SHPG) Program. Effective August 14, 2014, the Behavioral Health Care Professional Matching Grant Program (C.R.S. 22-96-101 through 22-96-105) declares that a program to provide matching grants to education providers to enhance the presence of school health professionals in schools throughout the state will facilitate better screening, education, and referral care coordination for students with substance abuse and other behavioral health needs.

Program Purpose

The legislative declaration in C.R.S. 22-96-101 notes that the legalization of retail marijuana in the state of Colorado may increase the availability of marijuana to underage youth. The law states that, “Marijuana use by minors can have immediate and lasting health implications, and many youths who engage in substance use or misuse develop or have underlying behavioral health needs.” C.R.S. 22-96-101(1)(f). In addition, school health professionals are in a unique position to educate, assess, and refer youth who have behavioral health issues. C.R.S. 22-96-101(1)(h). Therefore, the SHPG’s purpose is to:

- Increase the presence of school health professionals (SHP) in schools to provide behavioral health care to students who have mental health, substance use or misuse, or other behavioral health needs.
- Provide training and resources for the SHPs, other behavioral health school team members, and school staff on the implementation of evidence-based programming on behavioral health education for all students.
- Allow SHPs to connect students with services provided by community-based organizations for treatment and counseling for students who need behavioral health care; and
- Provide behavioral health-care services at recipient schools, including but not limited to, screenings, counseling, therapy, referrals to community organizations, and training for students and staff on behavioral health issues.

Allowable Use of Funds

Statute allows LEPs to use grant funding for the following:

- Hiring SHPs which may include a State Certified School Psychologist, Social Worker, Nurse, Counselor, or other DORA licensed or State certified SHP. See Appendix A for licensure definitions.
- Staff training and professional development and associated travel costs, including attendance at the CDE conference for SHPG grantees in the fall of each grant year;
- Resources for school staff on the implementation of evidence-based programming on substance use or misuse prevention, and/or behavioral/mental health promotion education;
- Behavioral health care services at recipient schools, including but not limited to, screenings, counseling, therapy, and referrals to community organizations. The LEP may use the money to contract with a community partner for such behavioral health-care services, including hiring private health-care professionals, training, screening, and preventive supports;
- Up to 10% of grant funds to support grant-associated SHPs to complete special service providers certifications and/or coursework; and/or
- Direct services or consultation by a school health professional through telehealth technology.

Statute requires grant recipients to report the number of SHPs hired using grant funds and a list and explanation of the services provided using grant resources.

Description of Program for 2021-22 School Year

Return to School after COVID-19

The 2021-22 school year began with schools and districts working hard to ensure health and safety protocols were in place to sustain in-person learning. Although schools were mostly back in person, SHPs noted shifts in staff and student well-being in part due to the social isolation caused by students having been out of school for remote learning in the prior year. SHPs reported that children were not “on grade level” with their social and emotional well-being. This difference seemed especially large for students transitioning from elementary to middle school and middle school to high school - crucial social transitions for children. In addition, SHPs reported providing more mental and behavioral support to teachers in the classroom to move overall learning forward.

Due to on-going COVID-19 health concerns, many students were still not receiving in-person services making supporting mental and behavioral health difficult for SHPs. School health professionals supported broader health teams to locate students via home visits and wrap-around services with other agencies. Tier 3 services (i.e., supports implemented for students not responding to lower tier supports or who demonstrate a more intense need, typically more frequent, acute, and individualized interventions) were hard to provide because, like schools, community partners were also dealing with a lack of therapeutic personnel. Therefore, one avenue schools pursued was support through telehealth and teletherapy. Through this partnership with community providers, SHPs were able to reconnect and build relationships with students and families.

Cohort 5 (2019-2022)

Cohort 5 was already funded through a competitive grant application process two years before the year this report addresses. Due to COVID-19 and through the return to school, Cohort 5 had to regain the momentum of the grant work.

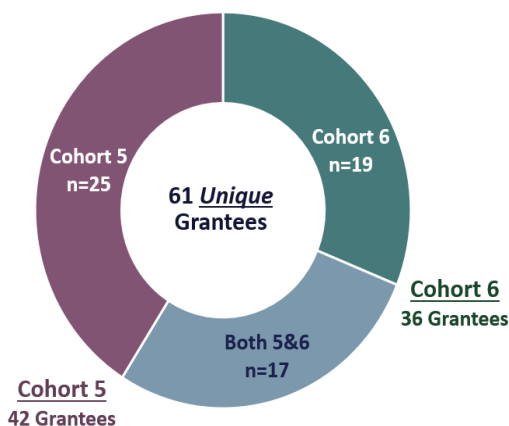
Cohort 6 (2020-2023)

In 2021, CDE received an additional \$3 million for the SHPG budget to address increased behavioral and mental health needs, bringing the total funding for Cohort 6 to \$9,296,314. These funds allowed CDE to add 10 new LEPs to Cohort 6 starting July 1, 2021; increasing Cohort 6 from 26 to 36 LEPs.

Overall Summary of LEPs, Schools and Students Supported by the SHPG

In the 2021-22 school year, 61 unique LEPs were supported by the SHPG. The number of LEPs reported separately by cohort is reported in Figure 1.

Figure 1. Number of 2021-22 SHPG LEPs by Cohort



This data represents support for 257 unique schools and 156,838 students. See Figures 2 and 3 for the breakdown by cohort. Although both cohorts supported more students in high school (grades 9-12) than at the middle or elementary school levels, Cohort 6 had a much higher percentage of high-school-age students than Cohort 5 (70% and 42.5%, respectively). Overall, 13% of Colorado public schools and 18% of Colorado public school students received support from SHPG funds. See Figure 4.

Figure 2. Number of 2021-22 SHPG Schools by Cohort²

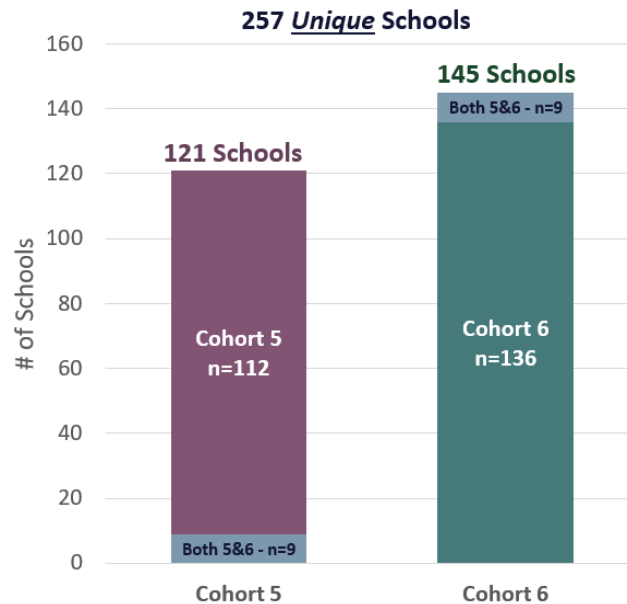
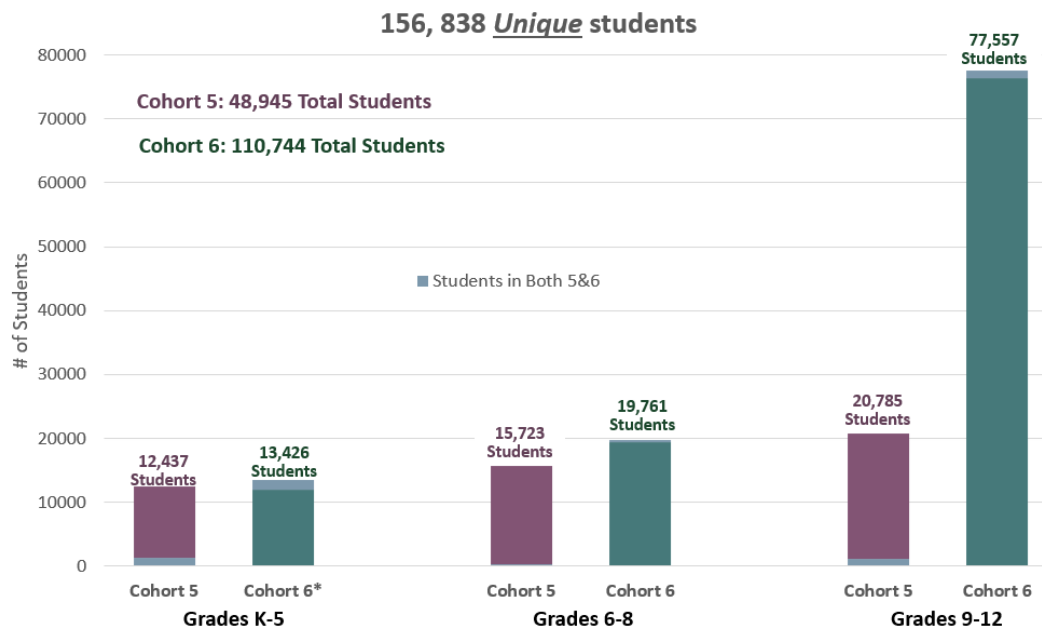


Figure 3. Number of 2021-22 SHPG Students by Cohort by Level



* Includes 192 PreK students

² While 17 LEPs were grantees in both cohort 5 and cohort 6, they were asked to distribute the funds from the two grant cycles on different schools. Hence, some of the 112 schools that only received funds from the fifth grant cycle belong to the 17 grantees funded through both cohort 5 and 6. However, 9 schools (and some students) received funds from both cohorts.

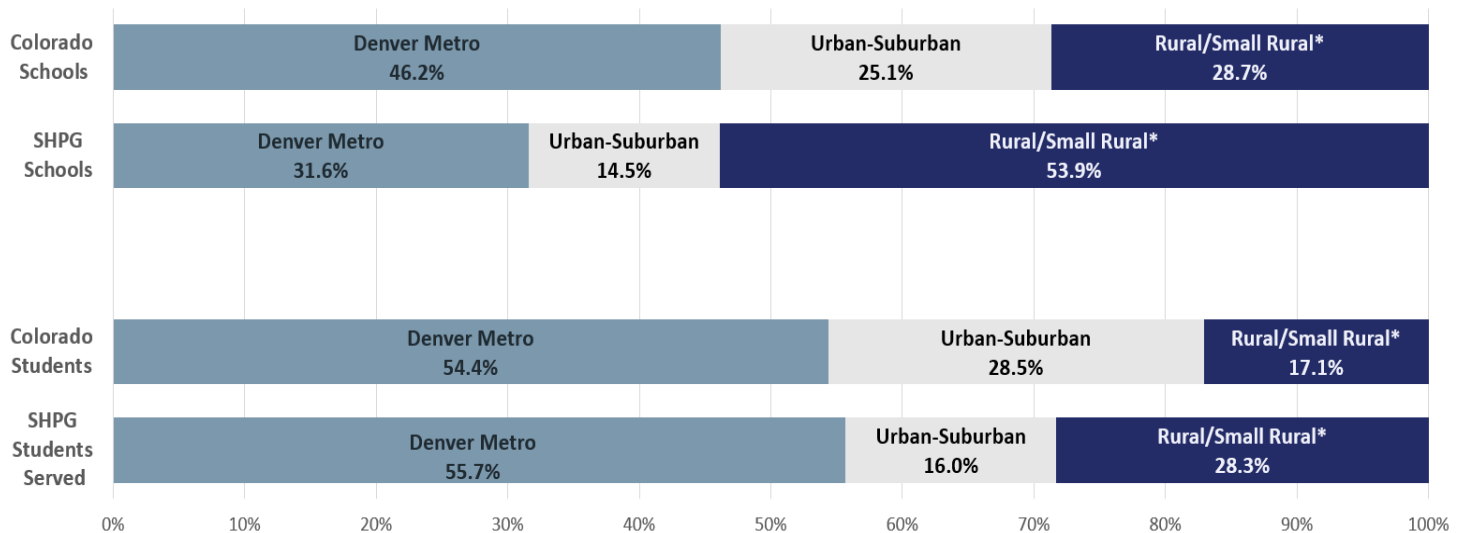
Figure 4. Percent of Colorado Schools and Students Supported by the SHPG



Although the proportion of schools from the Denver Metro area was lower than expected based on state-level data, the percentage of Denver Metro area students was comparable for the grant compared to the state. Urban-suburban schools and students were both underrepresented in comparison to the state. In contrast, students and schools from rural/small rural areas were over-represented compared to the state. See Figure 5 for specific percentages of schools and students. Hispanic or Latino students were slightly underrepresented, and White students were slightly overrepresented among SHPG LEPs compared to the state. See Figure 6.

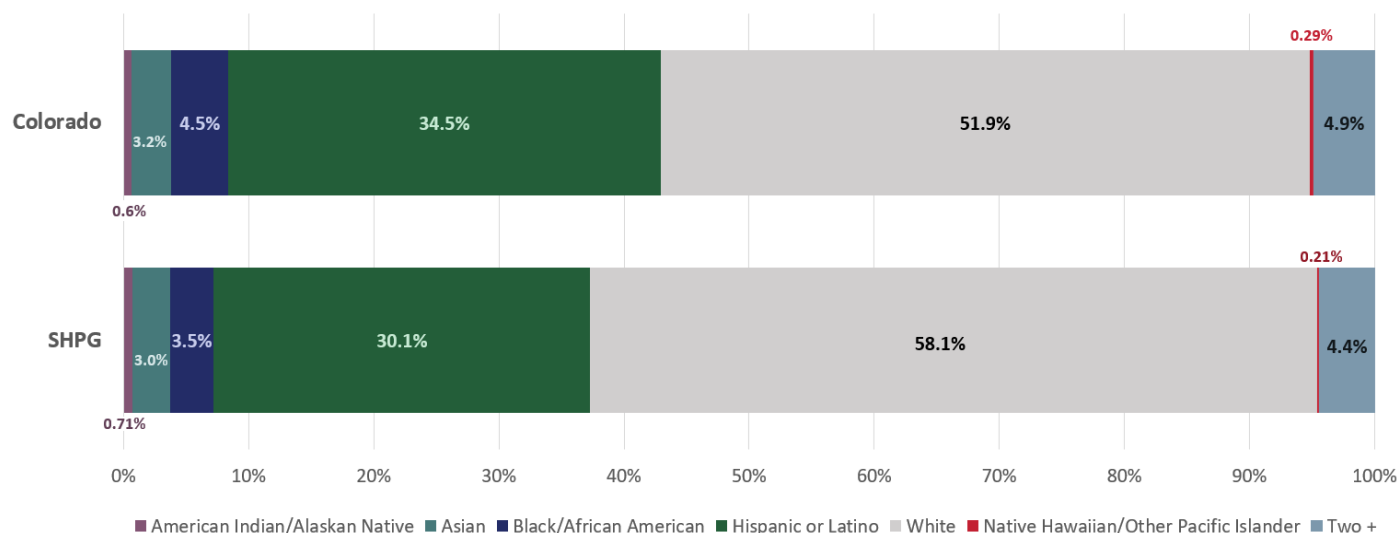
Figure 5.

Comparison of Denver Metro, Urban-Suburban, and Rural/Small Rural School and Student Status SHPG cohorts 5 and 6 Versus Colorado Overall



*Characterization of the school setting for non-Denver-metro or urban-suburban schools was "rural and small rural" for SHPG schools "outlying city, outlying town, remote and BOCES" for the state.

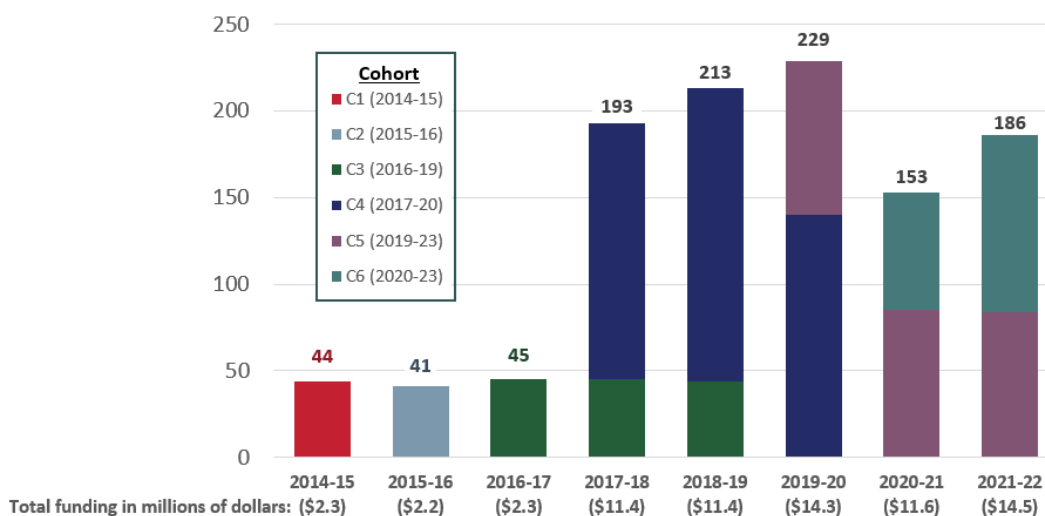
Figure 6. Comparison of SHPG cohorts 5 and 6 and Colorado Student Race/Ethnicity



School Health Professionals Funded

A total of 186 SHPs were funded by the SHPG in 2021-22. This represents an increase of 33 SHPs from 2020-21 but is lower than the numbers supported in the 2017-18 through 2019-20 school years.

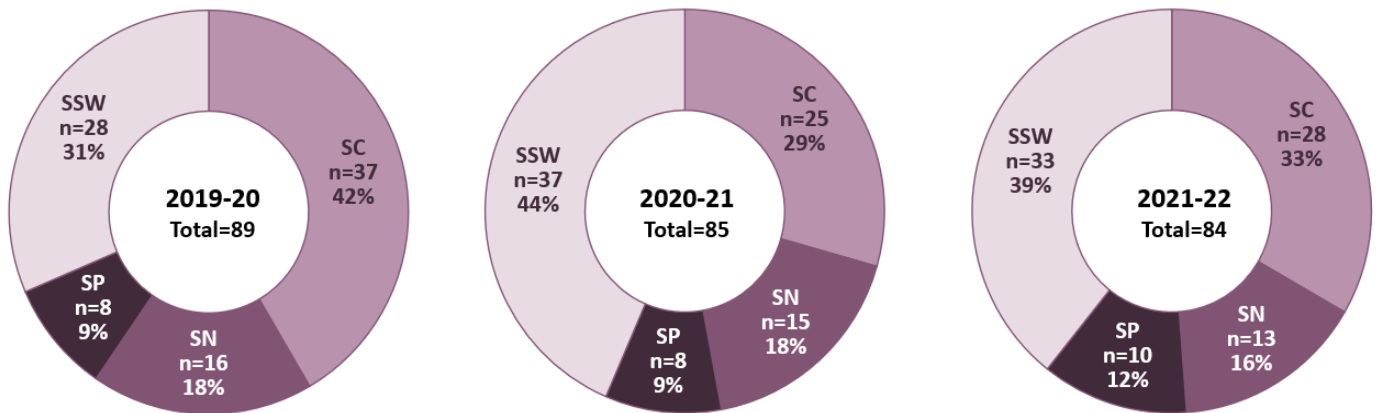
Figure 7. Number of SHPs Funded Since the Inception of the SHPG by Cohort



Note: the number of SHPs funded by a specific cohort can vary from year to year because of hiring difficulties and staff turnover.

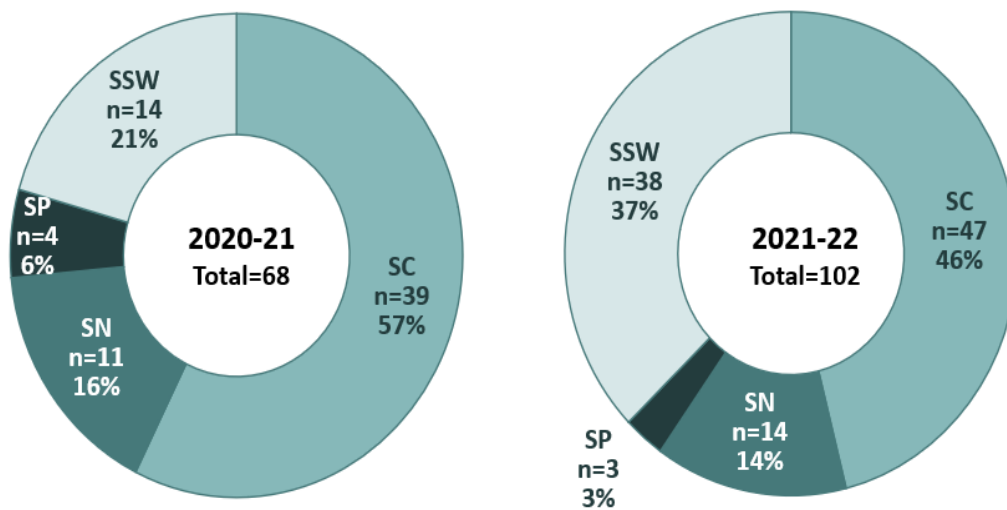
Figures 8 and 9 report the numbers and percentages of each type of SHP hired over each year in Cohort 5 and 6. School Nurses and School Psychologists were hired less frequently as SHPs than School Counselors and School Social Workers in both cohorts. Numbers of categories of SHPs are reported separately by LEPs for each cohort in Tables 1 and 2. These tables also contain information on whether the LEP funded its SHP positions for the entirety of, partially for, or not for the 2021-22 school year. The Outcomes and Barriers section discusses hiring difficulties in greater detail.

Figure 8. Number and Type of SHPs Funded Over Each Year of Cohort 5



SC= School Counselor, SN = School Nurse, SP = School Psychologist, SSW = School Social Worker

Figure 9. Number and Type of SHPs Funded Over Each Year of Cohort 6



SC= School Counselor, SN = School Nurse, SP = School Psychologist, SSW = School Social Worker



Grantee	Number of Staff					Staff FTE					Grantee	Number of Staff					Staff FTE				
	S C	S N	S P	SS W	Total	SC	SN	SP	SS W	Total		S C	S N	S P	SS W	Total	SC	SN	SP	SS W	Total
Alamosa RE-11J	2	0	0	0	2	2.00	0.00	0.00	0.00	2.00	DPS-RiseUp Community School	0	0	0	1	1	0.00	0.00	0.00	1.00	1.00
Archuleta County 50 JT	1	0	0	0	1	1.00	0.00	0.00	0.00	1.00	Greeley-Evans 6	0	0	0	3	3	0.00	0.00	0.00	2.50	2.50
Bayfield 10 JT-R	1	0	0	0	1	1.00	0.00	0.00	0.00	1.00	Hayden RE-1	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00
Boulder Valley RE-2	0	3	0	0	3	0.00	2.59	0.00	0.00	2.59	Lake County R-1	0	0	0	3	3	0.00	0.00	0.00	2.10	2.10
Canon City RE-1	3	0	0	0	3	3.00	0.00	0.00	0.00	3.00	Mesa County Valley 51	0	0	0	1	1	0.00	0.00	0.00	1.00	1.00
Center Consolidated School District 26JT	0	1	0	1	2	0.00	1.00	0.00	1.00	2.00	Moffat 2	2	0	0	0	2	1.00	0.00	0.00	0.00	1.00
Cherry Creek School District 5	0	0	0	2	2	0.00	0.00	0.00	2.00	2.00	Montezuma-Cortez	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00
Cripple Creek-Victor	1	1	0	0	2	1.00	0.50	0.00	0.00	1.50	Montezuma-Cortez Southwest Open School	1	0	0	0	1	1.00	0.00	0.00	0.00	1.00
CSI-Early College of Arvada	2	0	1	0	3	1.50	0.00	0.50	0.00	2.00	Morgan County	0	1	0	0	1	0.00	1.00	0.00	0.00	1.00
CSI-High Point Academy	1	0	0	0	1	1.00	0.00	0.00	0.00	1.00	Pikes Peak BOCES	0	0	2	1	3	0.00	0.00	2.00	1.00	3.00
CSI-Montessori del Mundo	0	0	0	1	1	0.00	0.00	0.00	1.00	1.00	Poudre R-1	5	0	1	0	6	2.40	0.00	0.30	0.00	2.70
CSI-Mountain Middle School	0	2	0	0	2	0.00	1.00	0.00	0.00	1.00	Roaring Fork RE-1	3	0	0	0	3	3.00	0.00	0.00	0.00	3.00
CSI-New America School	0	1	1	0	2	0.00	1.00	0.25	0.00	1.25	Salida School District R-32	2	0	0	2	4	1.80	0.00	0.00	2.00	3.80
CSI-New Legacy Charter	0	1	0	2	3	0.00	0.50	0.00	1.50	2.00	South Routt RE-3	0	0	0	1	1	0.00	0.00	0.00	0.90	0.90
CSI-Salida Montessori	1	0	0	0	1	0.50	0.00	0.00	0.00	0.50	St. Vrain Valley RE 1J	0	2	0	0	2	0.00	2.00	0.00	0.00	2.00
Delta County 50J	0	0	0	1	1	0.00	0.00	0.00	1.00	1.00	Steamboat Springs RE-2	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00
Delta County 50J--Vision Charter Academy	0	0	0	1	1	0.00	0.00	0.00	1.00	1.00	Summit	1	0	1	1	3	0.25	0.00	0.75	1.00	2.00
Denver County 1	0	0	2	2	4	0.00	0.00	1.00	0.60	1.60	Swink School District	1	0	0	0	1	0.80	0.00	0.00	0.00	0.80
Douglas County HOPE Online Learning Academy	0	0	0	3	3	0.00	0.00	0.00	2.40	2.40	Thompson School District	0	1	0	2	3	0.00	0.90	0.00	1.00	1.90
DPS-Downtown Denver Expeditionary	0	0	1	0	1	0.00	0.00	1.00	0.00	1.00	Weld RE- 5J	1	0	0	0	1	1.00	0.00	0.00	0.00	1.00
DPS-Highline Academy	0	0	1	2	3	0.00	0.00	0.50	2.00	2.50	Woodland Park RE-2	0	0	0	3	3	0.00	0.00	0.00	2.40	2.40
Totals Across All Grantees:												28	13	10	33	84	22.25	10.49	6.30	27.40	66.44

SC= School counselor, SN = School nurse, SP = School psychologist, SSW = School social worker; Yellow shading = staffing was partially in place across the school year & Red shading = position(s) were not filled all year

Table 2. Numbers and FTE for SHPs Hired in Cohort 6 Reported Separately by LEP (District/Charter/BOCES) and Type of SHP

Grantee	Number of Staff					Staff FTE					Grantee	Number of Staff					Staff FTE				
	S C	S N	S P	SS W	Total	SC	SN	SP	SS W	Total		S C	S N	S P	SS W	Total	SC	SN	SP	SS W	Total
Adams 12 Five Star Schools	0	0	0	4	4	0.00	0.00	0.00	3.50	3.50	DPS-Downtown Denver Expeditionary	0	0	0	1	1	0.00	0.00	0.00	1.00	1.00
Adams-Arapahoe 28J - Vanguard Classical School	0	1	0	3	4	0.00	1.00	0.00	2.25	3.25	East Grand 2	1	1	0	1	3	1.00	1.00	0.00	1.00	3.00
Archuleta County 50 JT	2	0	0	0	2	2.00	0.00	0.00	0.00	2.00	Fountain- Fort Carson 8	2	1	0	0	3	2.00	1.00	0.00	0.00	3.00
Boulder Valley RE-2	3	4	0	0	7	0.90	4.00	0.00	0.00	4.90	Harrison School District 2	2	0	0	0	2	2.00	0.00	0.00	0.00	2.00
Canon City RE-1	3	0	0	2	5	3.00	0.00	0.00	2.00	5.00	Harrison School District-Atlas Prep School	2	1	0	0	3	2.00	1.00	0.00	0.00	3.00
Center Consolidated School District 26JT	2	0	0	0	2	2.00	0.00	0.00	0.00	2.00	Jefferson County R-1	8	0	0	3	11	8.00	0.00	0.00	3.00	11.00
Cherry Creek School District 5	0	0	0	3	3	0.00	0.00	0.00	3.00	3.00	Jefferson County R-1 - Doral Academy	1	0	0	1	2	1.00	0.00	0.00	1.00	2.00
Clear Creek RE-1	0	0	0	1	1	0.00	0.00	0.00	1.00	1.00	Manitou Springs School District 14	1	1	0	0	2	1.00	1.00	0.00	0.00	2.00
Cripple Creek-Victor	2	0	0	0	2	1.25	0.00	0.00	0.00	1.25	Moffat 2- Crestone Charter School	1	0	0	0	1	0.25	0.00	0.00	0.00	0.25
CSI-Colorado Early Colleges Colorado Springs	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	Montrose County RE-1J	0	1	0	2	3	0.00	1.00	0.00	1.20	2.20
CSI-Early College of Ft. Collins	0	0	1	0	1	0.00	0.00	1.00	0.00	1.00	Poudre R-1	3	0	0	0	3	3.00	0.00	0.00	0.00	3.00
CSI-Montessori del Mundo	0	0	1	0	1	0.00	0.00	0.25	0.00	0.25	Roaring Fork RE-1	7	0	0	0	7	7.00	0.00	0.00	0.00	7.00
CSI-New America School	0	2	1	0	3	0.00	0.90	0.40	0.00	1.30	Santa Fe Trail BOCES	1	2	0	0	3	1.00	1.50	0.00	0.00	2.50
CSI-New Legacy Charter	1	0	0	0	1	0.50	0.00	0.00	0.00	0.50	South Routt RE-3	1	0	0	0	1	1.00	0.00	0.00	0.00	1.00
Delta County 50J	0	0	0	2	2	0.00	0.00	0.00	2.00	2.00	Steamboat Springs RE-2	0	0	0	3	3	0.00	0.00	0.00	3.00	3.00
Denver County 1	1	0	0	9	10	1.00	0.00	0.00	6.00	7.00	Steamboat Springs-North Routt Charter	0	0	0	1	1	0.00	0.00	0.00	1.00	1.00
Dolores RE-4A	3	0	0	0	3	2.50	0.00	0.00	0.00	2.50	Valley School District RE-1	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00
Douglas County School District	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	Woodland Park RE-2	0	0	0	2	2	0.00	0.00	0.00	2.00	2.00
Totals Across All Grantees:											47	14	3	38	102	42.40	12.40	1.65	32.95	89.40	

SC= School counselor, SN = School nurse, SP = School psychologist, SSW = School social worker; **Yellow shading** = staffing was partially in place across the school year & **Red shading** = position(s) were not filled all year
Grantees in ***bold and italics*** = added in the 2021-22 school year



SHPG Implementation

LEPs complete a yearly work plan where they delineate their SMART goals for the year, with direct connections to how SHPG funding will support their goals. A review of the 71 2021-22 LEP work plans³ revealed that over 80% of LEPs set goals related to:

- providing training and resources for school staff,
- engaging in screening or data-based decision-making, or
- educating students on mental and behavioral health.

Other common goal areas centered on:

(1) providing mental and behavioral health intervention, with top student concerns (addressed by 90% or more of LEPs) including social and emotional skills/character development, depression/suicidal ideation, anxiety, and healthy relationships (see Appendix B for additional information);

(2) building school-wide mental health systems (see Appendix C for a summary of LEPs self-assessment of their mental health systems); and

(3) supporting families or caregivers.

Additional details from the work plan review are in Appendix D. The information below is self-reported from schools in SHPG-funded LEPs and provides an overview of the variety of programs and services offered through these funds.

Professional Development Offered to Staff as Reported by Schools

Substance Use and Misuse Education	Behavioral Health	Social & Emotional Learning	Suicide Education	Referral Training
IThrive Program Prescription Drug Abuse Training Life Skills Marijuana Education from RMC Substance Abuse & Coping Skills The Impact of THC on the Developing Brain Youth and Marijuana Toward No Drug Abuse Marijuana Education Initiative Opioid Training DOJ Fentanyl Awareness	Screenagers Trauma Informed Education MTSS/PBIS Dare You to Move Neurosequential Model Education and Therapeutics Phase I Certification (Child Trauma Academy) Classroom 180 Virtual Academy - Impact of Covid 19 on Schools Return to School Series- Trauma Informed Care Tools Online, In-Person or In-Between: Proven Strategies for Teaching in a New World Still Searching: Teaching & Living After Surviving COVID19	Bullying Prevention Mindfulness Skill Building Passage Works Collaborative for Academic, Social, and Emotional Learning (CASEL) briefs, tools, and other resources Emotional Intelligence & the Resilient Educator: Navigating the Year Ahead Grief and Loss Training Restorative Practices School Climate and Culture Education	Youth Mental Health First Aid Behavioral Health Suicide Prevention Sources of Strength Signs of Suicide Self-Harm & Suicide Education Safe2Tell Question, Persuade, Refer (QPR)	Referral Identification Alternatives to Suspension Health Referral Training

³ Grantees with grants in multiple cohorts must submit a workplan for each cohort that they are part of. Hence, 78 workplans were expected in 2021-22 (25 from the cohort 5 only grantees, 19 from the cohort 6 only grantees, and 34 from the 17 grantees that were in both cohorts). Some LEPs did not turn their workplan(s) in, resulting in 71 workplans total being submitted.



Programs Implemented for Elementary and Secondary Students as Reported by Schools

Substance Use and Misuse Education	Behavioral Health	Social & Emotional Learning	Suicide Education	Referral Training
<p>Life Skills</p> <p>Project Towards No Drug Abuse (TND)</p> <p>Marijuana Education Initiative (MEI)</p> <p>Motivational Interviewing</p> <p>Guiding Good Choices (for families)</p> <p>Teen Intervene</p> <p>CATCH my Breath</p>	<p>Teen Assist</p> <p>Think First</p> <p>Dare You to Move</p> <p>Screenagers/Like</p> <p>Cognitive Behavioral Therapy (CBT)</p> <p>Cognitive Behavioral Intervention for Trauma in Schools (CBITS)</p> <p>Mentoring</p>	<p>The Great Body Shop</p> <p>Project Success</p> <p>Second Step</p> <p>The Incredible Years</p> <p>Coping Cat</p> <p>Learning to Breathe</p> <p>Gay Straight Alliance</p> <p>Expect Respect</p> <p>Why Try</p> <p>Positive Action</p> <p>Restorative Practices</p> <p>Trauma Informed Instruction</p> <p>RULER (recognizing, understanding, labeling, expressing, and regulating)</p> <p>Zones of Regulation</p>	<p>Coping and Support Training (CAST)</p> <p>Sources of Strength</p> <p>Signs of Suicide</p> <p>Safe2Tell</p> <p>I Matter</p> <p>Riding the Waves</p>	<p>Screening, Brief Intervention, and Referral to Treatment (SBIRT)</p> <p>Behavior Intervention Monitoring Assessment-2 (BIMAS2) (11 LEPs)</p> <p>Behavioral and Emotional Screening System (BESS) (5 LEPs)</p> <p>FastBridge/SAEBRS (Social, Academic, and Emotional Behavior Risk Screener) (3 LEPs)</p> <p>Strengths and Difficulties (SDQ) (6 LEPs)</p> <p>Car, Relax, Alone, Forget, Family/Friends, Trouble (CRAFT) (17 LEPs)</p> <p>Panorama Social Emotional Screener (3 LEPs)</p> <p>Bloomsights (3 LEPs)</p>

LEP Spotlights on Success

Downtown Denver Expeditionary School (District Charter school, part of Denver County 1)

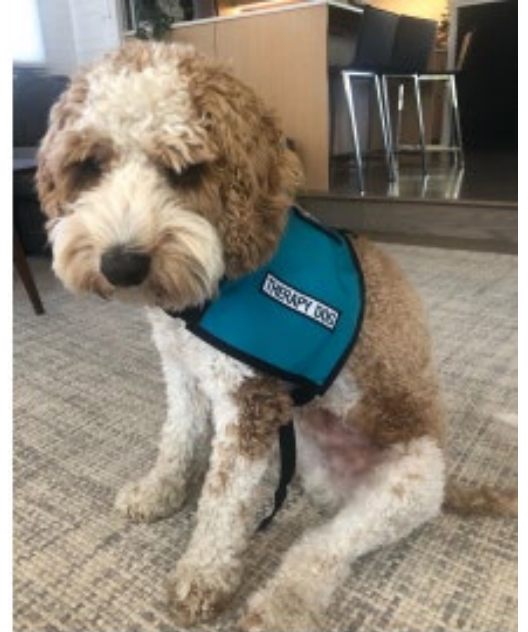
(Denver Metro- 1 Elementary School) - Cohort 5 (1 School Psychologist) & Cohort 6 (1 School Social Worker)

Downtown Denver Expeditionary School (DDES) has used the SHPG to support a variety of mental and behavioral health outcomes, including a therapy dog, Auggie.

Auggie is a resource available to school staff to implement evidence-based programming for behavioral health education and care for all students. More specifically, Auggie's work supports two of the three overall goals for the Cohort 5 grant:

- 1) co-implementing organizational trauma-aware development and
- 2) subsequent interventions, which may include scheduled time with Auggie.

Auggie comes to DDES two or three days each week. Some students regularly schedule time with Auggie to regulate or process stress or trauma. A student (or a teacher, mental health professional, or Teacher Assistant on behalf of a student) can also schedule one-on-one time with Auggie. Auggie visits classrooms and is a great tool when teaching the zones of regulation (as he helps students regulate) and understanding feelings or body cues when interacting with others. He also helps readers gain confidence by being read to and has supported students with severe anxiety during assessments. Families can opt out of contact with Auggie (e.g., allergy concerns or previous dog trauma).



Auggie the Therapy Dog Sits in a Classroom at DDES

Montrose County RE-1J

(Rural- 1 High School) - Cohort 4 & Cohort 6 (1 School Nurse & 2 School Social Workers)

Montrose County School District (MCSD) initially used SHPG funds to decrease student substance use. Healthy Kids Colorado Survey data in 2017 indicated that Region 10 (including Montrose and Olathe) had some of the highest rates of students vaping in Colorado. We used grant funds to hire three SHPs (two school social workers and one school nurse) to develop and implement a substance abuse curriculum and provide services and support. As a result, we see a downward trend in drug incidents in schools.

We are situated to continue substance abuse prevention but also increase our ability to keep kids safe and prevent suicide and school violence risk. MCSD has partnered with other community organizations to implement suicide prevention and school threat assessment protocols to identify students and families needing direct services and wrap-around care coordination. School and school district leaders meet weekly with mental health providers, clinicians, child welfare, law enforcement, and other stakeholders to review referrals (which any concerned community member, student, staff member, or individual with concerns can make) and determine what resources a family needs, while also monitoring treatment and service provision.

At MCSD, we are proud of the school health work we are doing and are striving to keep students safe and healthy.

Steamboat Springs RE-2

(Rural- 1 K-8, 2 Elementary Schools, 1 Middle School, & 2 High Schools) - Cohorts 3, 4, 5 (unable to hire), & 6 (3 School Social Workers)

The Steamboat Springs School District (SSSD) has participated in three SHPG cohorts to support behavioral health work in their rural schools. Following COVID, the district had several SHP staff vacancies and began looking for alternative solutions to meet the behavioral health needs of their K-12 students. The district's Behavioral Health Coordinator began collaborating with local mental health providers to provide contracted Tier 3 school-based therapy services for students using grant funding. A total of four private practice therapists began offering school-based therapy for students and families in fall 2021 at no cost to families. This process allowed students and families to circumvent a myriad of barriers to accessing services from these same providers privately (waitlists, Medicaid, insurance networks, cost). This program resulted in decreased crisis calls, increased functioning of students and strong collaborative relationships with providers in the community. SHPG funding allowed SSSD to pilot this program. The overwhelming positive outcomes have led the district to incorporate the contracts into their tiers of support going forward, even when there are no SHP vacancies.

In 2021-2022 the SHPG funds created opportunities for educating students, staff, parents as well as the community on a variety of important behavioral health topics. There are two events that are worth highlighting. Two elementary SHP facilitated a parent series for our English as a Second Language (ESL)/Emerging Bilingual (EB) families to support learning and social emotional development with their children. The sessions focused on positive discipline strategies and how to connect with your child to enhance social and emotional development. With SHP funds we were able to provide dinner and childcare to reduce the barriers families face in engaging in evening parent events. The outcome was amazing with over 70 ESL/EB families participating. The families were super engaged and responsive to the sessions creating opportunities for further family-school collaboration to increase student success.

At the middle and high school level a powerful presentation/training was delivered in English and in Spanish to all 8th-12th grade students and over one hundred families and community members on the Fentanyl crisis, the signs and symptoms of overdose and how to administer Naloxone to save a life. This presentation paved the way for a handful of other schools across Colorado to use the SSSD presentation as a road map and launching point to provide education on this important topic in their schools and communities.

Summit RE-1

(Rural - 6 Elementary Schools, 1 Middle School, 1 High School, and 1 Junior/Senior High School) Cohort 3 & Cohort 5 (1 School Counselor, 1 School Psychologist, and 1 School Social Worker)

Summit School District (SSD) supported many mental and behavioral health activities through SHPG. During fiscal year 21-22, SSD brought Sources of Strength to our high school to support approximately 1100 students in suicide prevention. The grant funded a part-time professional who spent the first part of the year planning implementation and then launched the program in January 2022. The training had 60 peer leaders (students) and several advisors (teachers) in attendance. The peer leaders took the information learned at the training and ran campaigns around student strengths that spring. This program continues to grow and strengthen.

SHPG also allowed us to build capacity for Resilience in Schools and Educators (RISE) implementation at SSD. RISE is a program from CU Boulder that helps teachers create and maintain trauma-informed classrooms. SSD hired a professional to implement programming and coach our other counselors to facilitate RISE groups. Now, all our elementary counselors are RISE-trained facilitators.

Another activity SHPG helped support was funding part of our district social worker. One of the things our social worker accomplished in 21-22, in collaboration with community organizations, was providing Question, Persuade, Refer (QPR), a training to prevent student suicide, for every student at our largest high school. Finally, with SHPG, we purchased our social and emotional screening tools to support SSD to analyze our effectiveness and identify areas of improvement for wellness support.



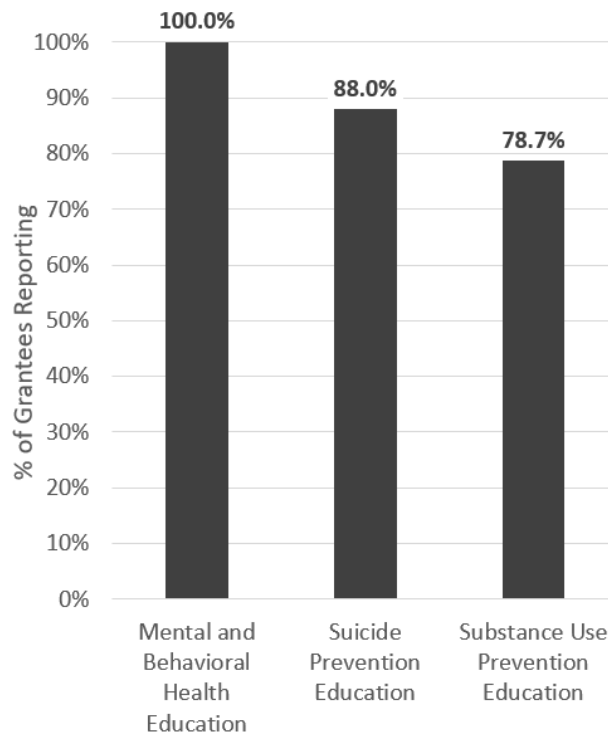
Outcomes and Barriers

Outcomes on Performance Measures

Training and Resources

Of the 75 LEPs completing the end-of-year evaluation, 100% reported providing professional development with their SHPG funding. Mental and behavioral health education was the most reported training content, followed by suicide prevention education and then substance use prevention education (see Figure 10). No differences in the likelihood of providing each type of training were found between cohorts, across type of district (Denver metro, urban/suburban, or rural/small rural), or diversity of the student population (above or below the state in the enrolled percent of students of color). Comparisons across these groups are in Appendix E.

Figure 10. Percent of LEPs Providing Each Type of Training Opportunity



The total number of unique training opportunities provided by LEPs in the 2021-2022 school year was 839. Of those, 61% covered mental and behavioral health education, 27% focused on suicide prevention education, and 25% included substance use prevention education⁴. 21,175 SHPs and other school-based staff were trained across the 839 training opportunities, 10,111 in Cohort 5 and 11,064 in Cohort 6. In addition to reporting on training opportunities, LEPs also reported the number of staff that felt more confident supporting students with mental and behavioral health needs. A total of 10,838 staff members were reported to feel more confident, 3,276 in Cohort 5 and 7,526 in Cohort 6 (see Figures 11 for additional details).

⁴ These percentages add up to more than 100% as training opportunities could cover more than one content area.

Figure 11. Number and Type of Training Reported Separately by Cohort

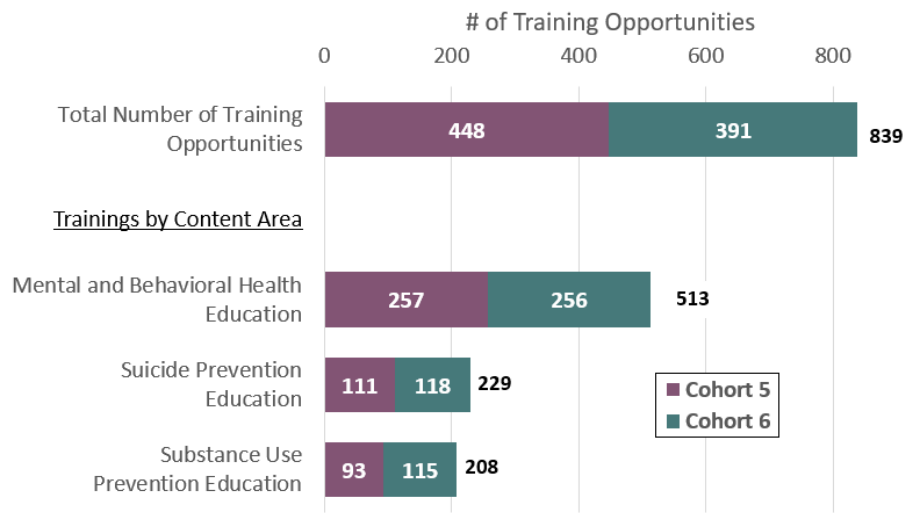
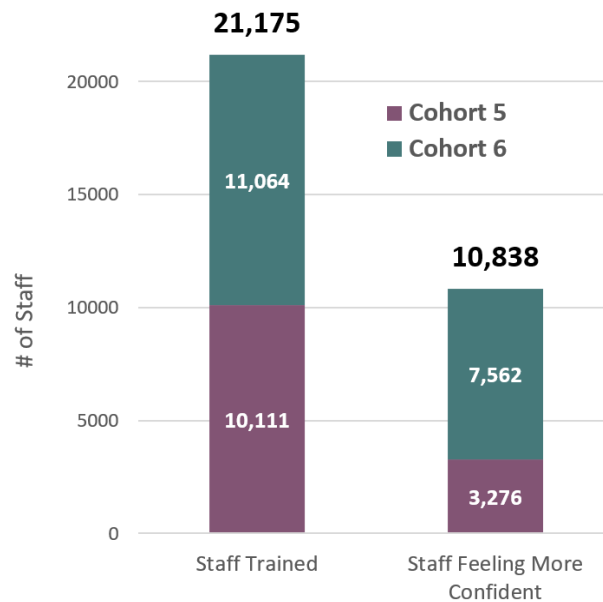


Figure 12. Number of Staff Trained and Number of Staff Reporting They Feel More Confident in Supporting Student Mental Health Reported Separately by Cohort



Services Provided to Students

LEPs provided information on the number of students who received Tier 1 (Universal)⁵, Tier 2 (Targeted)⁶, and Tier 3 (Intensive)⁷ services, reported separately for elementary, middle school, and high school students. Across both cohorts, 85,599 students received Tier 1 services, 30,347 received Tier 2 services, and 23,689 received Tier 3 services.

⁵ Services designed to promote positive mental and behavioral health, typically delivered to all students.

⁶ Supports provided to a smaller number of students who are identified as having increased mental or behavioral health needs, typically implemented in small group settings, based on a similar need identified through assessment.

⁷ Supports implemented for students not responding to Tier 2 supports or who demonstrate a more intense need, typically more frequent, intense, and individualized interventions.

See Figure 13 for numbers reported separately by cohort, as well as the percentage of total students in schools supported by the SHPG this represents. A higher percentage of elementary students than secondary students were reported to have received Tier 1 services. High school students were reported to have received Tier 2 and 3 services at a rate higher than elementary or middle school students (see Figure 14). Cohort 5 reported a higher percentage of students receiving Tier 1 services relative to Cohort 6, while Cohort 6 reported a higher percentage of students receiving Tier 2 and Tier 3 services (see Figure 15). This reflects the higher proportion of high school students in Cohort 6 as compared to Cohort 5. Differences across type of district and diversity of the student population are reported in Appendix F.

Figure 13.
Number of Students Receiving Services at Each Tier Reported Separately by Cohort
and as a Percentage of the Total Number of Students in Schools Supported by the SHPG

Number and Percent of Students Receiving Services by Tier

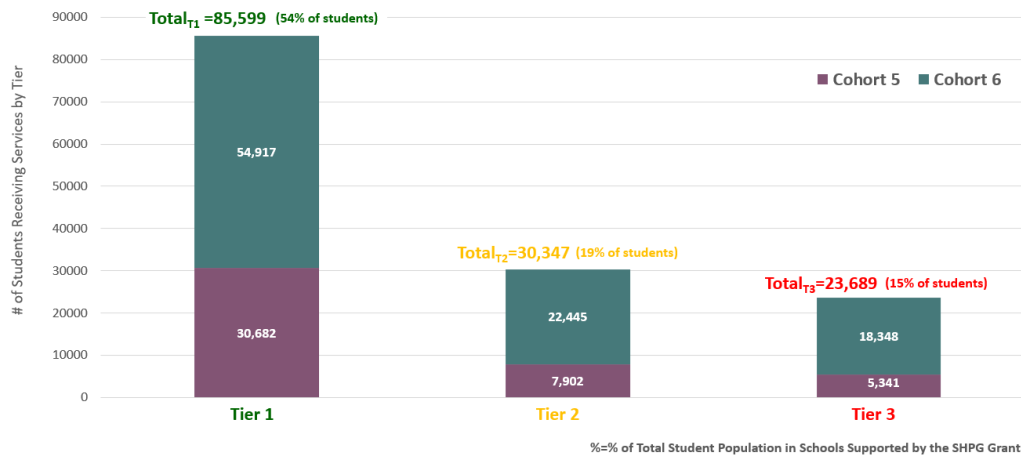


Figure 14.
Percentage of Students Receiving Services by Tier, Reported Separately for Elementary (ES), Middle School (MS),
and High School (HS) Students

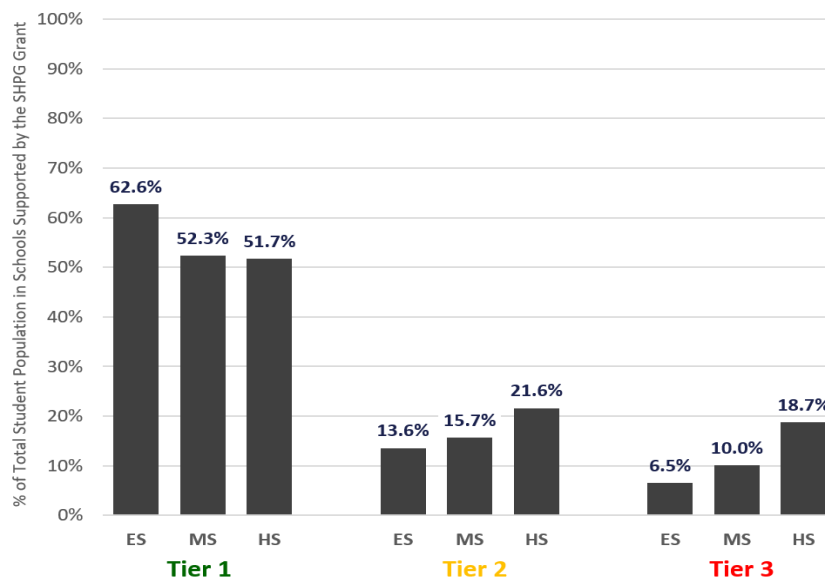
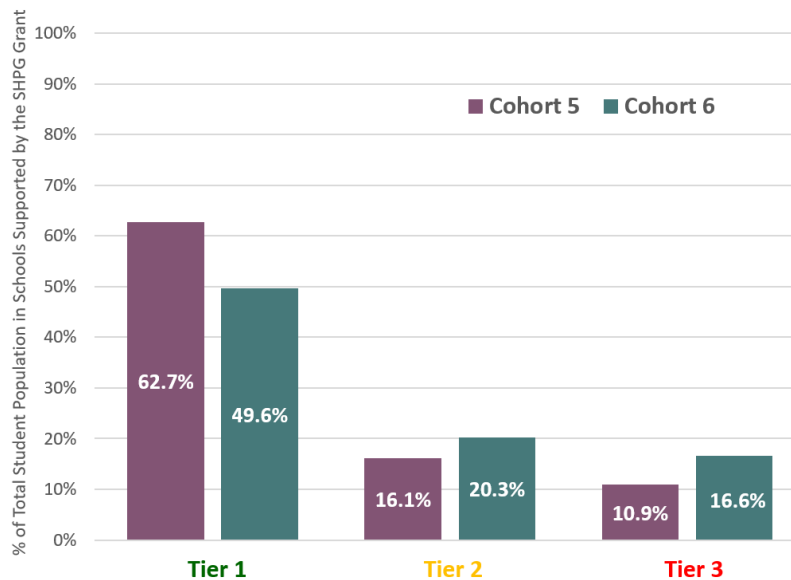


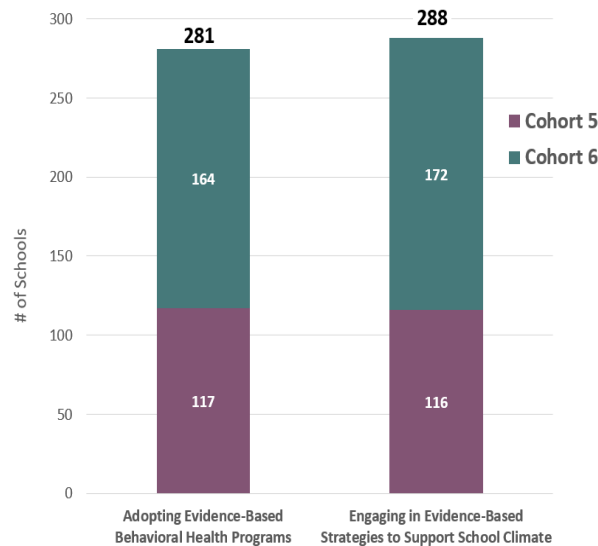
Figure 15. Percentage of Students Receiving Services by Tier, Reported Separately by Cohort



LEPs also reported on services provided to students at the school and community levels. As a result of SHPG funding, 281 schools implemented evidence-based behavioral health programming⁸, 288 schools engaged in evidence-based strategies to support school climate; and districts engaged with 1,137 community partners in support of student mental and behavioral health. See Figures 16 and 17 for numbers reported separately by cohort and Appendices G and H for comparisons across the type of district and diversity of the student population.

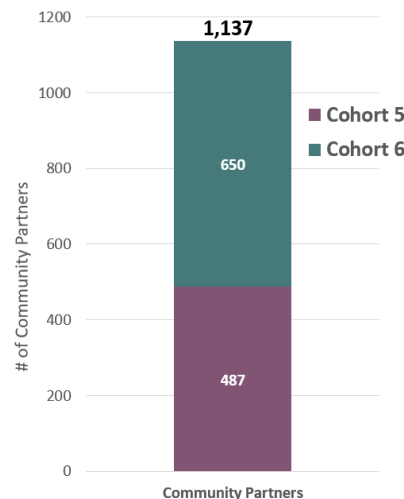
⁸ It should be noted that the number of Cohort 6 schools that implemented programming due to SHPG funding is higher than the total number of schools supported by the SHPG (145, as reported in Figure 2). This discrepancy is due to training and consultative support around mental and behavioral health programming that SHPs provide to schools within their district in addition to the school(s) to which they are primarily assigned. Only schools at which an SHP has been employed is included in previous graphs.

Figure 16. Number of Schools Implementing Evidence-Based Programming Reported Separately by Cohort



9

Figure 17.
Number of Community Partners LEPs Connect with in Support of Students Mental and Behavioral Health Reported Separately by Cohort



Finally, LEPs reported on the number of students and parents who gained mental and behavioral health knowledge because of their SHPG activities. The numbers are reported separately by cohort in Figure 18 and as a percentage of the total number of students in schools supported by the SHPG in Figure 19. Differences in these percentages are then reported separately by the type of district and the enrollment of students of color in Figures 20 and 21. Generally, Cohort 5 LEPs were more likely to report increased student knowledge; Cohort 6 LEPs were more likely to report increased parent knowledge; and Denver-metro districts and districts with a proportion of students of color below Colorado average were more likely to report gains in parent knowledge.

⁹ Reporting of the information in Figures 16 & 17 was done separately by cohort and grantees reported a number, without names of individual schools. Therefore, it was not possible to determine whether schools were reported in both cohorts.

Figure 18.
Number of Parents and Students Reported to Have Gained Behavioral Health Knowledge Reported Separately by Cohort

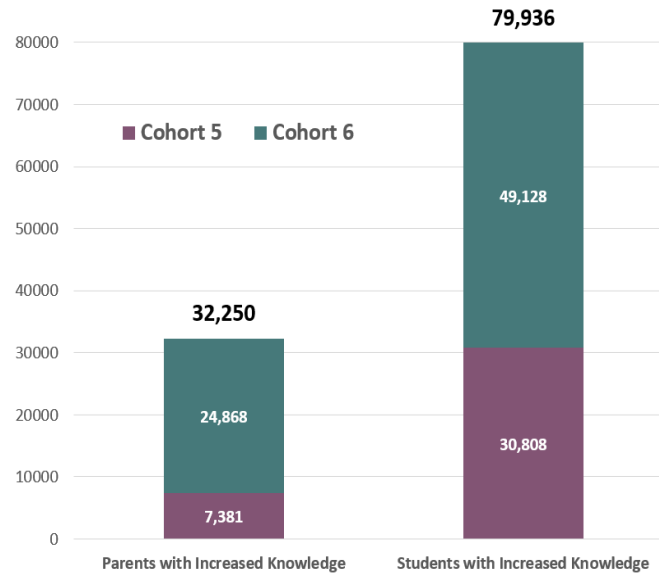
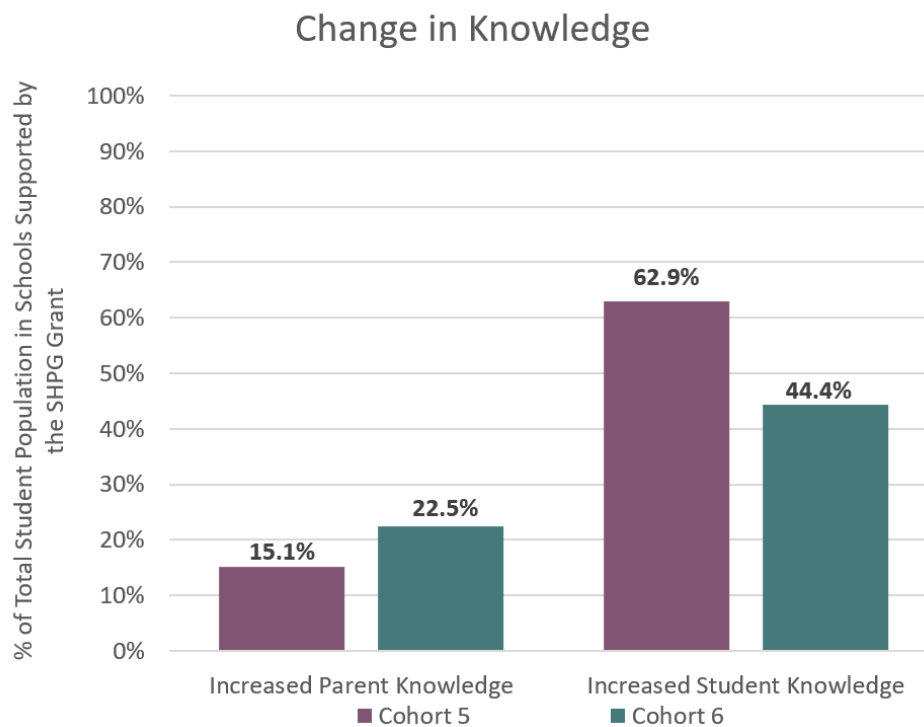


Figure 19.¹⁰
Parent and Student Knowledge Gain as a Percentage of the Total Number of Students in Schools Supported by the SHPG Reported Separately by Cohort



¹⁰ Because three grantees did not report this information, the percentages in Figures 19-21 are likely a slight underrepresentation of the percentages of parents and students with increased knowledge gain.

Figure 20.¹¹

Students and Parent Knowledge Gain as a Percentage of the Total Number of Students in Schools Supported by the SHPG Reported Separately by Type of District

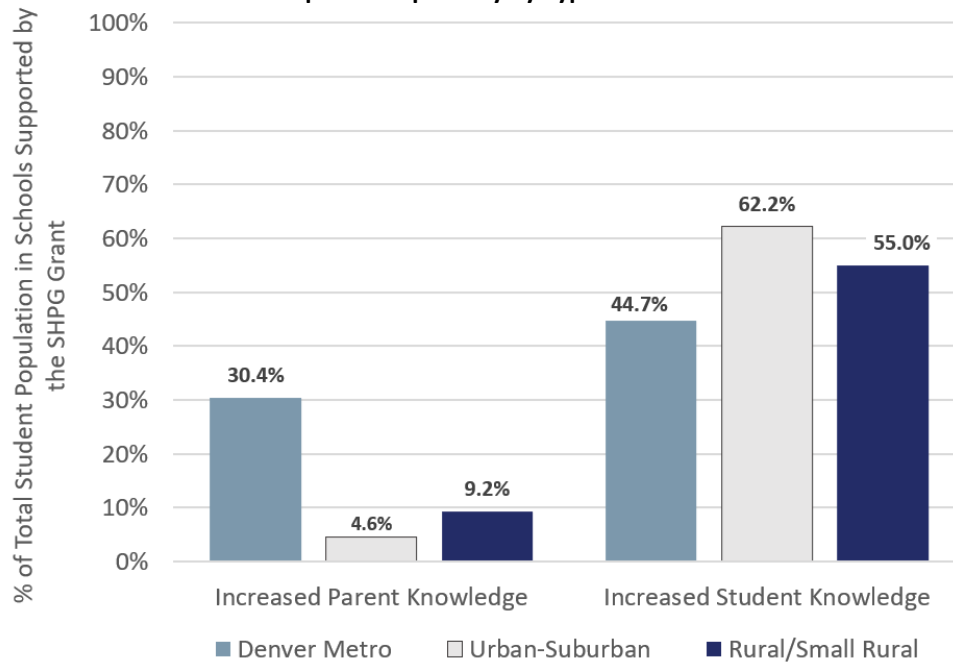
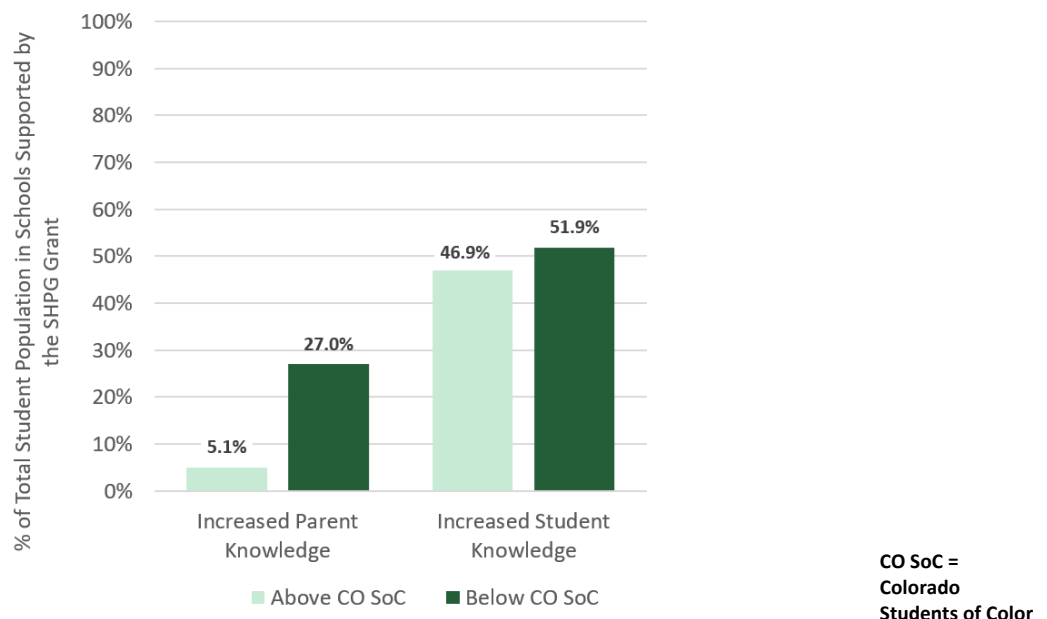


Figure 21.

Students and Parent Knowledge Gain as a Percentage of the Total Number of Students in Schools Supported by the SHPG Reported Separately by Diversity of the Student Population



Note: “Above CO SoC” means that the proportion of students of color in that school is higher than the state average, while “Below CO SoC” means that it is lower than the state average. Students of color includes American Indian or Alaska Native, Asian, Black or African American, Hispanic/Latino, and Native Hawaiian or Other Pacific Islander students as well as students with two or more races.

¹¹ Because three grantees did not report this information, the percentages in Figures 19-21 are likely a slight underrepresentation of the percentages of parents and students with increased knowledge gain.

Barriers in 2021-2022

CDE staff have captured the following barriers and challenges encountered by SHPG recipients:

- Hiring enough qualified professionals, especially in rural districts, was a continued challenge in 2021-2022.
- The Behavioral Health Specialist workforce continues to face heavy workloads while being short-staffed.
- Creating sustainable community partnerships.
- Continued pandemic impact on family involvement.
- Securing continuation of funding for the school districts and charter schools.
- Ensuring that SHPG grant goals align with goals of schools and districts.

To better assess the degree of LEPs' staffing difficulties, grantees were asked to indicate whether their grant funded SHP positions were fully staffed for the entire school year, unstaffed for the entire school year, or partially staffed (which referred to either some of multiple positions remaining unfilled and/or a single position only being filled for a portion of the school year). Most LEPs were able to staff their SHP positions at least partially; fewer than 10% remained unstaffed for the entire year across both cohorts. Even so, many were only able to partially staff their SHP positions and only 58% of Cohort 6 LEPs and 64% of Cohort 5 LEPs were fully staffed for the entire school year (see Figure 22). The continued instability created by the pandemic was a potential contributing factor for hiring difficulties. Even though this instability impacted all grantees, cohorts were considered separately due to the difference in the length of time they had been receiving SHPG funding; 2021-22 was the first year 10 of the Cohort 6 grantees had this funding meaning they were attempting to fill new positions. Rates of full staffing are higher at the individual school than grantee level, though 19% of Cohort 6 schools remained unstaffed for the entirety of the school year. It should be noted that this percentage was influenced by the difficulty one large Denver metro LEP had with hiring staff. The percentage of schools fully staffed all year was the lowest in urban-suburban districts for both Cohort 5 and Cohort 6. Cohort 6 rural and small rural districts were fully staffed at higher percentages than both Denver metro and urban-suburban schools. Cohort 5 Denver metro schools were staffed at the highest rate (95.5% of schools). See Figure 23 for more information.

Figure 22.
LEP and School Level SHPG Staffing

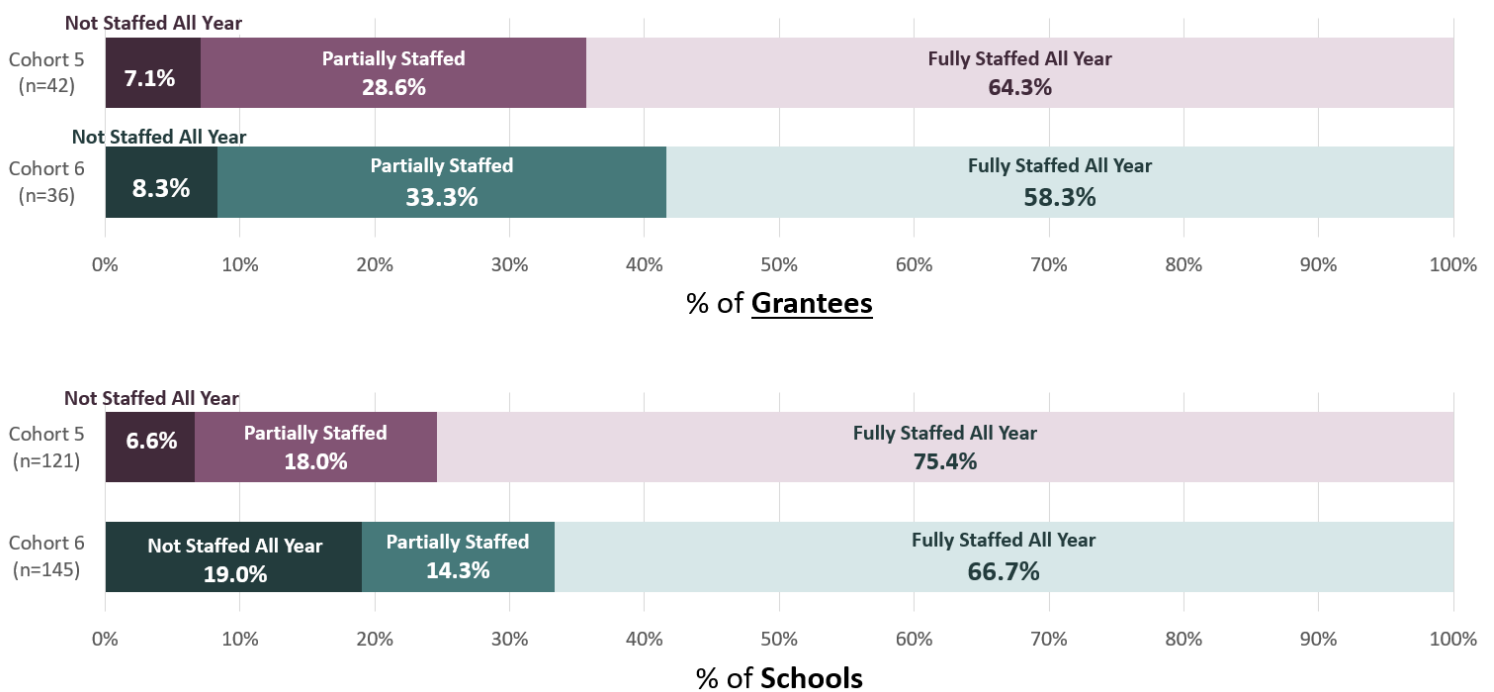
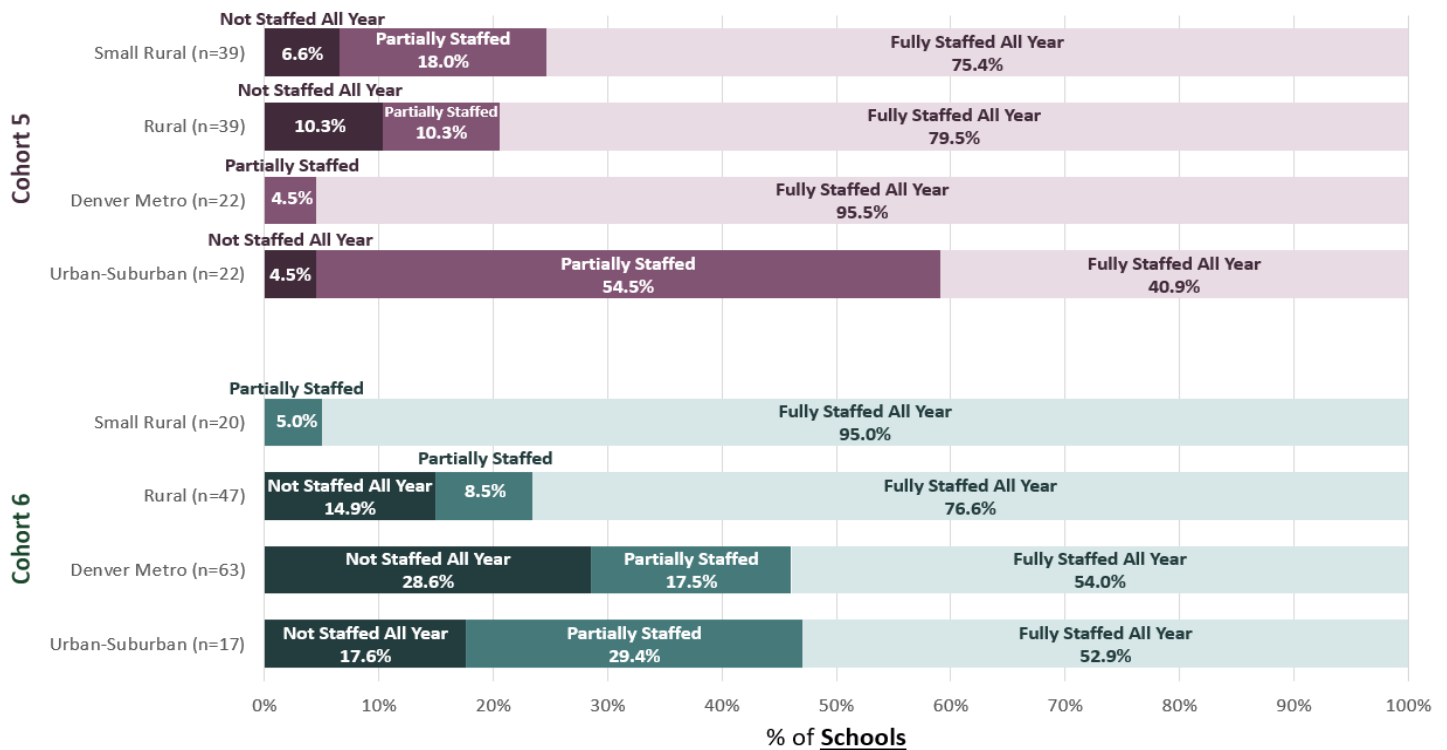


Figure 23.
School Level SHPG Staffing Reported Separately by Type of District



Conclusion

Despite the barriers and challenges of COVID-19, SHPG LEPs in both Cohort 5 and 6 continue to achieve and exceed the implementation goals of the grant with a focus on the ongoing needed support for students and staff who are experiencing mental health concerns. Over 90% of LEPs reported providing students support for social-emotional skill/character development, depression or suicidal ideation, anxiety, and healthy relationships; LEPs report employing a variety of evidence-based programs designed to promote positive mental health, address mental health concerns, and build positive school climates. As the data above demonstrates, SHPG LEPs are committed to promoting positive mental health for students, staff, and families through screening, education, and referral care coordination for substance use/misuse and other behavioral health needs.



Appendix A: School Health Professional Definition and Preferred Skills

School Health Professional Definition:

- A state-licensed or state-certified school nurse, school psychologist, school social worker, school counselor, or other state-licensed or state-certified professional qualified under state law to provide support services to children and adolescents, including DORA-licensed mental health professionals licensed pursuant to article 43 of title 12, C.R.S.

School Counselor:

- Has demonstrated commitment to the school counseling profession through professional organization involvement, supervision and training of other school counselors, publication of professional materials and presentations at professional conferences; and
- Has demonstrated active community involvement, development of effective parent partnership programs and promotion of cooperation with other professional educators.

School Nurse:

- Has completed additional preparation in the following areas: advanced practice in nursing; specialties in school health-related fields; additional certification in nursing administration, vocational education, or other certifications applicable to school nursing.
- Has demonstrated professional leadership experiences and exceptional program development.
- Has had active participation in school nurse professional organizations; and
- Has participated in teaching, research and/or publishing to further the specialty of school nursing.

School Psychologist:

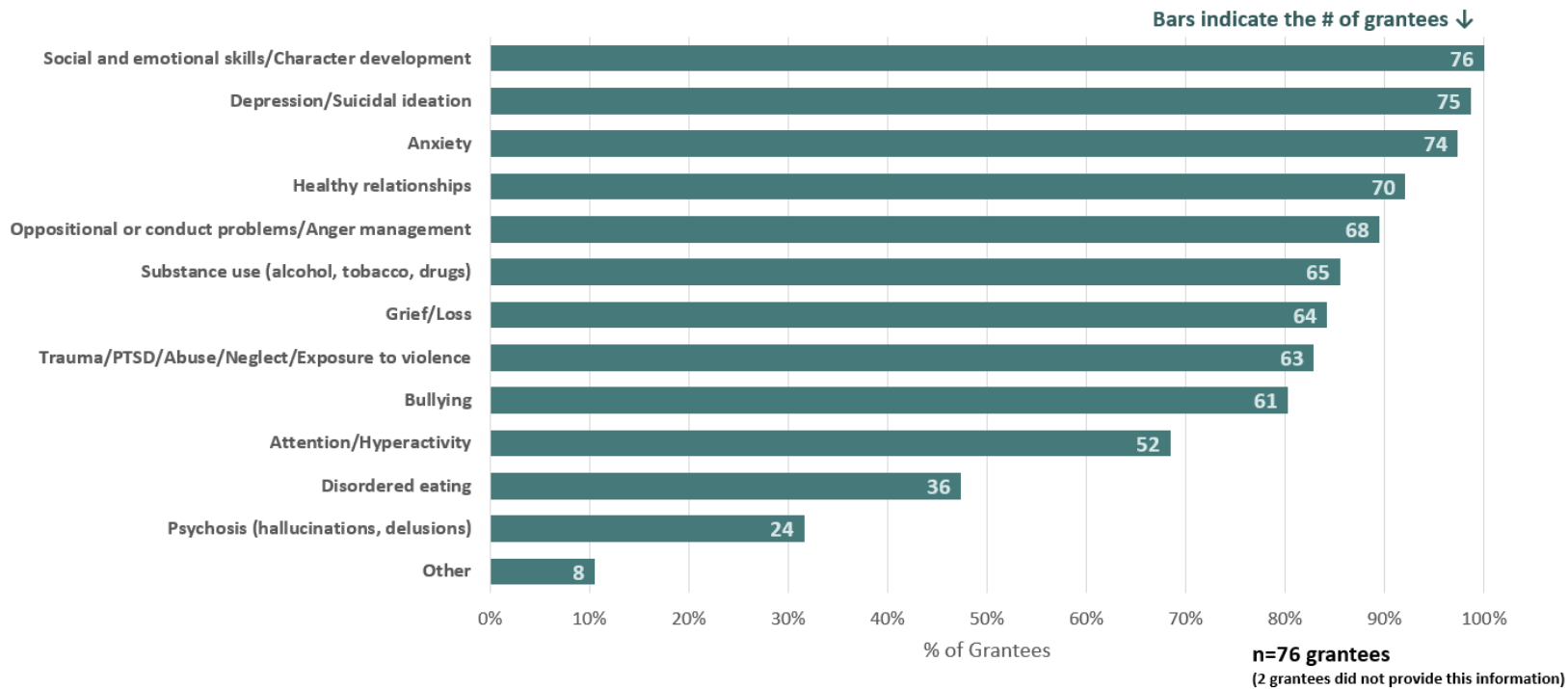
- Has demonstrated commitment to the profession of school psychology through active involvement and leadership in local, state, or national school psychology organizations.
- Has mentored school psychologists with an initial license and supervised school psychology interns.
- Has contributed to school and district program development.
- Has produced professional publications and presentations; and
- Has received recognition by peers for outstanding performance.

School Social Worker:

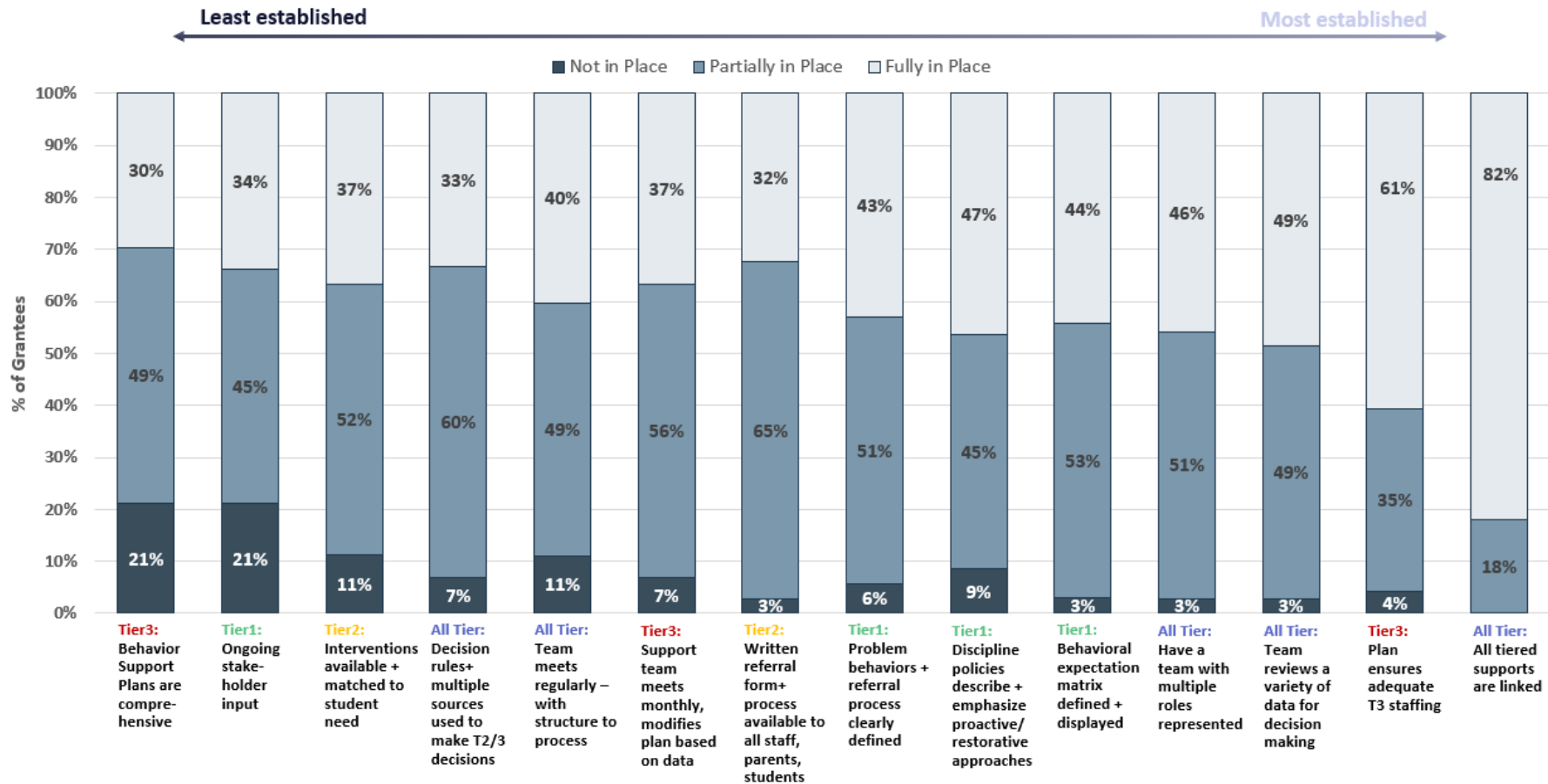
- Has demonstrated leadership in state school social work organizations.
- Has actively participated in leadership roles in national social work organizations and other community and human service organizations.
- Holds advanced credentials in the field (e.g., doctorate in social work, school social work specialist credential, diplomate in clinical social work, etc.).
- Has demonstrated outstanding skill in service to schools and children, such as the creation of innovative and successful programs and services to meet the needs of students and mentoring and supervising school social workers and other school professionals; and
- Has received recognition by peers for outstanding performance.



Appendix B: Number and Percent of LEPs Providing Supports for Each Specific Mental and Behavioral Health Concern



Appendix C: Percent of LEPs Describing the Degree to Which Each of 14 Components of School-based Mental Health Systems Were in Place



NOTE: Least to most established ranking is based on the average across all three categories



LEPs were asked to respond to fourteen items taken from the Positive Behavioral Interventions and Supports (PBIS) Tiered Fidelity Inventory to provide information on the fidelity of LEP mental health systems implementation. For each item, LEPs were provided with three different descriptions of their degree implementation, generally: not having the component in place, having the component partially in place, and having the component fully in place.

For each item, the shaded bar depicts the portion of LEPs self-reporting each degree of implementation; darker shading at the bottom indicates the component is not in place, the medium shading in the middle of the bar indicates the component is partially in place, and the lightest shading at the top indicates the component is fully in place. Whether the component represents a Tier 1, 2, or 3 measure – or cuts across all Tiers - is color-coded in the description of the item. Items are organized from left to right, with components that are less-well established across LEPs on the left and components that are better established on the right.

The item that is least-well implemented across LEPs is, at the Tier 3 level, having comprehensive behavior support plans, with only 30% of LEPs indicating they have fully implemented these plans for their students. Similarly, at the Tier 1 level, only 34% of LEPs indicated they gather input from stakeholders on their Tier 1 interventions in an ongoing manner.

On the other end of the spectrum, most LEPs (82%) indicated that their tiered supports were fully linked, (students receiving Tier 3 supports are still engaged in Tier 2 and Tier 1 supports, and students receiving Tier 2 supports are participating in Tier 1 supports) and a majority (61%) indicated that their plan for Tier 3 ensures adequate staffing to support these services. Another thing to note is that no clear pattern of a particular tier at which implementation is less in place emerges from LEP responses.

Appendix D: Review of SHPG 2021-22 Work Plans

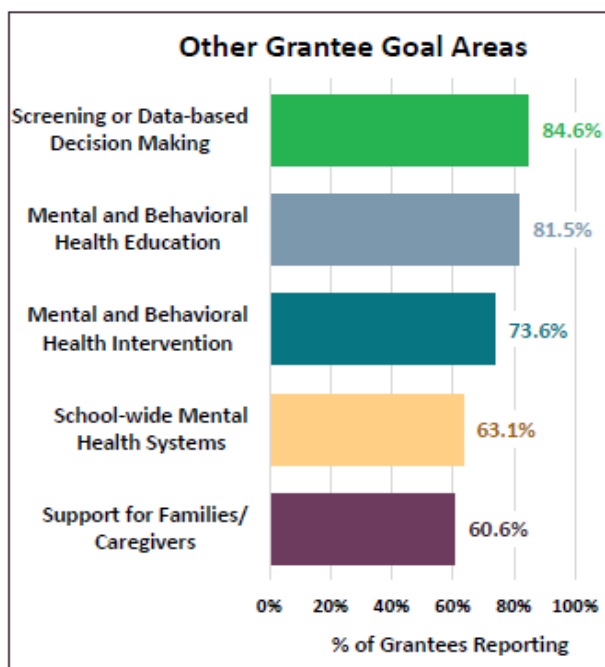
Colorado School Health Professional Grant Health Education Services Office



2021-22 Workplan Summary

In the 2021-22 school year, a total of 78 grantees were supported by the School Health Professional Grant (SHPG): 42 grantees from Cohort 5(2019-22), 26 from Cohort 6(2020-23), and 10 from Cohort 6B(2021-23). This summary report is based on review of 71 grantee workplans (91% of all grantees). Workplans describe grantee goals and planned activities for the school year.

SHPG Grant Goal	% of Grantees Working Toward This Goal
Increase the presence of licensed school health professionals (SHPs) to provide behavioral health education and intervention to students who are enrolled in elementary and secondary schools.	100%
<i>Grantees able to hire SHPs in the 2021-22 school year:</i>	92.3%
Provide training and resources to school staff for the implementation of evidence-based programming for behavioral health education and care for all students.	90.8%
Allow school health professionals to connect students enrolled in elementary and secondary schools with services provided by community-based organizations for treatment and counseling.	20.0%



Specific Grantee Activities

of grantees

Universal screening (e.g., BIMAS, CRAFT, DESSA) =28

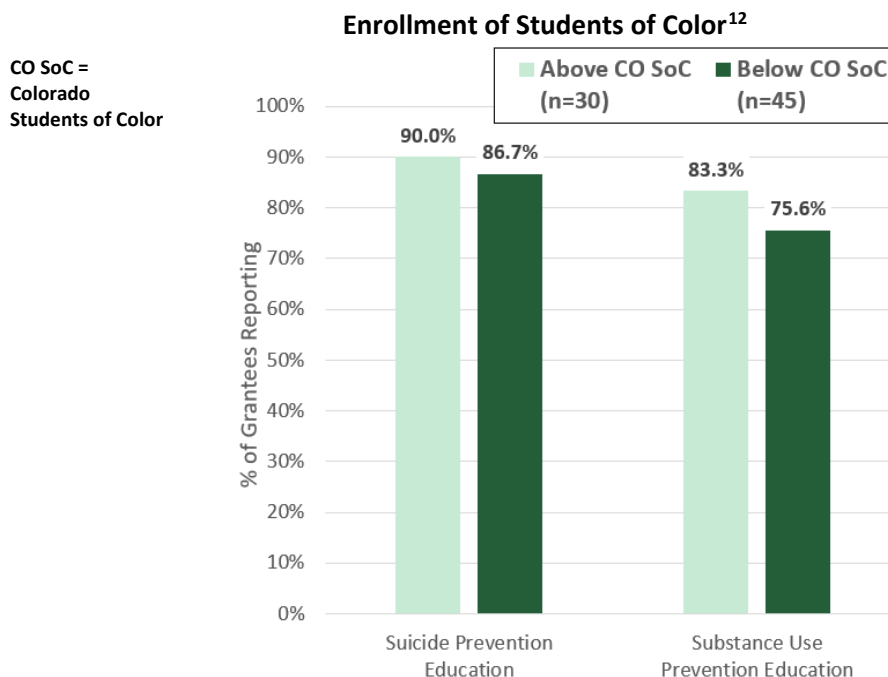
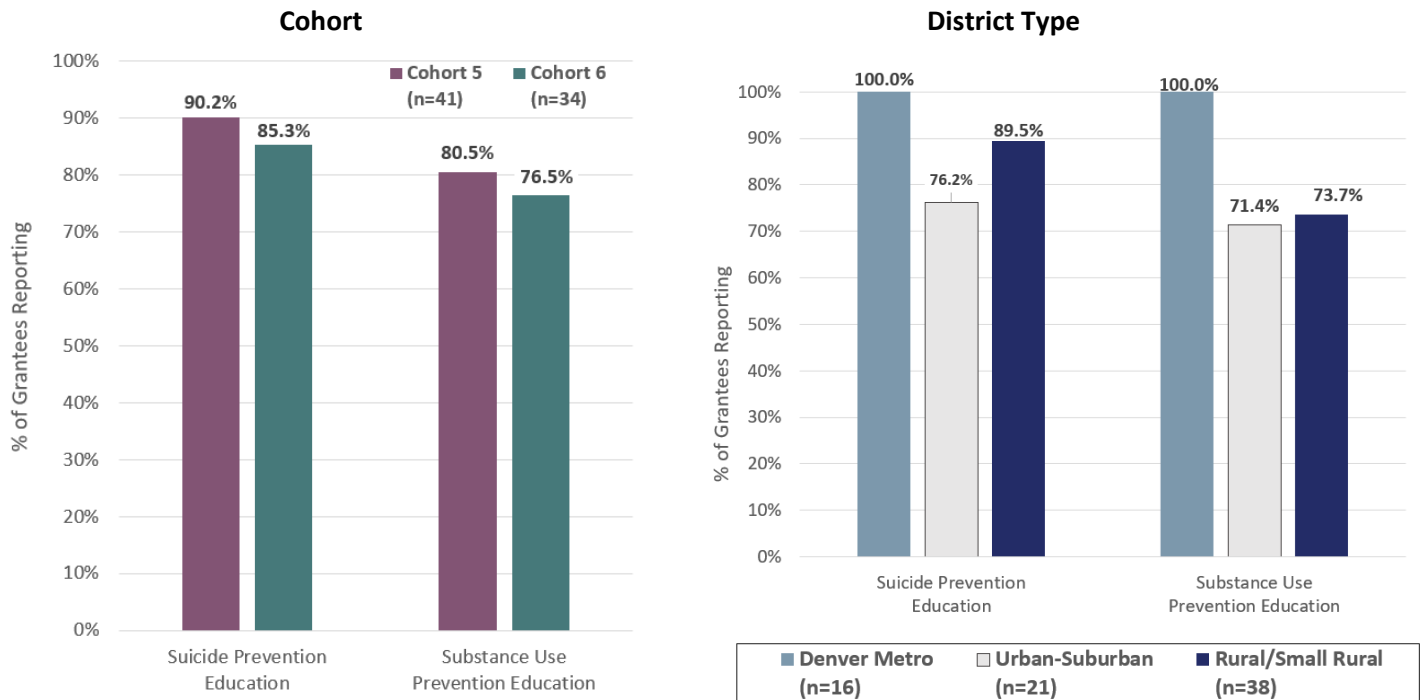
Social emotional skills lessons & substance use prevention education (e.g., Life Skills, Marijuana Education Initiative, Second Step) =47

Small groups & individual services for identified students =35

Referral systems for identifying students' mental and behavioral health needs & connecting them with needed supports =34

Mental Health Information Provided to All Families/Caregivers =37

Appendix E: Comparison of Percentages of LEPs Providing Suicide Prevention Education and Substance Use Prevention Education Training across Cohort, Type of District, and Diversity of the Student Population

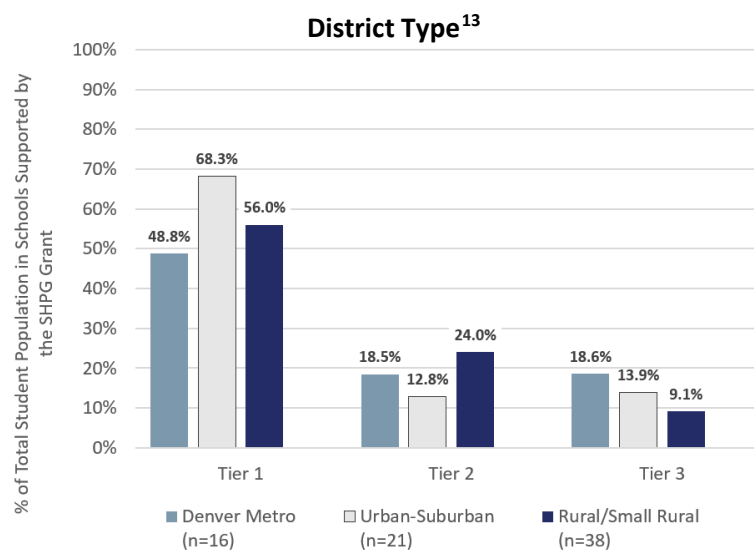


Notes: (1) No comparisons made for mental and behavioral health education training because 100% of grantees provided this type of training; (2) n= number of districts reporting in each category

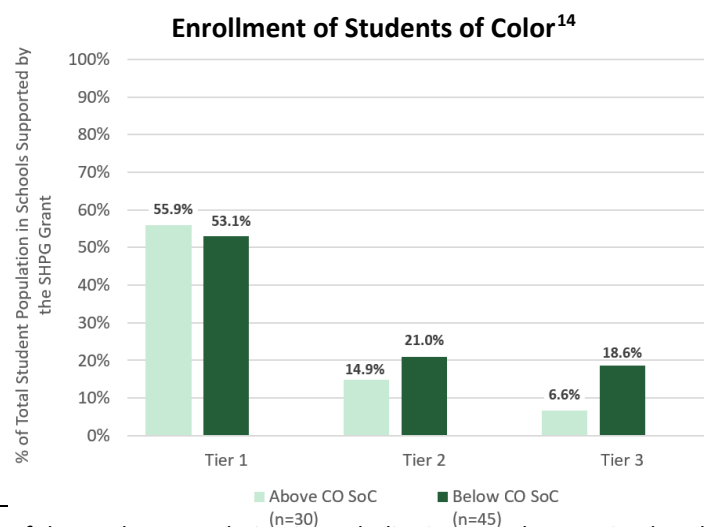
¹² “Above CO SoC” means that the proportion of students of color in that school is higher than the state average, while “Below CO SoC” means that it is lower than the state average. Students of color includes American Indian or Alaska Native, Asian, Black or African American, Hispanic/Latino, and Native Hawaiian or Other Pacific Islander students as well as students with two or more races.

Appendix F: Comparison of Percentages of Students Receiving Services by Tier Reported Separately for Type of District and Diversity of the Student Population

Urban-suburban districts reported providing Tier 1 services to the highest percentage of students, rural/small rural districts reported providing Tier 2 services to the highest percentage of students, and Denver metro districts reported providing Tier 3 services to the highest percentage of students. While both urban-suburban and Denver metro districts reported providing Tier 2 services to students at a similar rate as Tier 3 services, rural/small rural districts reported providing Tier 2 services at a much higher rate than Tier 3 services. Differences in tiered services also appeared across race. Districts with a lower percentage enrollment of Students of Color (as compared to the state) reported a higher proportion of students receiving Tier 2 and Tier 3 services versus districts with a higher percentage of enrollment of Students of Color.



Note: n=number of districts reporting in each category

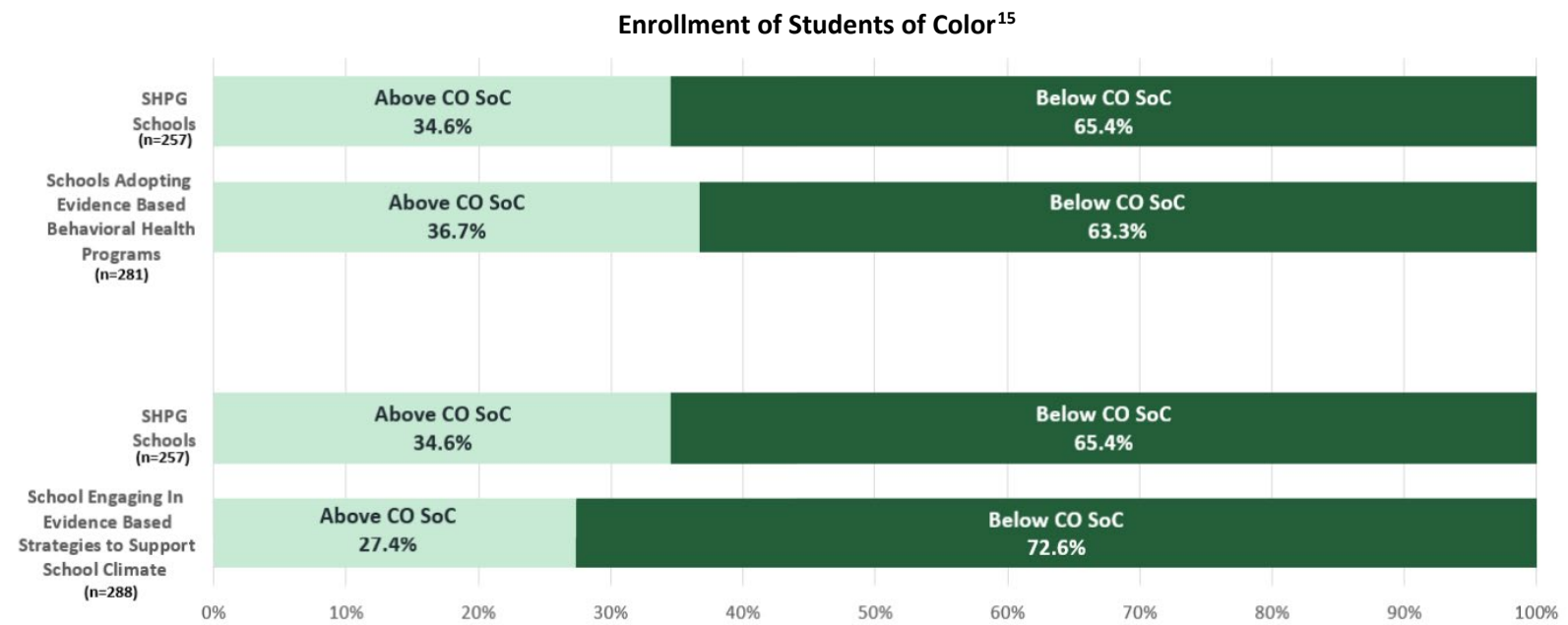
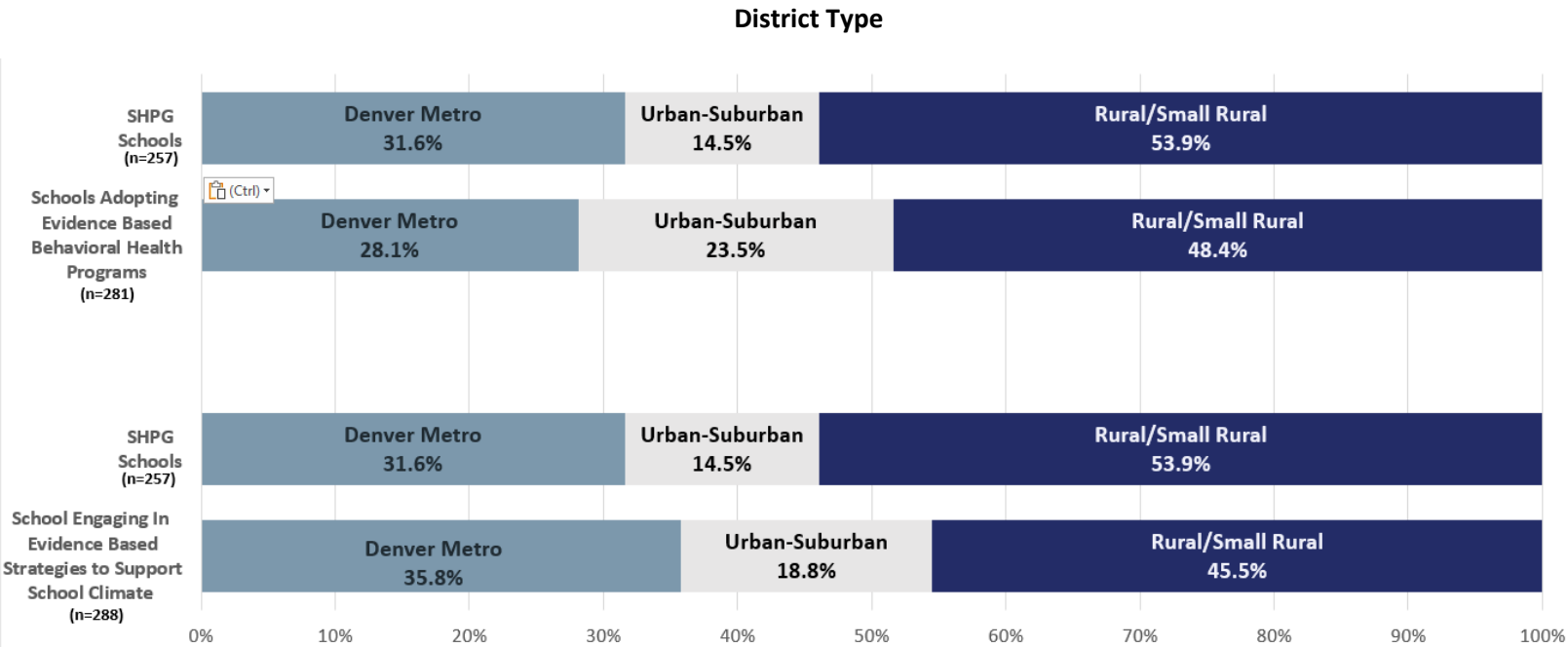


CO SoC = Colorado Students of Color

¹³ Percents refer to the percentage of the student population in each district type that received each level of supports. For example, 48.8% of students in Denver Metro districts received Tier 1 supports; 6.6% of students in districts with a higher proportion of students of color than the state average received Tier 3 services.

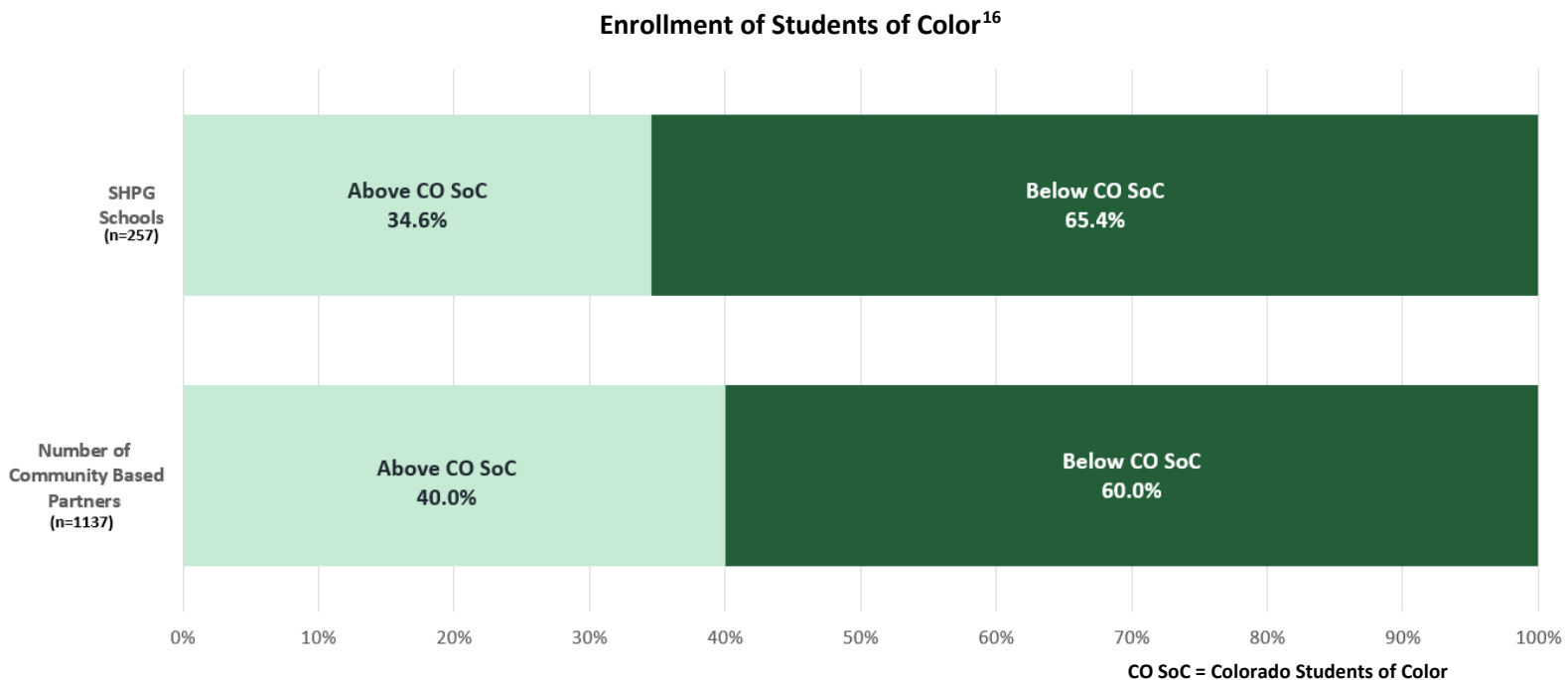
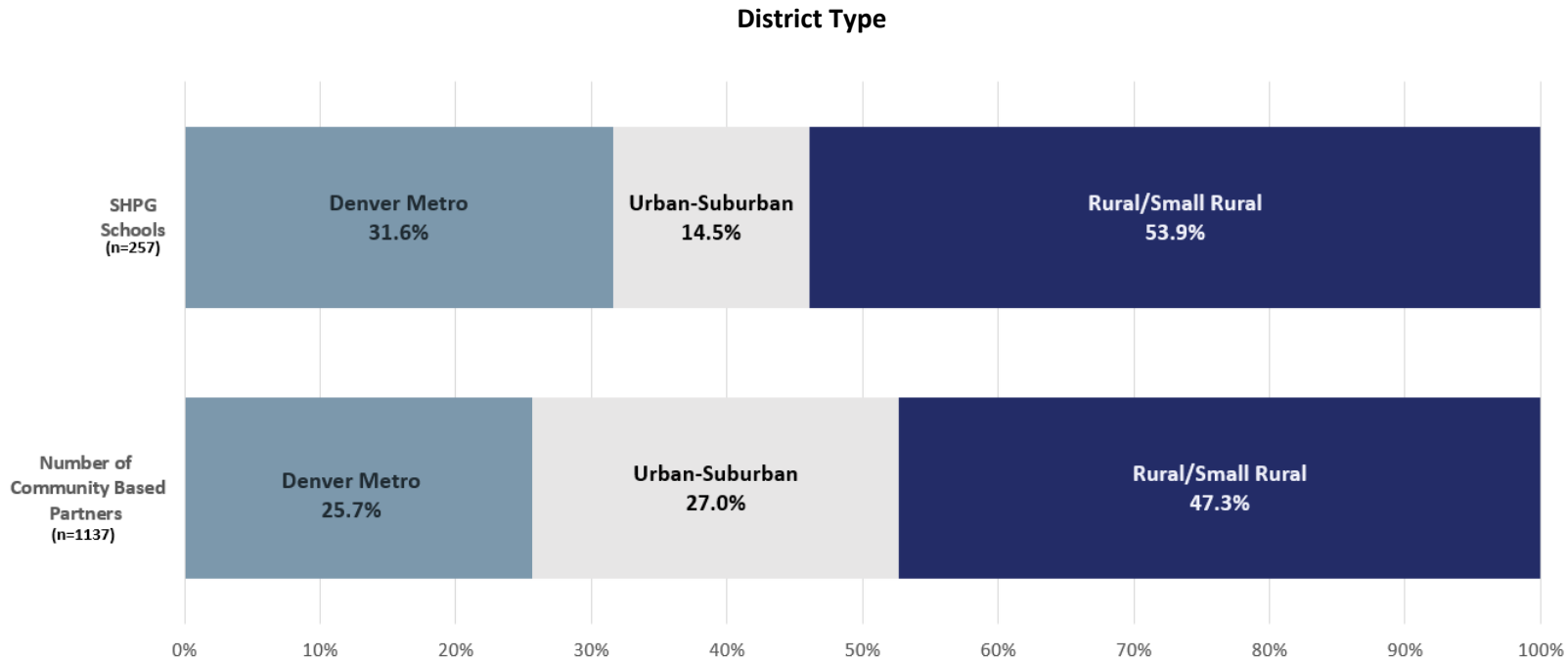
¹⁴ “Above CO SoC” means that the proportion of students of color in that school is higher than the state average, while “Below CO SoC” means that it is lower than the state average. Students of color includes American Indian or Alaska Native, Asian, Black or African American, Hispanic/Latino, and Native Hawaiian or Other Pacific Islander students as well as students with two or more races.

Appendix G: Proportion of Schools Implementing Evidence Based Programming Reported Separately by Type of District and Diversity of the Student Population



¹⁵ “Above CO SoC” means that the proportion of students of color in that school is higher than the state average, while “Below CO SoC” means that it is lower than the state average. Students of color includes American Indian or Alaska Native, Asian, Black or African American, Hispanic/Latino, and Native Hawaiian or Other Pacific Islander students as well as students with two or more races.

Appendix H: Proportion of Community Partners Reported Separately by Type of District and Diversity of the Student Population



¹⁶ “Above CO SoC” means that the proportion of students of color in that school is higher than the state average, while “Below CO SoC” means that it is lower than the state average. Students of color includes American Indian or Alaska Native, Asian, Black or African American, Hispanic/Latino, and Native Hawaiian or Other Pacific Islander students as well as students with two or more races.