COLORADO
Department of Education

2018-2019 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, et seq., to increase the presence of school-based health professionals (school nurses, school counselors, school social workers and school psychologists) within secondary schools serving grades 7-12. With legislative changes in 2017, the grant expanded to support grades K-12 which allowed new funding to include elementary schools and bodies of work to support the needs of K-6 students.

The purpose of the SHPG is to improve prevention, early intervention, services and programs, in an effort to reduce the risks of marijuana and other substance use by students. For the first two years of the grant, two cohorts each received one year of funding. In 2016, a third cohort was funded for three years. In 2017, a fourth cohort was funded for three years as a result of the Colorado state legislature approving an additional $9.2 million in program funding during the 2017 legislative session to allow for expanded support to K-12 schools. Cohort 3 and Cohort 4 are the focus of this report. There are a number of schools that are funded in both Cohort 3 and Cohort 4, with different grant activities for each cohort in which they were awarded. As a result some students from Cohort 3 are also counted in Cohort 4. A total of 49,765 students are counted in both cohorts among the 11 grantees that received funding for both cohorts. The unduplicated number of students for both cohorts combined is 128,292. Eleven grantees were awarded in both Cohorts 3 and 4 to hire additional School Health Professionals that implement different programs and provide different levels of student support.

Summary information from these cohorts during the 2018-19 academic year included:

Cohort 3 (2016-19) Summary :

- The Colorado Department of Education (CDE) allocated $2,170,492, in grant funds annually, contingent upon legislative approval.
- The grant served 22 grantees but accounted for 26 unique districts and charter schools (which includes a regional grantee and a BOCES grantee). These grantees served 14 elementary schools, 23 middle schools, and 30 high schools representing a total of 62,827 students. Schools funded by the SHPG had a student population with 47 percent free and reduced lunch (FRL) status, which is reflective of the state's overall student population with 47 percent FRL status.
    - In 2017, the legislature allowed for the SHPG to serve elementary schools. Only a small number of grantees chose to add students in grades K-6 for Cohort 3 mid-grant.
    - Instead, many grantees opted to apply and were awarded funding for Cohort 4, which serves academic years 2017-2020 and grades K-12 were included in many of the work plans.

- Grant funds were used to hire 44 school health professionals, which include 16 school nurses, 15 school counselors, 11 school social workers, and 2 school psychologists.
- Of the students in the school districts and charter schools served by the grant, 10 percent are elementary students, 28 percent are middle school students, and 62 percent are high school students.
- The student populations in the schools served were 60 percent White, 29 percent Hispanic, 4 percent Black or African American, 2 percent Asian, and 4 percent of two or more races. The state's student population was 53 percent White, 34 percent Hispanic, and 5 percent Black.

Cohort 4 (2017-20) Highlights:

- CDE allocated $9,123,471 in grant funds for this cohort in total for the 3 years.
- The grant served 44 unique districts and charter schools, which included 39 elementary schools, 39 middle schools, and 62 high schools, consisting of a total of 115,230 students.
- Schools funded by the SHPG had a student population with 49 percent free and reduced lunch (FRL) status compared to the state's overall student population with 47 percent FRL status.
- Grant funds were used to hire 169 school health professionals, which include 28 school nurses, 82 school counselors, 46 school social workers and 13 school psychologists.
- Of the students in the school district and charter schools served by the grant, 15 percent are elementary school students, 27 percent are middle school students and 58 percent are high school students.
- The student populations in the schools served were 56 percent White, 33 percent Hispanic, 4 percent Black or African American, 2 percent Asian, and 4 percent were two or more races. The state's student population was 53 percent White, 34 percent Hispanic, and 5 percent Black.

The report methodology for this report was acquired utilizing various forms of data collection including, but not limited to, End of Year reports submitted by district and charter program managers, a results-based accountability data collection software, "Scorecard," resources and other information provided to CDE technical assistance providers, and CDE's SchoolView data center (SchoolView is a data visualization and storage tool on the CDE website).

Introduction

Colorado Senate Bill 14-215 established the School Health Professional Grant (SHPG) Program, (C.R.S. 22-96-101, et seq.). Effective August 14, 2014, this law required the State Board of Education to promulgate rules for the implementation of the program, including: the timeline for submitting applications to the Colorado Department of Education, the form of the grant application, criteria for awarding grants, and any information to be included in the department's program report.

Program Purpose

The legislative declaration in S.B.14-215 noted 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 youth who engage in substance abuse develop or have underlying behavioral health needs. School health professionals are in a unique position to educate, assess, and refer youth who have substance abuse or behavioral health issues." C.R.S. 22-96-101(1)(f).

The SHPG's purpose is to increase the presence of school-based health professionals in Colorado's elementary and secondary schools. The funded school health professionals (counselors, nurses, psychologists, social workers and other behavioral health specialists) are focused on improving prevention, early intervention, services and programs related to marijuana and other substance use.

Grant Goals

Per Colorado statute, the goals of the SHPG are to:

- Add or initiate school health professionals;
- Implement more evidence-based programs and strategies;
- Implement staff training and professional development;
- Increase resources for school staff on the implementation of evidence-based programming on substance abuse prevention education; and
- Develop screening for early identification practices and referrals for students.

Program Implementation

Statute allows grantees to use grant funding for the following:

- Implementation of evidence-based curriculum education to prevent substance use and behavioral health;
- Utilization of substance use and behavioral health screening tools;
- Early identification and intervention for at-risk students with substance misuse and/or behavioral health needs;
- Development of individual counseling opportunities and/or support groups;
- Enhancement of collaborative health partnerships within the community; and/or
- Engagement of families to support student needs.

Description of Program

Grant Application Process & Timeline Example

Please note that 2018 was not an open application year, however the following procedure was used to identify grantees. Cohort 4 was the most recent group granted funds from a competitive application in 2017. Cohort 3 was granted funds through a competitive application process in 2016.

Eligible education providers were invited to apply for a portion of the grant funds through the department's Request for Proposal (RFP). The RFP included a rubric that proposals were measured against based on: (1) identified needs; (2) a well-designed plan; (3) partnerships; (4) sustainability; and (5) a budget narrative.

The SHPG defined an eligible applicant as:

- A school district (on behalf of one or more elementary and/or secondary schools);
- A Board of Cooperative Services (BOCES); or
- A charter school (authorized by a school district or the Charter School Institute)

Priority was given to applicants that demonstrated high-need based on:

- Information regarding marijuana use and the number of marijuana establishments located within the boundaries of a school district; and
- School climate surrounding availability, prevalence, usage, or attitude of students and community, and increases in disciplinary action related to substance use.

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

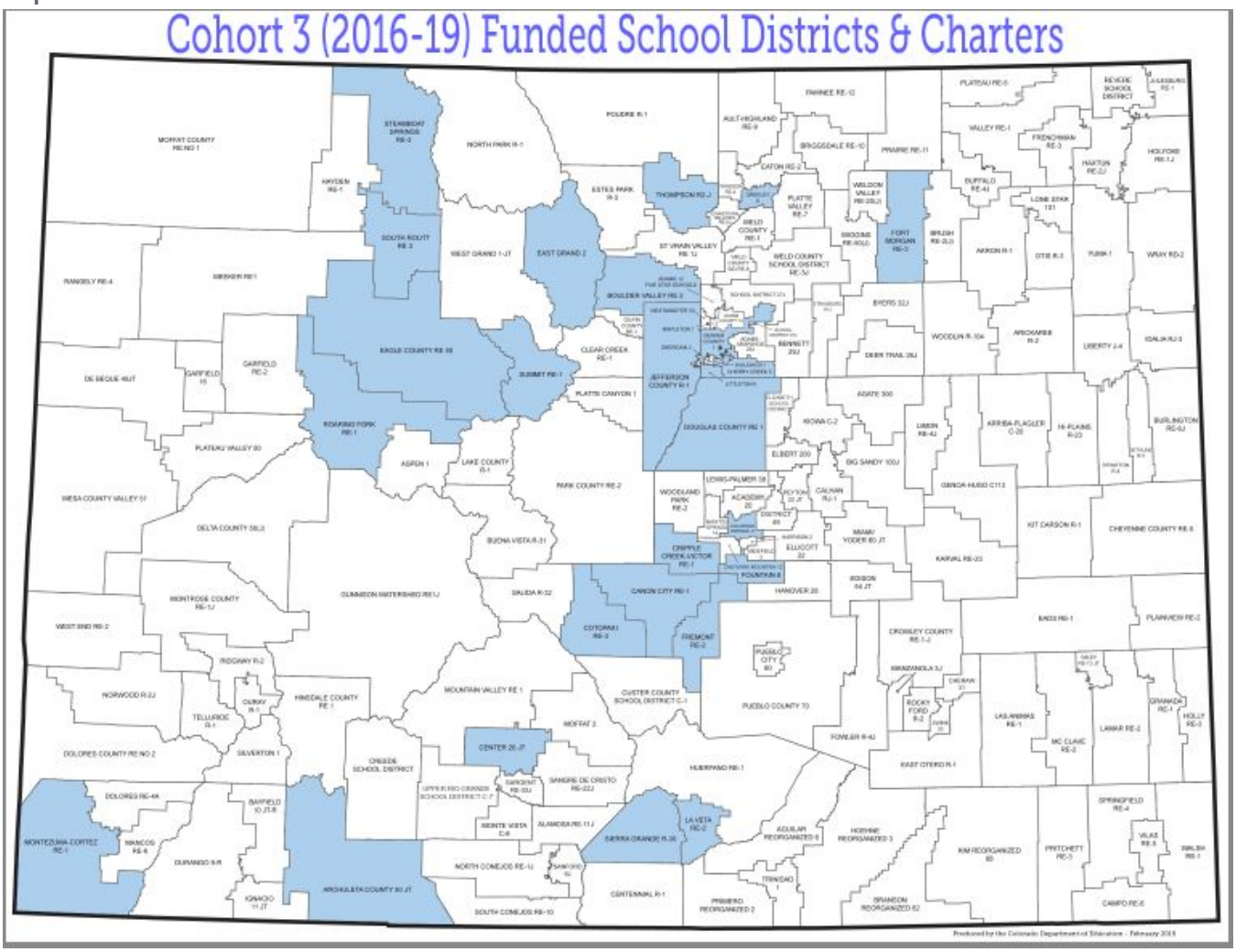
For the 2016-17 Academic Year (AY), Cohort 3 was created with 24 grantees who were awarded a total of $2,170,492. The RFP was released in March 2016. Applications were due April 29, 2016. Grantees were notified of funds awarded (or awarded with changes) on June 1, 2016.

For the 2017-18 Academic Year (AY), Cohort 4 was created with 44 grantees who were awarded a total of $9,123,471. The RFP was released in March 2017. Applications were due May 1, 2017. Grantees were notified of funds awarded (or awarded with changes) on June 30, 2017.

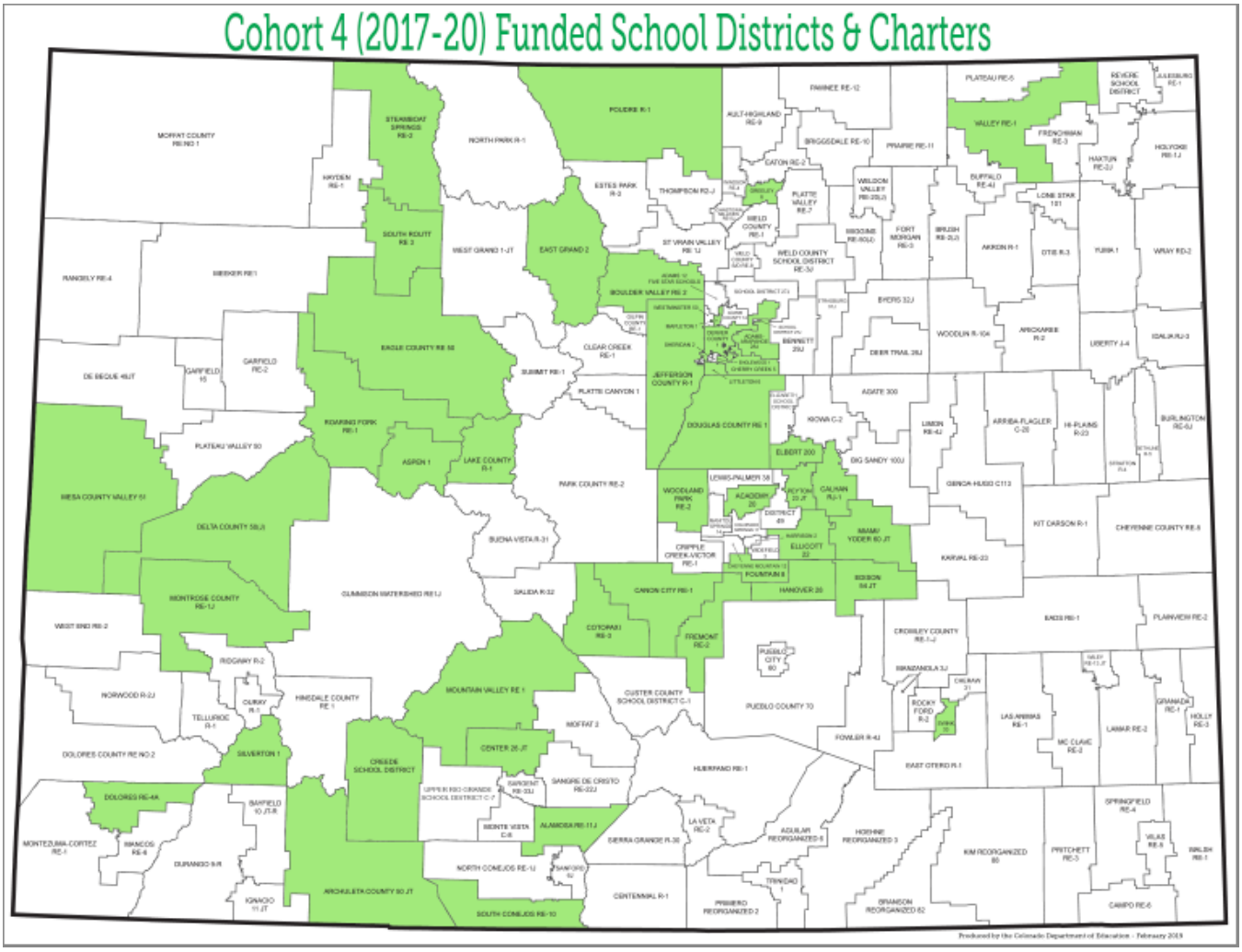
Colorado Map of Grantee Cohorts 3 and 4

The maps below highlight the 53 funded unique school districts and charters for Cohorts 3 and 4 academic Year 2018-19).

Map 1: Cohort 3 funded school districts and charters



Map 2: Cohort 4 funded school districts and charters



School Health Professionals Funded

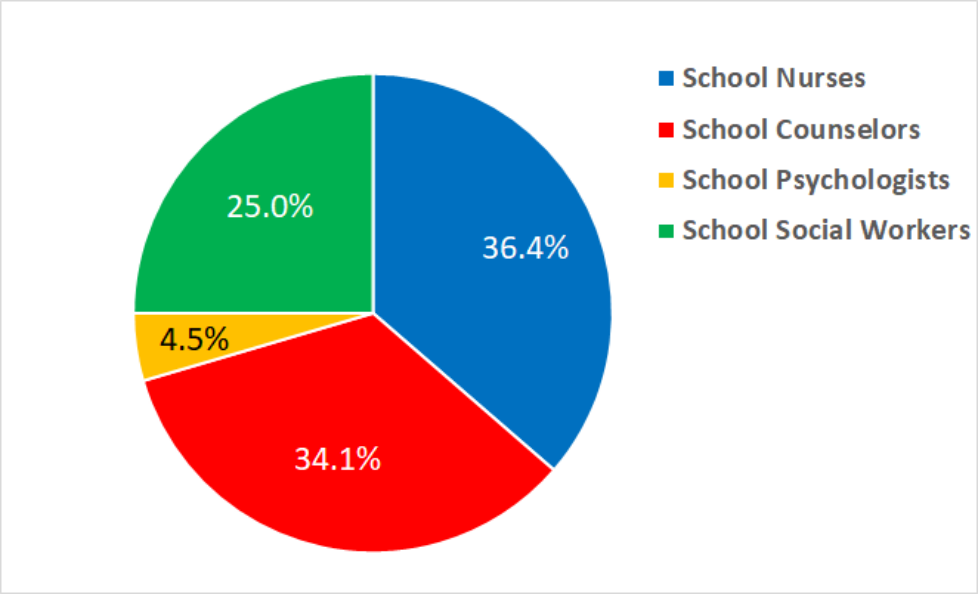
The tables and charts below list the roles that were hired under the grant for the 2018-19 academic year for cohort 3 and 4 as reported from work plans. The roles hired under the grant are school nurses, school counselors, school social workers and school psychologists.

Cohort 3 (2016-19)

Table 1: Number and Percentages of SHPG funded roles in Cohort 3 (2018-19 Academic Year)

Role	Number of staff	Percent of total
School Nurses	16	36.4%
School Counselors	15	34.1%
School Social Workers	11	25.0%
School Psychologists	2	4.5%

Chart 1: Percentages of SHPG funded roles in Cohort 3 (2018-19 Academic Year)



Grantees & Positions Funded

The table below identifies the type of School Health Professionals (SHPs) hired in each district to support students in grades kindergarten through 12.

Table 2: SHPG Grantee Cohort 3 and School Health Professionals Funded by Position and Number of People Hired

Districts/Charters	Nurse	Counselor	Social Worker	Psych	Total
Archuleta	0	1	0	0	1
Boulder Valley	3	1	0	0	4
Canon City	2	3	0	0	5
Center	1	3	0	0	4
Colorado Springs Early Colleges	1	1	0	1	3
Cripple Creek	1	1	0	0	2
CSI - New America Schools Thornton, Lowry, Lakewood	2	0	1	0	3

Districts/Charters	Nurse	Counselor	Social Worker	Psych	Total
CSI - New Legacy	0	0	1	0	1
Denver Public Schools	0	0	2	0	2
Fort Morgan	0	0	1	0	1
Fountain-Fort Carson	2	0	0	1	3
Hope Online-Douglas County	0	1	0	0	1
Jefferson County	0	1	0	0	1
LaVeta	1	0	0	0	1
Littleton	0	0	1	0	1
Montezuma-Cortez	1	1	0	0	2
Roaring Fork	0	1	0	0	1
Sierra Grande	1	1	0	0	2
South Routt	0	0	1	0	1
Steamboat Springs	0	0	1	0	1
Summit	0	0	1	0	1
Thompson	1	0	2	0	3

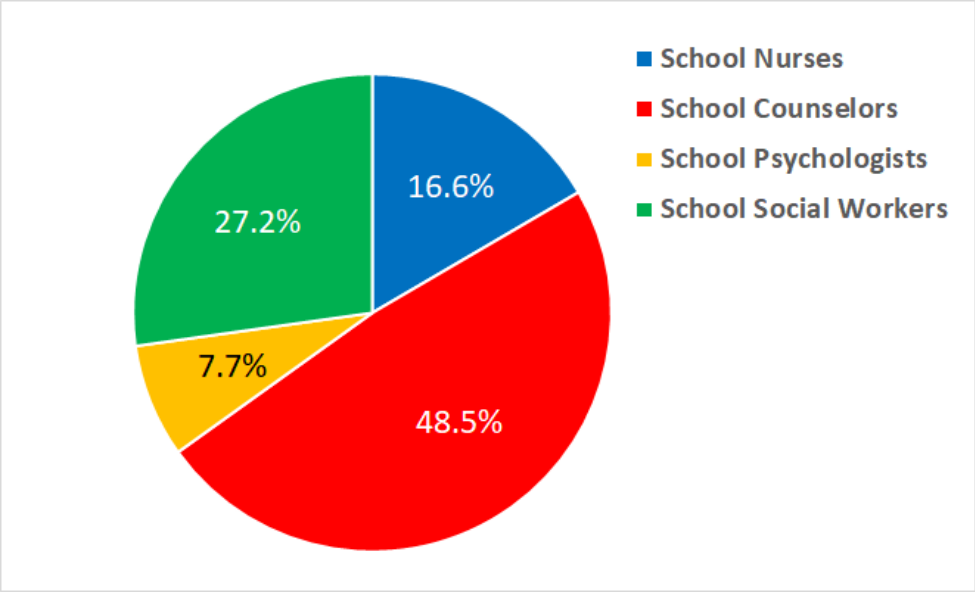
TOTAL	Nurse	Counselor	Social Worker	Psych	Total
	16	15	11	2	44

Cohort 4 (2017-20)

Table 3: Number and Percentages of SHPG funded roles in Cohort 4 (2018-19 Academic Year)

Role	Number of staff	Percent of total
School Nurses	28	16.6%
School Counselors	82	48.5%
School Social Workers	46	27.2%
School Psychologists	13	7.7%

Chart 2: Percentages of SHPG funded roles in Cohort 4 (2018-19 Academic Year)



Grantees & Positions Funded

The table below identifies the type of School Health Professionals (SHPs) hired in each district to support students in grades K through 12.

Table 4: SHPG Grantee Cohort 4 and School Health Professionals Funded by Position and Number of People Hired

Districts/Charters	Nurse	Counselor	Social Worker	Psych	Total
Alamosa	1	2	0	0	3
APS-Vanguard Classical	2	0	2	0	4
Archuleta 50 JT	0	3	0	0	3
Aspen	0	0	1	0	1
Boulder Valley	5	8	0	0	13
Canon City RE-1	4	3	0	1	8
Center 26 JT	1	3	0	0	4
Cherry Creek	0	3	0	0	3
Creede	1	0	0	1	2
CSI-Aurora	0	1	0	0	1
CSI-Colorado Sp. Early Colleges	1	2	0	0	3
CSI-Ft. Collins	0	0	0	1	1
CSI-Mountain Middle School	0	1	0	0	1
CSI-New America Schools	2	0	0	1	3
CSI-New Legacy	0	0	2	0	2
CSI-Parker	1	0	0	1	2
Delta 50 J	0	1	1	0	2
Denver Public Schools	0	3	15	1	19
Dolores RE- 4A	0	1	1	0	2
Douglas County RE-1	0	9	0	0	9
DPS-Academy of Urban Learning	1	1	0	0	2
Eagle County Schools	0	1	0	0	1

Districts/Charters	Nurse	Counselor	Social Worker	Psych	Total
Fountain Fort Carson	0	1	0	2	3
Greeley Evans-6	0	0	3	0	3
Jefferson County Schools	3	3	4	0	10
Lake County	0	1	2	0	3
Littleton School District 6	0	0	1	1	2
Mapleton	0	4	0	0	4
Mesa County D51	0	8	4	0	12
Montrose County RE-1J	1	2	2	0	5
Mountain Valley RE-1	2	0	0	0	2
Pikes Peak BOCES	0	1	0	3	4
Poudre	0	7	0	0	7
Roaring Fork	0	2	0	0	2
Silverton	2	1	1	0	4
South Conejos	0	1	0	0	1
South Routt	0	0	2	0	2
Steamboat Springs	0	0	3	0	3
Swink	1	0	0	0	1
The Classical Academy	0	5	0	1	6
Valley RE-1	0	1	0	0	1
Vision Charter Academy	0	1	0	0	1
Woodland Park RE-2	0	1	1	0	2

TOTAL	Nurse	Counselor	Social Worker	Psych	Total
	28	82	46	13	169

School Health Professional Grant Implementation

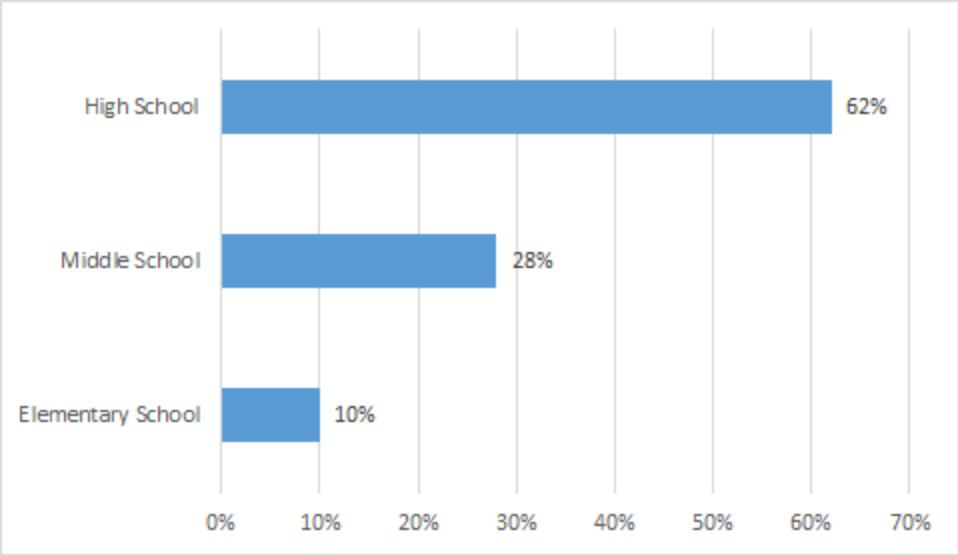
Student Demographics

The following graphs outline the student demographic information for the SHPG cohort of students in school districts and charter schools for both the Cohort 3 grantees (2016-19) and the Cohort 4 grantees (2017-20). Please see Appendix B for school district and charter school student demographics for each grantee.

Cohort 3 (2016-19) Grade-level and Race/Ethnicity

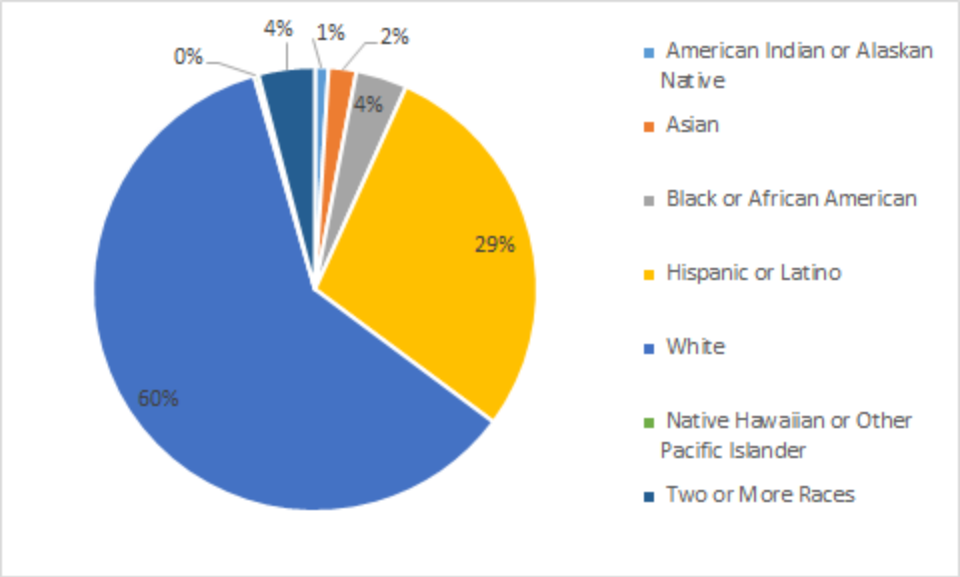
Of the students from schools in districts or charter schools in Cohort 3, 10 percent are elementary, 28 percent are middle school students and 62 percent are high school students.

Chart 3: Percentage of Students in School Districts/Charter Schools by Level in 2018-19



The student populations in funded school districts/charter schools were 60 percent White, 29 percent Hispanic, 4 percent Black or African American, 2 percent Asian, 1 percent American Indian or Alaskan Native, and 4 percent of two or more races. Minority students make up 40 percent of the Cohort 3 student population.

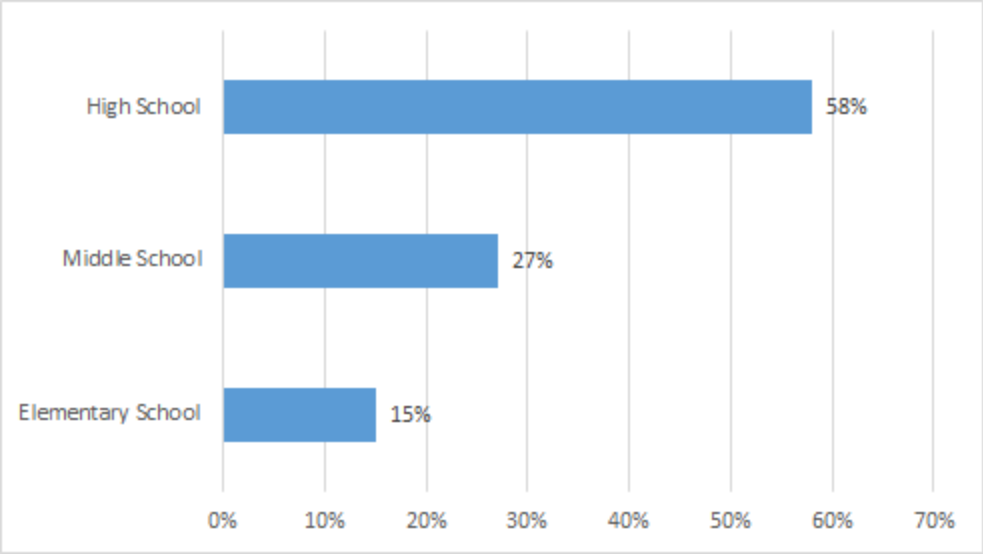
Chart 4: Student Race & Ethnicity in 2018-19



Cohort 4 (2017-20) Grade-level and Race/Ethnicity

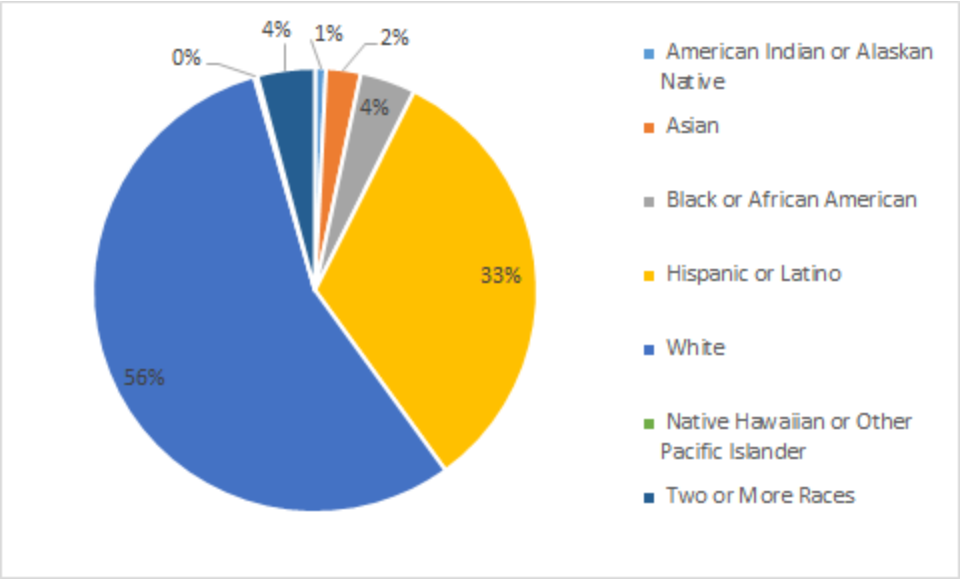
Of the students from schools in districts/charter schools in Cohort 4, 15 percent are elementary, 27 percent are middle school students and 58 percent are high school students.

Chart 5: Percentage of Students in School Districts/Charter Schools by Level in 2018-19



The student populations in funded school districts/charter schools were 56 percent White, 33 percent Hispanic, 4 percent Black or African American, 2 percent Asian, 1 percent American Indian or Alaskan Native, and 4 percent were two or more races. Minority students make up 44 percent of the Cohort 4 student population.

Chart 6: Student Race & Ethnicity in 2018-19



Other Data

Other student demographic data show that the population of students served by the grant aligns closely with the state as a whole.

Chart 7: Percentage of Free/Reduced Lunch Students Compared to State Average in 2018-19

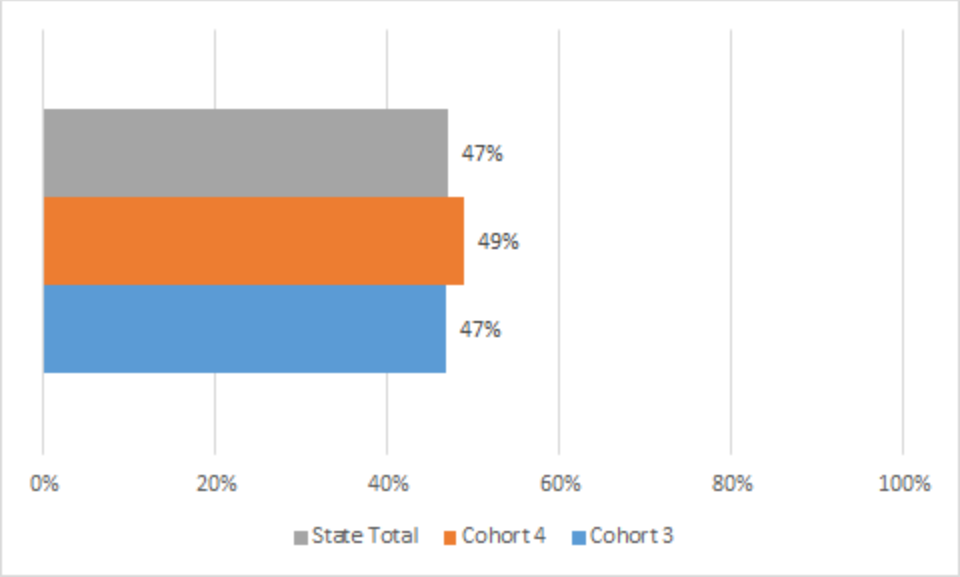
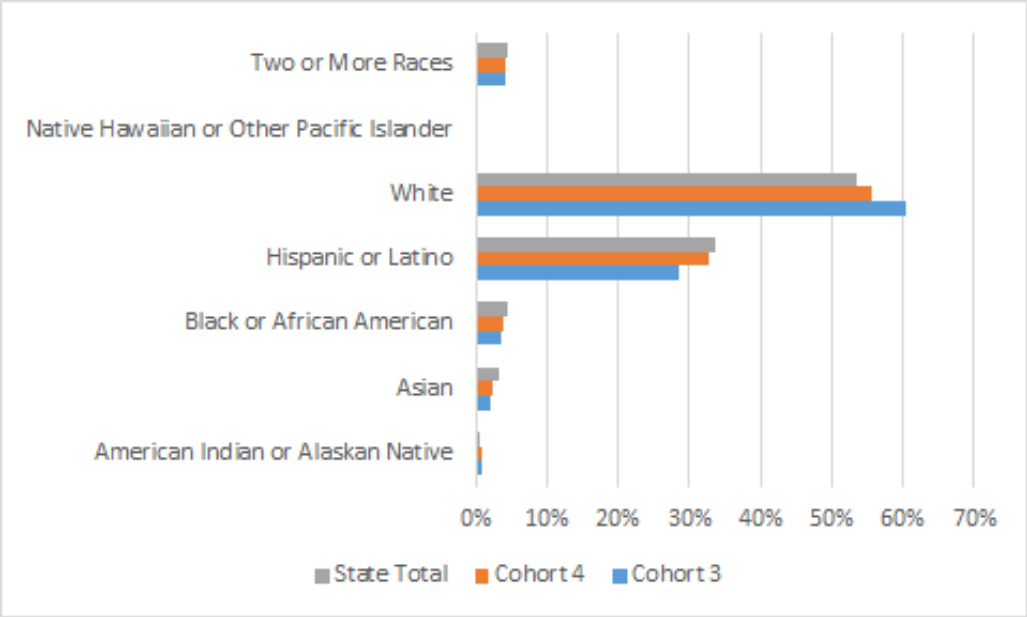


Chart 8: Percentage Makeup of Student Populations Compared to State Averages in 2018-19



Professional Development & Programs Implemented by Grantees

The information below is self-reported from funded schools and school districts as a part of the SHPG and provides an overview of the variety of programs provided and services offered through these funds:

Table 5: Professional Development Offered to Staff by Schools in 2018-19

Substance Abuse Prevention	Behavioral Health	Social & Emotional Learning	Suicide Education	Referral Training
IThrive Program	Screenagers	Bullying Prevention	Youth Mental Health First Aid	Referral Identification
Prescription Drug Abuse Training	Trauma Informed Education	Mindfulness Skill Building	Behavioral Health Suicide Prevention	Alternatives to Suspension
Life Skills	MTSS/PBIS	Passage Works	Sources of Strength	Health Referral Training
Marijuana Education from RMC	Dare You To Move	Collaborative for Academic, Social, and Emotional Learning (CASEL) briefs, tools, and other resources	Signs of Suicide	Restorative Practices
Substance Abuse & Coping Skills	Neurosequential Model Education (Child Trauma Academy)		Self-Harm & Suicide Education	School Climate and Culture Education
The Impact of THC on the Developing Brain	Neurosequential Model Therapeutics Phase I Certification (Child Trauma Academy)		Safe2Tell	
Youth and Marijuana				
Toward No Drug Abuse				
Marijuana Education Initiative				
Opioid Training				

Table 6: Programs Implemented for Elementary and Secondary Students by Schools in 2018-19

Substance Abuse Prevention	Behavioral Health	Social & Emotional Learning	Suicide Education	Health Screening Tools
Life Skills	Teen Assist	The Great Body Shop	Sources of Strength	SBIRT
Toward No Drug Abuse	Think First	Project Success	Signs of Suicide	BIMAS2
Marijuana Education Initiative	Teen Intervene	Second Step	Safe2Tell	BESS
	Dare You To Move	The Incredible Years		FastBridge
	Screenagers	Coping Cat		SDQ
		Learning to Breathe		

Data Findings

Headline Performance Measures (Cohorts 3 and 4)[1]:

- **17%** of students (21,486 students) referred to services and/or supports;
- **79%** of students (101,944 students) received prevention curriculum and/or instruction;
- **13%** of students (16,933 students) received Tier 2 supports in schools with SHPs;
- **66%** of school staff (8,632 school staff members) feel more confident to support the behavioral health needs of their students – (e.g., knowing signs and symptoms of mental health crisis and interventions that are available).

Performance Measures Data:

The evaluation utilizes the Results-Based Accountability methodology and Clear Impact Scorecards, a web-based software to conduct results based accountability. In addition to evaluating outcomes for the program, the intent of the evaluation is to promote data-driven decision-making for quality improvement. The performance measures below were developed by the Early Adopters Group, which consisted of seven grantees who provided their knowledge and expertise to identify the most important measures for their programs. This was the first year that these data were collected. The eighteen performance measures for the evaluation of the SHPG are presented in the following table:

[1] The denominator is the unduplicated number of students (N=128,292) from schools funded by the SHPG in both cohorts (CDE SchoolView Data Center).

Table 7: Performance Measures: 2018-19 End of Year Data (Cohorts 3 and 4)

Student	# of students referred to services and/or supports	21,486
	% of students referred to services and/or supports[2]	17%
	# of encounters with students referred to services and/or supports	66,815
	# of students receiving marijuana prevention training	36,480
	# of students receiving substance abuse programming	51,566
	# of students receiving prevention curriculum and/or instruction	101,944
	% of students receiving prevention curriculum and/or instruction	79%
	# of encounters with students receiving prevention curriculum and/or instruction	319,833
	# of students that increase knowledge of behavioral health	89,649
	% of students that increase knowledge of behavioral health	69%
	# of students that receive Tier 2 supports in schools with SHPs	16,933
	% of students that receive Tier 2 supports in schools with SHPs	13%
School	# of schools supported by SHP engaging in strategies for evidence-based school climate	228
Staff & Community	# of community-based partners/resources	1,619
	# of school staff that feel more confident to support the behavioral health needs of their students - (e.g., signs/symptoms/interventions)	8,632
	% of school staff that feel more confident to support the behavioral health needs of their students - (e.g., signs/symptoms/interventions)	66%

Grantee Promising Practices

The following are statements submitted by project managers overseeing the SHPG from participating districts. Excerpts were taken from "Turn the Curve Thinking," a process in Results-Based Accountability that is used for program quality improvement using performance measures.

[2] According to the Center for Disease Control and Prevention (CDC), up to 13 to 20 percent of children experience a mental health disorder in a given year.

Mapleton Public Schools

Performance Measure:

# of students referred to services and/or supports

"In the beginning of the year, referral numbers were small at Big Picture College and Career Academy. Staff was unsure what the wellness counselor would be addressing and how they could utilize her position. She sent emails, spoke in staff meetings, and collaborated with leadership within the school. The greatest success came as she built relationships with the staff. Expanding the services she provided also increased her referral numbers. One example is her involvement in implementing Restorative Practices in her school. She became a resource for staff and students and was able to facilitate many desperately needed discussions.

The Wellness Counselor at Valley View K-8 increased her relationships with staff and became more visible within the school, she ended up with over eleven faculty members sending her referrals. As the wellness counselor built relationships with students, the students began referring friends and classmates. A few referrals came from parents who had other students who received assistance from the Wellness Counselor. The wellness counselor also sat in on classes to observe student behavior to determine students who could use extra help.

As the Valley View wellness counselor, I attended meetings such as staff, team, special education, intervention, and student support meetings. I provided a flowchart to staff to aid them in referring students for mental health supports. I created a referral form for people to complete, but accepted referrals in person, via short notes, and in other confidential ways.

The more time our school Wellness Counselors spend with faculty and students, the more frequently they received referrals. At the end of the year I initiated a recurring mental health professional meeting which includes the social worker, academic counselor, community reach counselor, school leadership, and my position. This group creates plans to increase the effectiveness and utilization of mental health services at my school. With this coming year being the second year, our Wellness Counselors will be able to build stronger relationships within the school, receiving more referrals in the process."

Silverton

Performance Measure:

# of students that increase knowledge of behavioral health

"'Student Knowledge of Behavioral Health' is influenced by family, school, and community. Our K-12 school-wide approach integrates SEL (Social-Emotional Learning) into every aspect of the school experience: from daily structures to classroom practices to outreach and educational efforts with

parents and community members. Individual student factors that influence the data include student academic ability and social/emotional skill strengths and weaknesses. School factors that influence the data include student exposure to different teachers, different Tier 2 programs, and different extracurricular activities. Community factors that influence the data include societal norms and stigma around behavioral health in general.

Because we have chosen a school-wide approach to SEL, all of our school staff have a role in 'turning the curve' - from classroom teachers to administrators to cafe and tutoring staff. The school works closely with the local Pre-school, Public Health Department, Sheriff's Office and Youth Center to develop a consistent approach to support students with SEL skills - common concepts and language, and common supports and interventions.

To date, here is a partial list of strategies we have implemented:

- *Student SEL Crew meetings with Classroom Teachers*
- *Student Tier 2 SEL Crew meetings with SHP*
- *Principal who uses SEL competencies as the framework for supports and interventions with students*
- *Restorative Justice Professional Development for all teachers and staff, including Pre-School and Youth Center staff*
- *Restorative Justice training for MS students, who will lead restorative circles*
- *10-pt SEL assessment develop for every grade level at the school, which is conducted 3x/year and used both as an educational and as student self-assessment tool"*

CSI Colorado Springs Early Colleges

Performance Measure:

% of students that receive Tier 2 supports in schools with SHPs

"Students involved in Tier 2 interventions have increased (from 18 at mid-year to 43 at end-of-year reporting). *This increase is due to better staffing of the mental health team and better detection of social emotional need and how that need contributes to academic performance. Our school counselors and nurse have taken a more proactive approach to identify specific student needs and create groups to address the needs of these students. Some examples of these groups have been, 'Thought Holes, addressing negative thought patterns', 'Art Therapy Group, understanding emotion, resilience, grit, perspective, and growth', and 'Friendship Group, meeting, making, and maintaining new friends'. The intention of these interventions is to create a network of connectedness,*

encourage self-knowledge, coping skills, and personal growth, and build relationships with trusted adults. Partners in turning the curve are the students, teachers, parents, and mental health team."

South Routt

Performance Measure:

# of community-based partners/resources

"This performance measure is so important as community agencies oftentimes allow for more specific interventions and knowledge and truly specialize in their fields. For instance, Partners in Routt County began implementing a new Peer Mentoring program at our school this year pairing high school mentors with middle school mentees. This program would not have been possible without the facilitation, management, and support from Partners who are experts in the field of mentoring. They provided training with our high school students and had a staff member co-facilitate the program with the SHP. The more agencies we are able to partner with, the more levels of support we are able to offer our students and families in specific areas. Additionally, this takes weight off of the SHP's shoulders so they do not become stretched too thin having to become experts in multiple areas of practice.

A low cost or no cost idea to further our partnerships with community agencies would be to have them attend our Back to School nights this fall, parent-teacher conference times, or other high activity times of families to be at the school in order to better spread their reach and further our cohesive relationship with outside agencies. By providing designated times and dates of high traffic in the school, we could help our community partners with their outreach and better understand the resources available to our families. Another idea is for the SHP to schedule monthly check-ins with community partners to see how we could be better collaborating on providing services."

Lessons Learned

Through annual written reports and anecdotal information from grantees, CDE staff have captured the following barriers and challenges encountered by SHPG recipients:

- Difficulty in being able to hire enough qualified professionals, especially in rural districts;
- Limited sustainable community partnerships in rural areas;
- Increasing family involvement;
- Identifying sustainable funding sources for the districts and charters once a grant ends; and

- Ensuring that SHPG grant goals continue to align with goals of schools and districts, especially during times of changing leadership.

Next Steps

During 2019-20, schools and districts have continued to report data on their performance measures utilizing the evaluation tool (the "Scorecard") for mid-year and end-of-year reporting. (See the Accomplishments section above for 2018-19 data.) CDE has provided the schools and districts ongoing training and technical support on the evaluation. Additionally, the following state-level student indicators will be added to the 2019-20 scorecards to monitor the results and programs of the SHPG:

- Attendance and truancy rates;
- Behavior incidents;
- Drug-related behavior incidents;
- Suspensions/expulsion rates;
- Dropout rates; and
- Graduation and completion rates.

Due to an increase in funding beginning in the 2017-18 academic year, the SHPG expanded from 22 grantees to 53 grantees. This additional funding allowed education providers to apply for new opportunities to enhance the presence of school health professionals in their elementary, middle, junior high, or high schools.

The additional funding also increased capacity of staff at the state level, which allowed additional technical support, site visits, and professional development at the SHPG bi-annual conferences, trainings and workshops.

Conclusion

The grant recipients in Cohort 1 (2014-15 Academic Year) and Cohort 2 (2015-16 Academic Year) were the first cohorts of the School Health Professional Grant and participating districts and charter schools began assessing the needs of their secondary schools and planning for implementation of evidence-based programs.

Cohort 3 was then funded at the beginning of the 2016-17 academic year for a three year grant period, which concludes June 30, 2019. 22 districts and charter schools have been funded in this cohort and have hired 44 School Health Professionals who work in 53 secondary schools across Colorado. These School Health Professionals were able to begin providing professional development and staff training on evidence-based programs for the prevention of substance abuse and behavioral healthcare services. Additionally, this allowed for an increase in direct services provided to students. In total, $2,170,492 was allocated to grantees over three years.

Cohort 4 received funding for a three year grant period, beginning in July 2017. Funding increased for this cohort to $9,123,471 for three years for three years. This allowed grant dollars to be distributed to 44 districts and charter schools throughout the state and 169 School Health Professionals were hired to support work in grades K-12. The expanded funds have allowed grantees to provide professional development and staff training on evidence-based programs to more schools. Additionally, this has allowed for an increase in direct services provided to students.

As the staff capacity in the Health & Wellness office at CDE increased during the fall of 2017, the reporting of the SHPG has become more detailed. The outcome measurement tool (“Scorecard”) continues to be successfully used by grantees. This tool will be used to enhance mid-year and end-of year reporting for all grantees that will identify additional outcome indicators and specific performance measures, such as:

- Number and percentage of students in each grade level receiving prevention education;
- Number and percentage of student behavioral referrals related to substance misuse;
- Number of other grant programs in place to support student needs;
- Number of family and/or community outreach opportunities; and
- Number and percentage of students indicating the presence of a trusted adult.

Appendix A: Licensure Definitions

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 mental health professionals licensed pursuant to article 43 of title 12, C.R.S.

School Counselor[3]:

- Has held a Colorado Professional Special Services License in school counseling for a minimum of five years;
- Has demonstrated professional growth through continuing education, professional leadership experiences and exceptional program development;
- Has demonstrated commitment to the school counseling professional 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[4]:

- 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[4]:

- 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.

[3] Colorado Code of Regulations 1 CCR 301-37 Rules for the Administration of the Educator Licensing Act of 1991

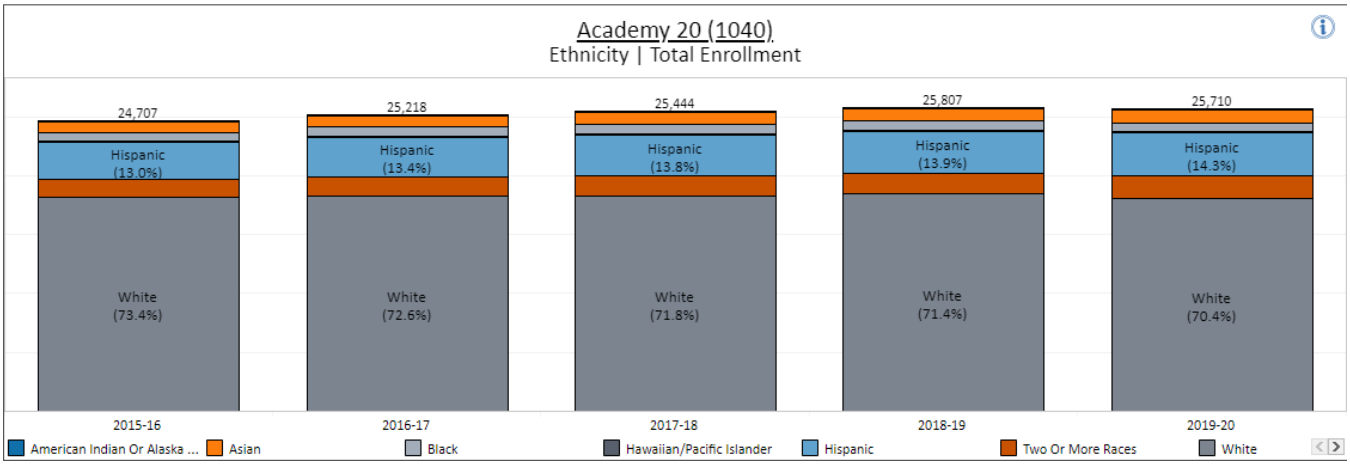
School Social Worker[4]:

- 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.

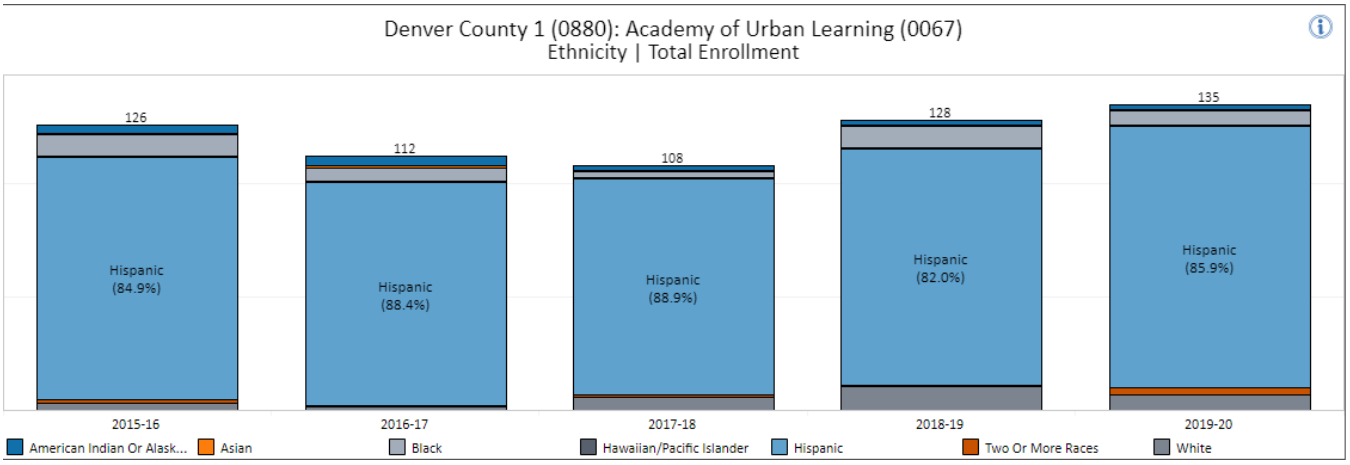
[4] Colorado Code of Regulations 1 CCR 301-37 Rules for the Administration of the Educator Licensing Act of 1991

Appendix B: Student Demographics Charts

Academy District 20



Academy of Urban Learning



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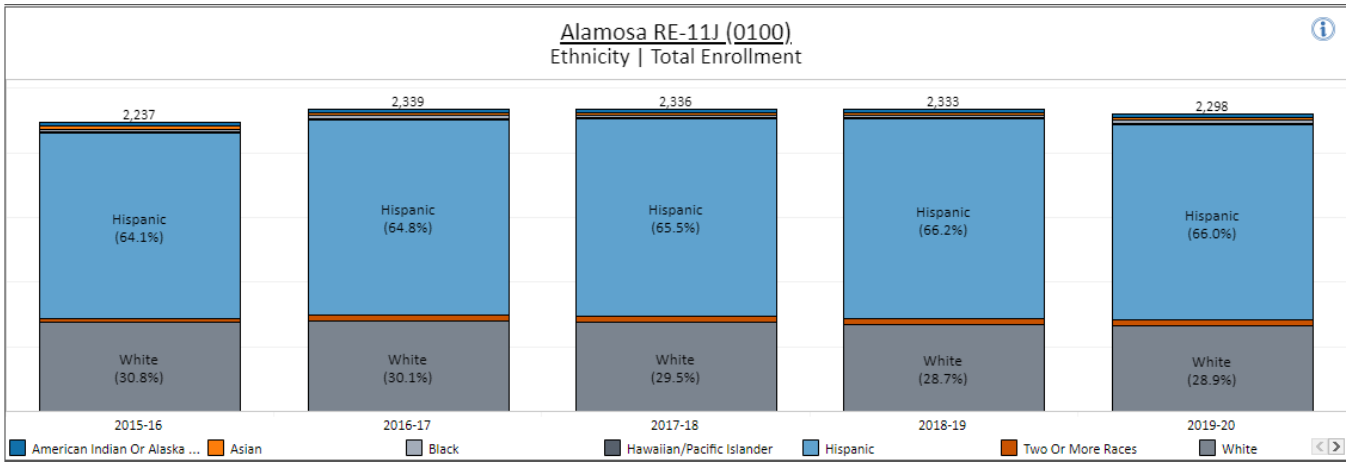

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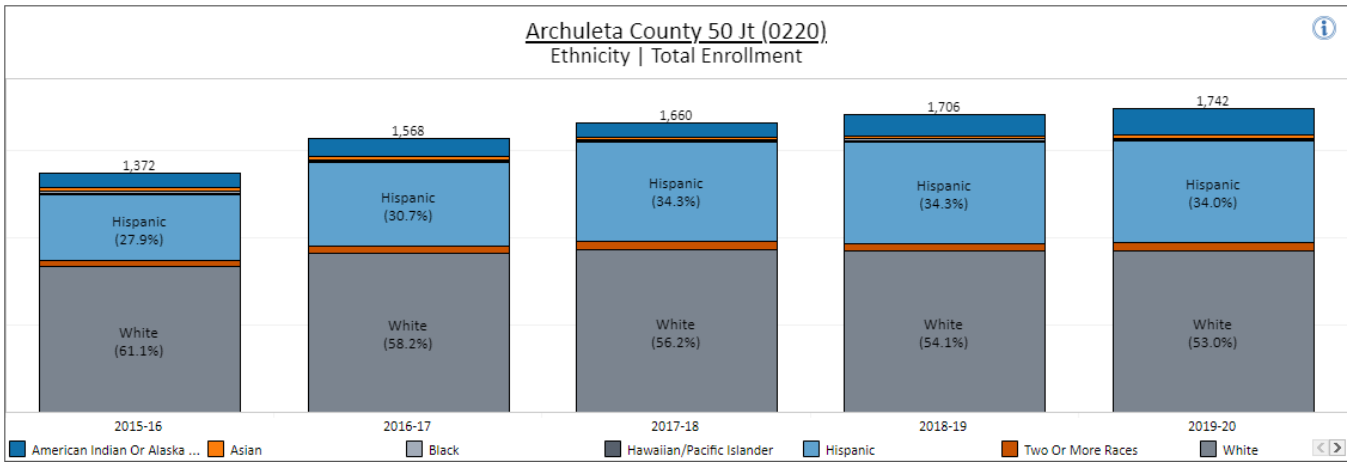

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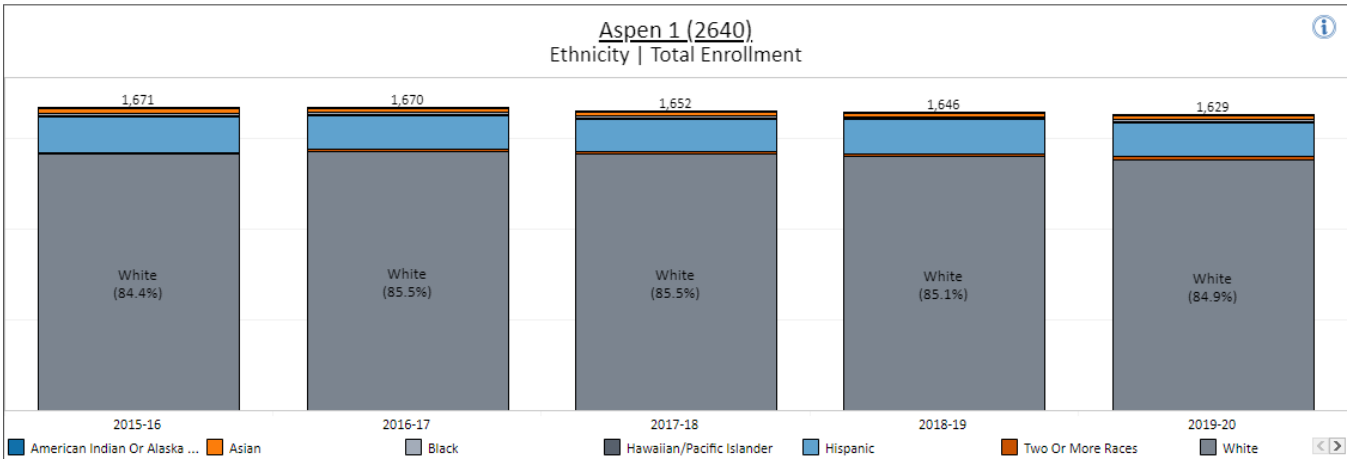

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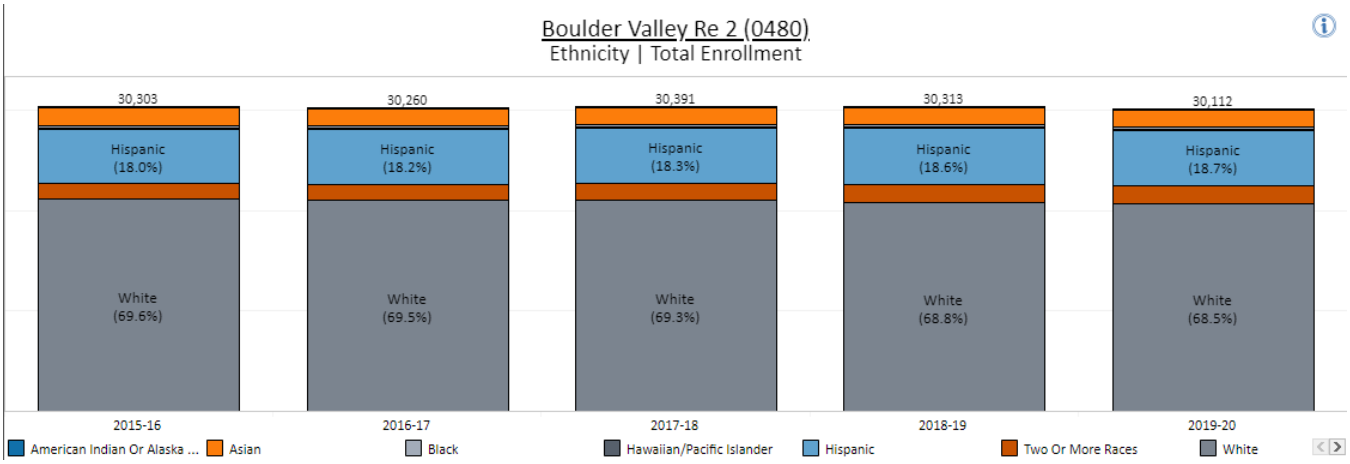

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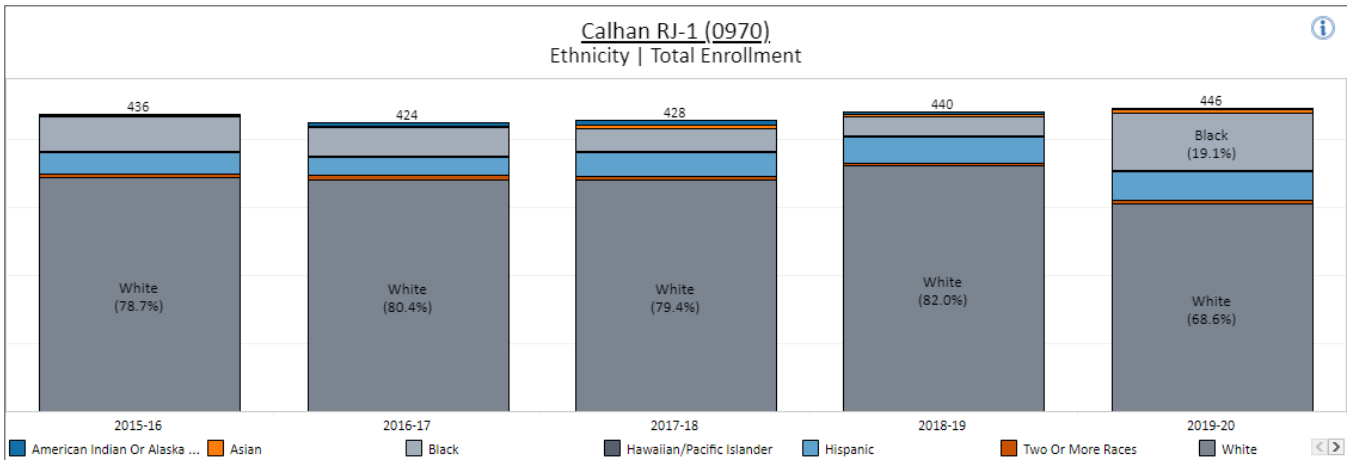

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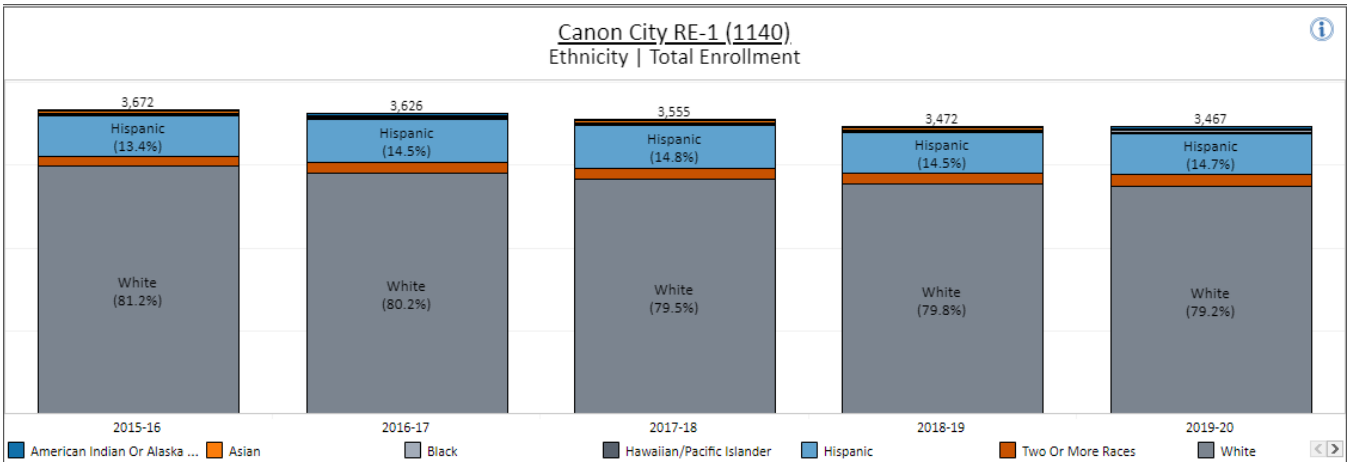
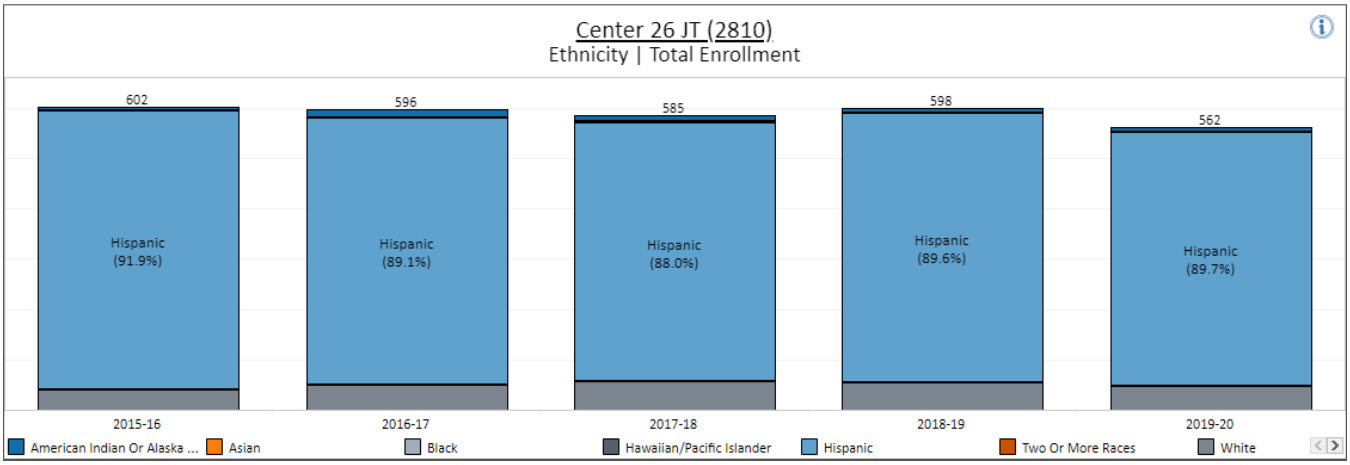


Center Consolidated 26 JT



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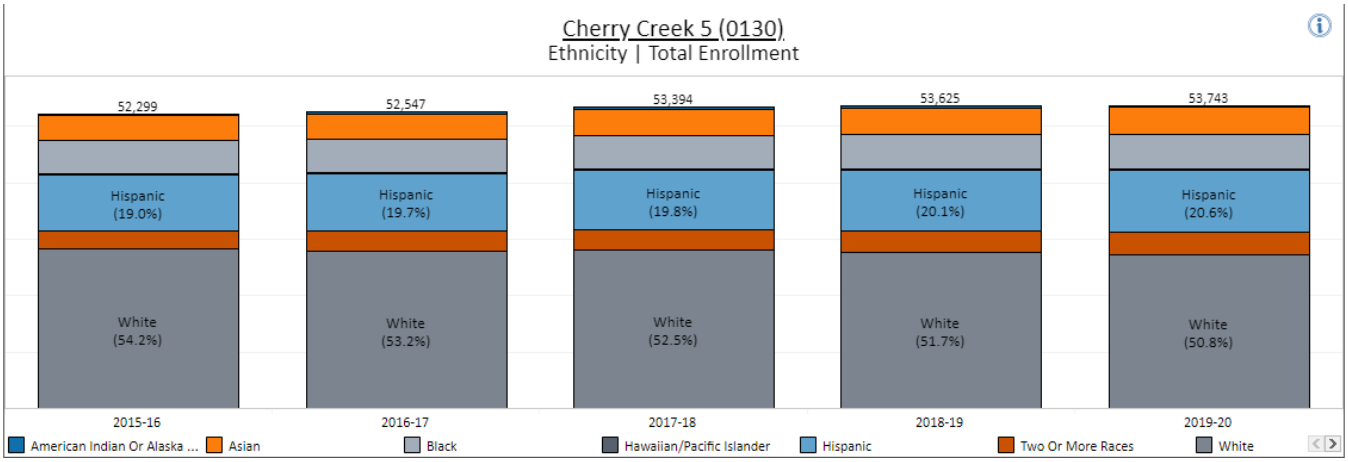
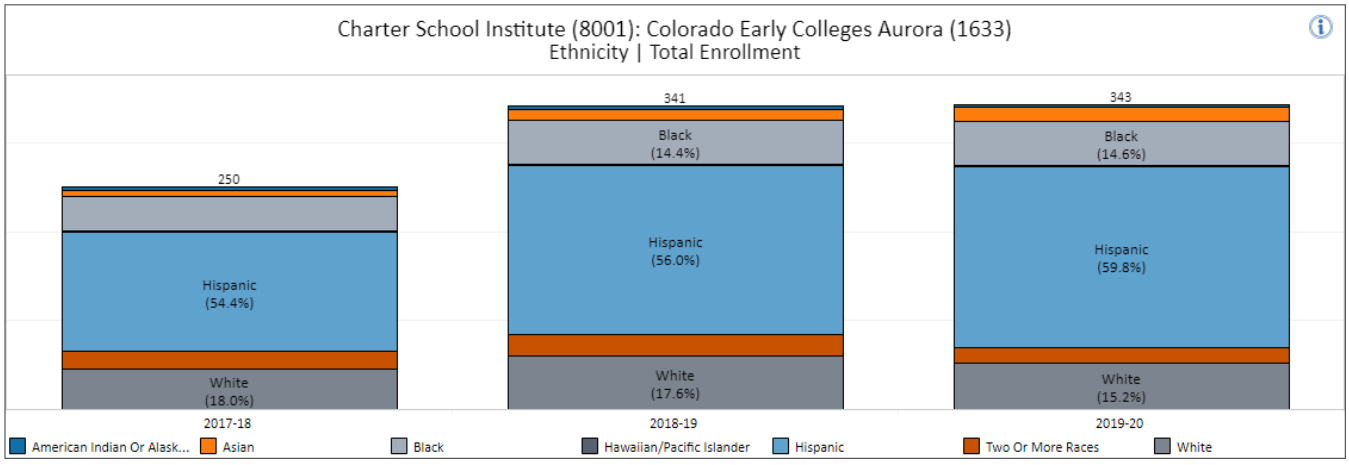


Colorado Early Colleges Aurora



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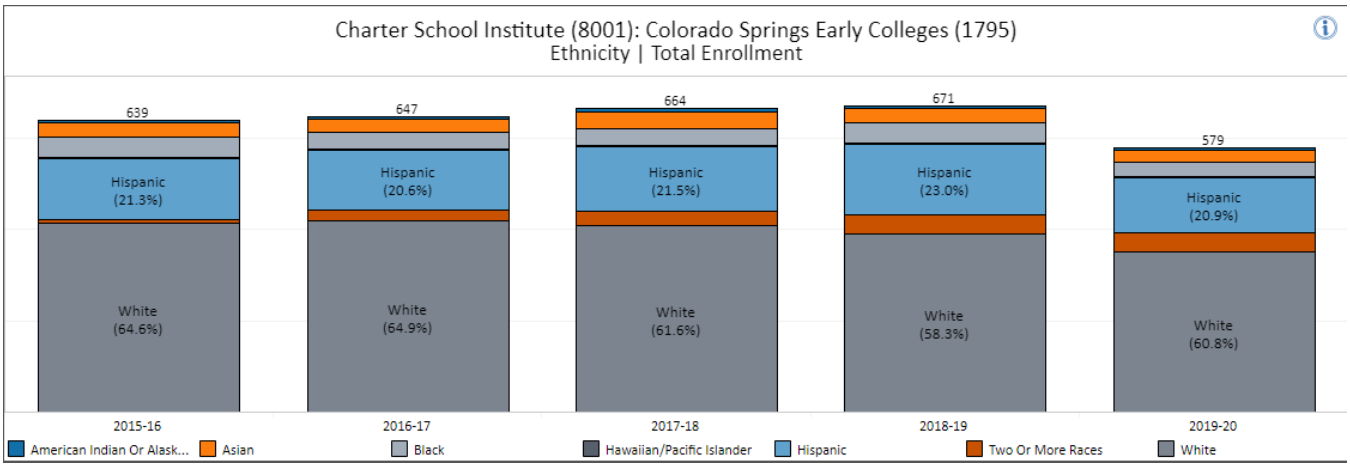

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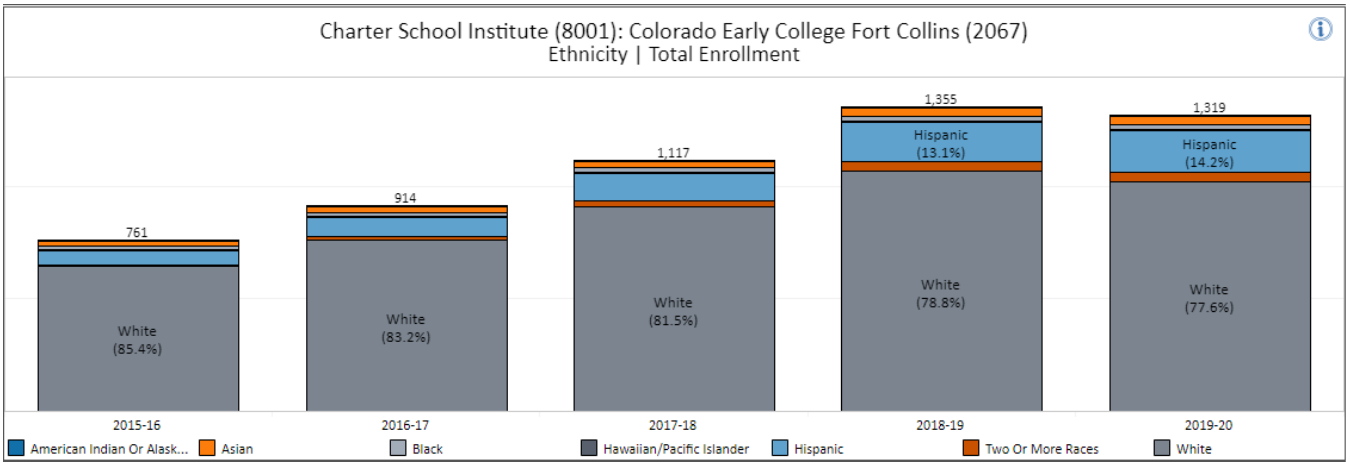

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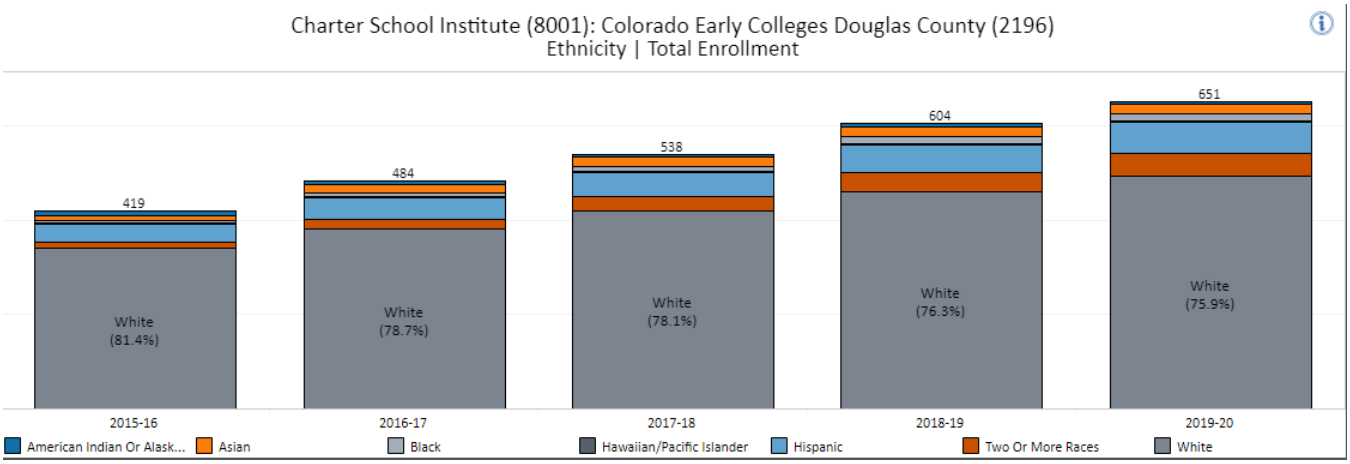

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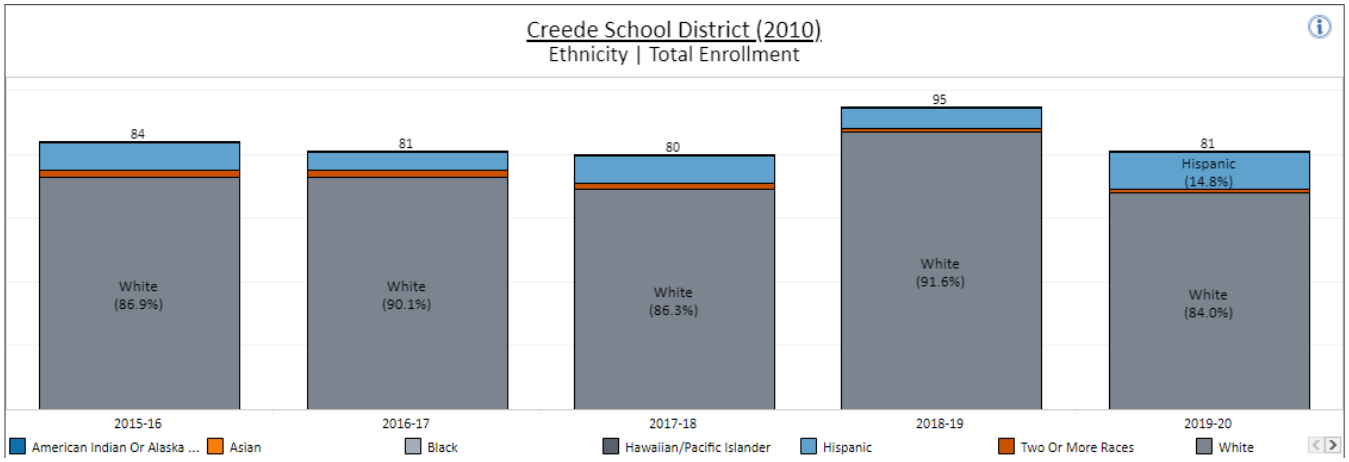

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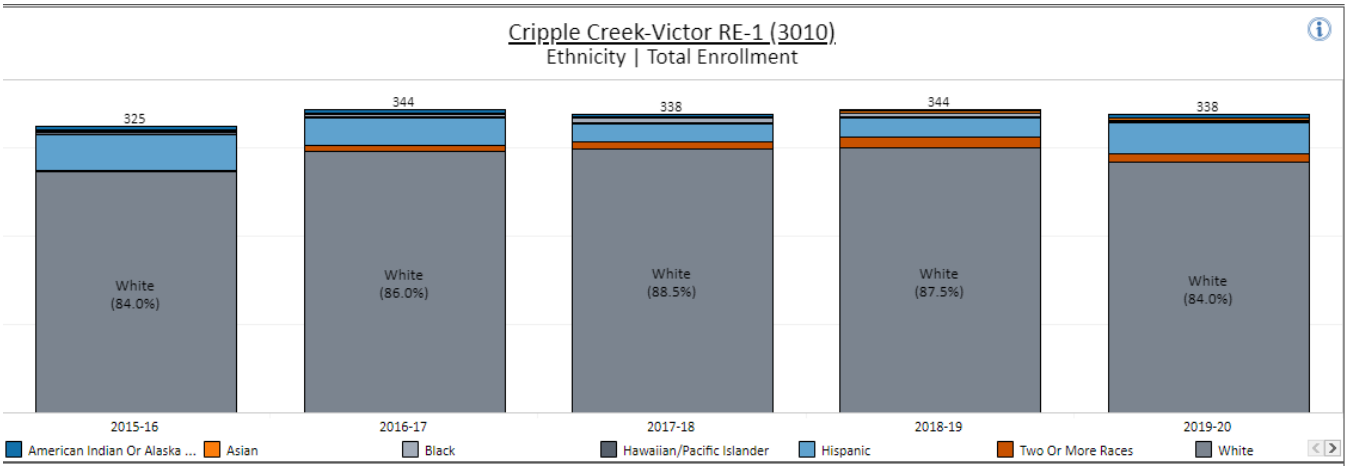

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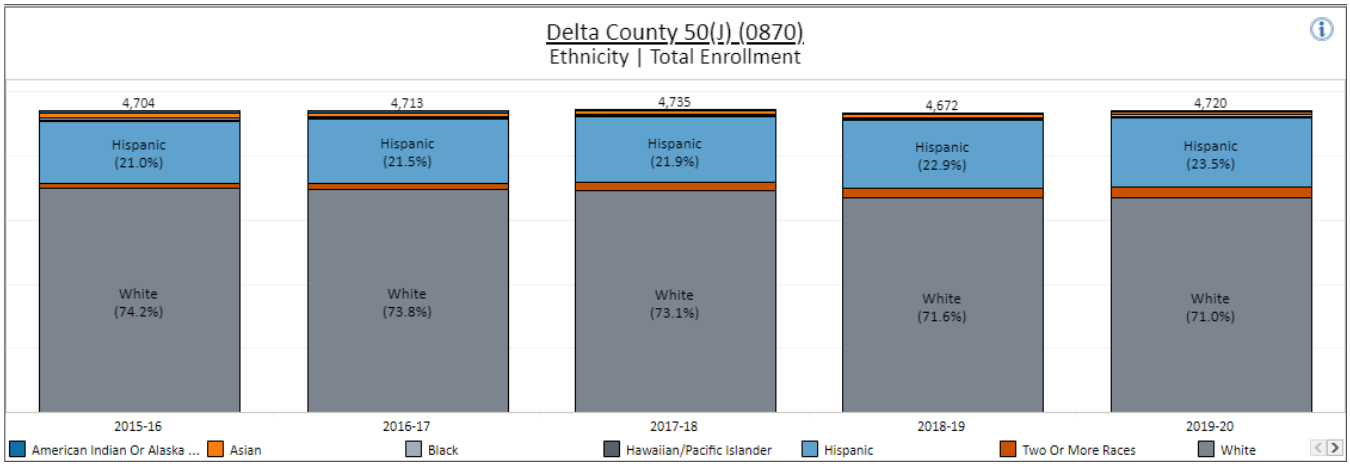

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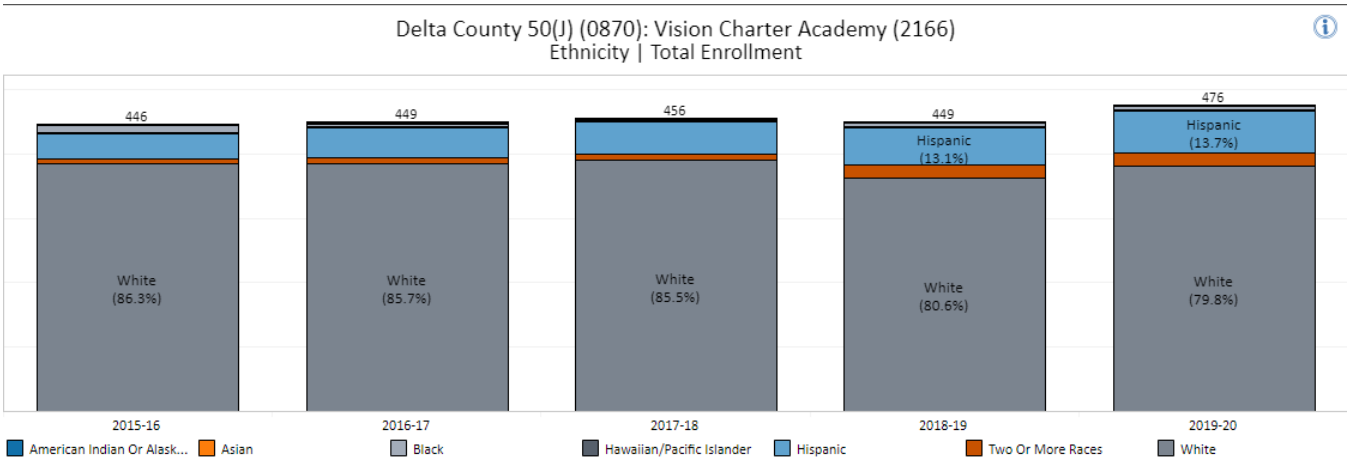

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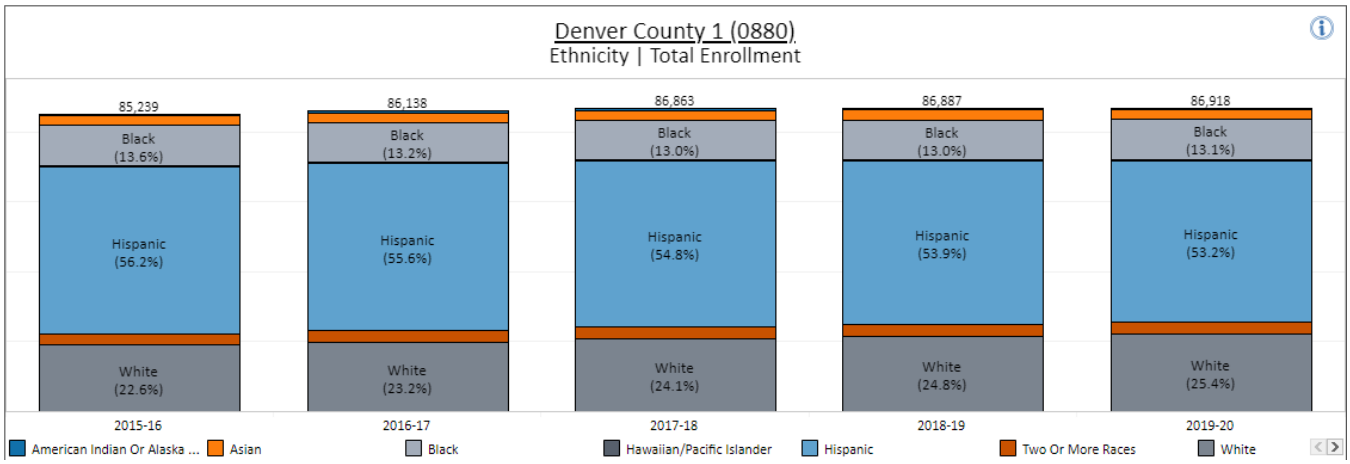

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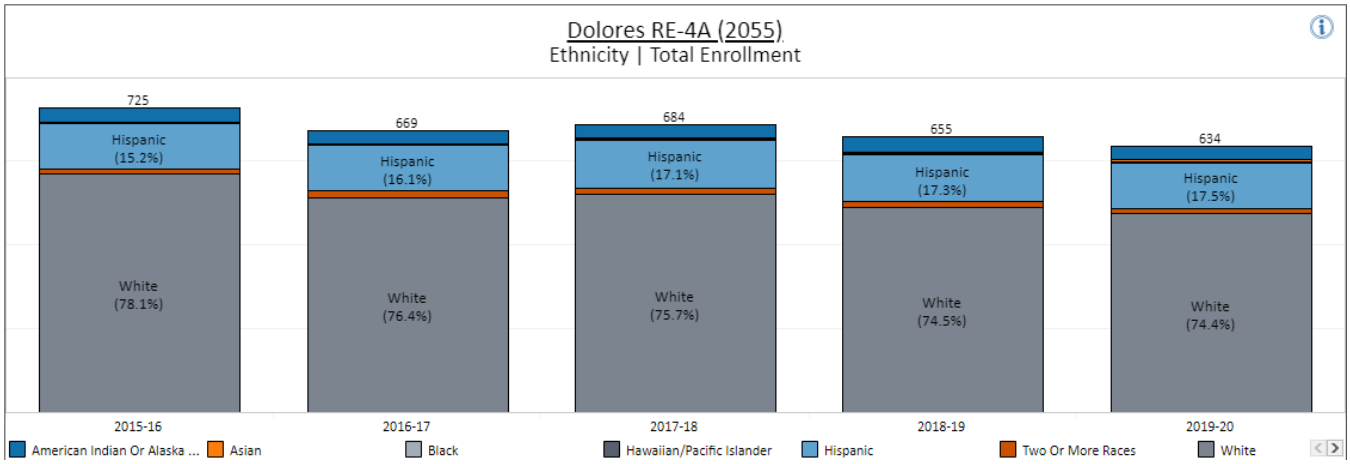

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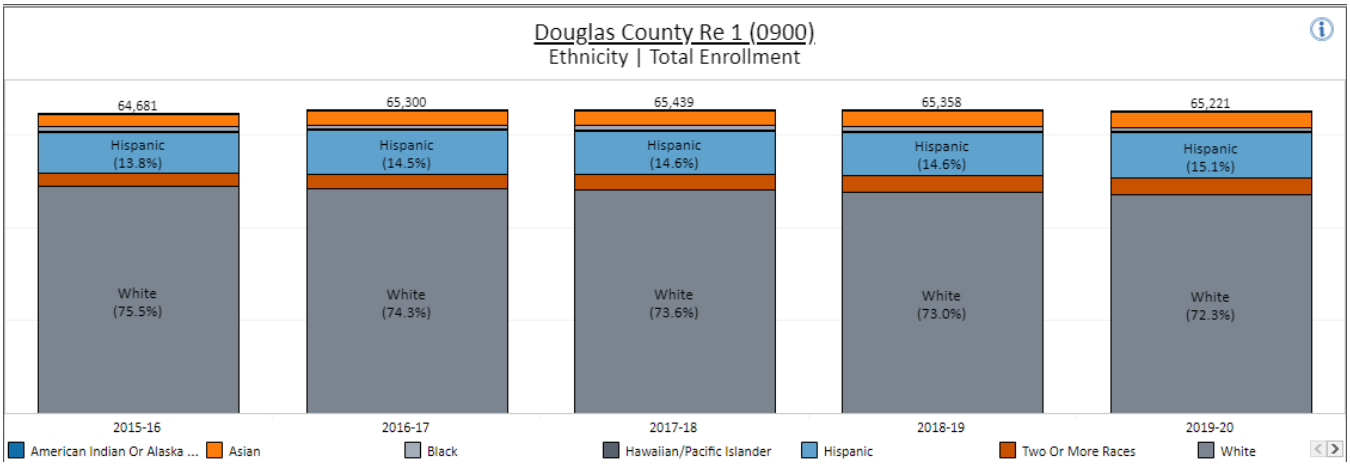

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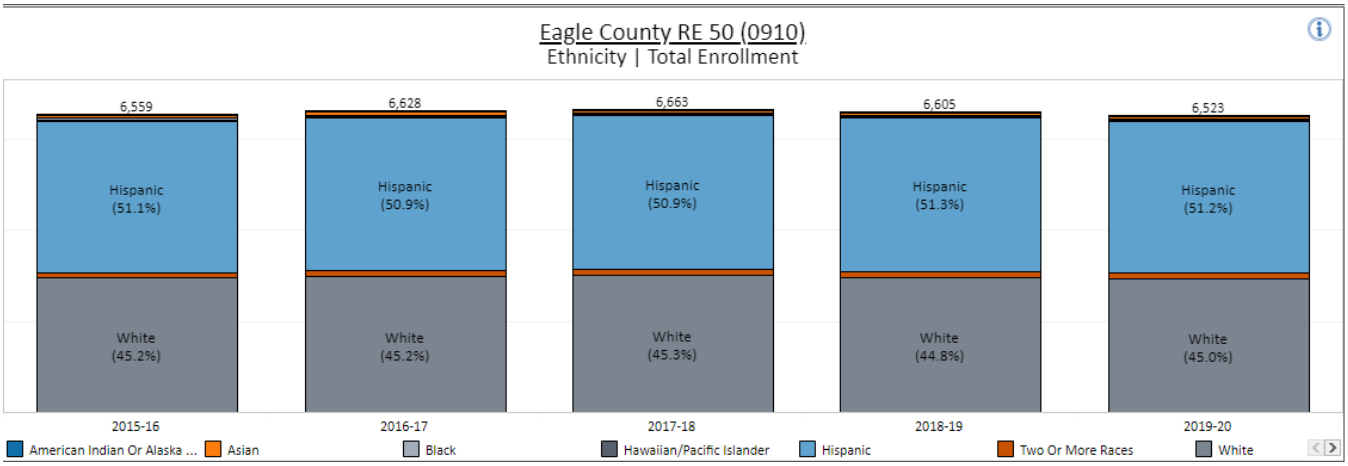

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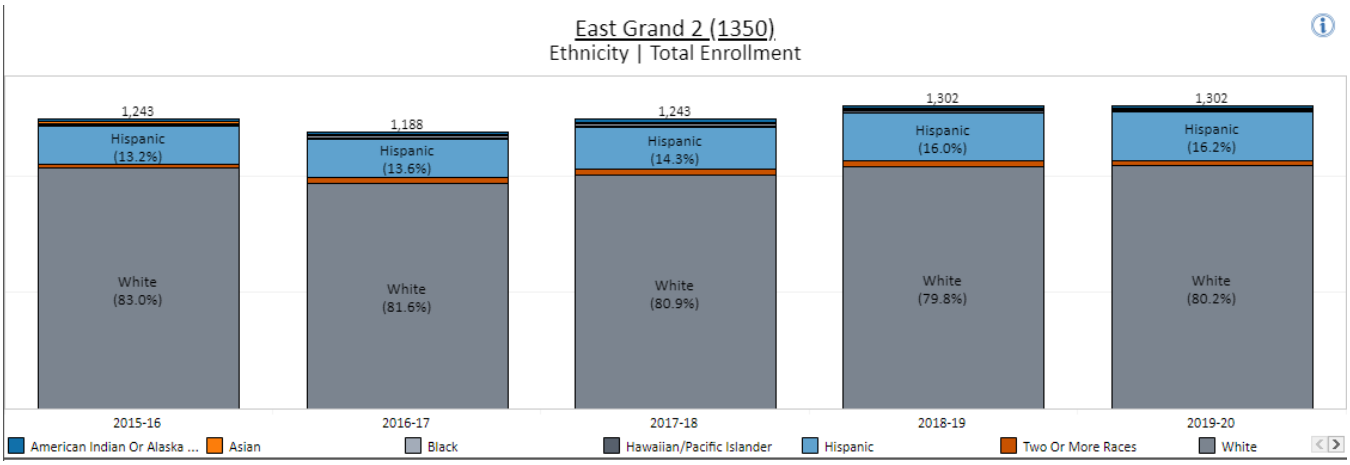

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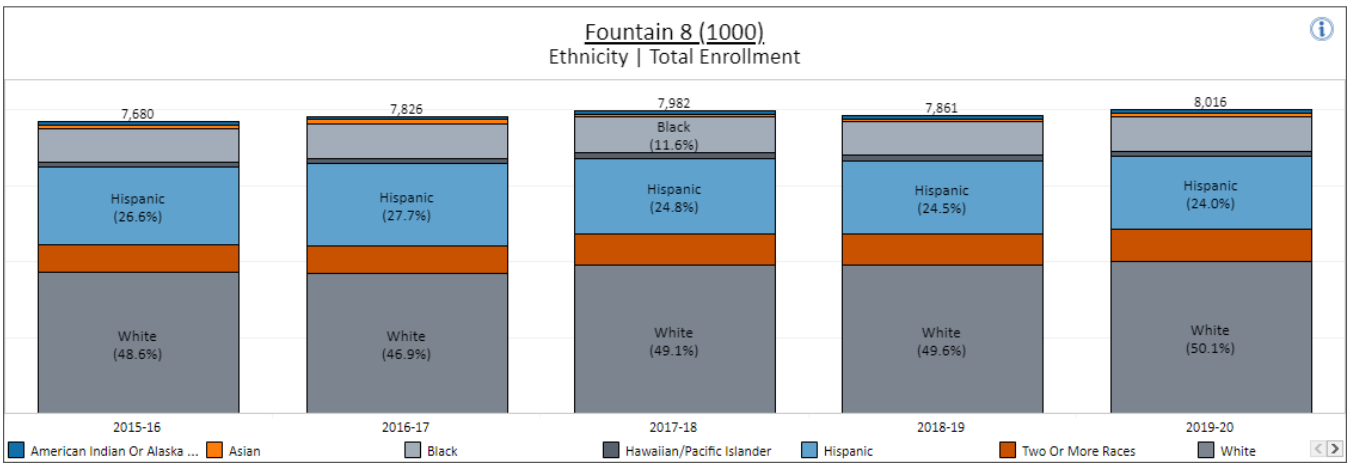
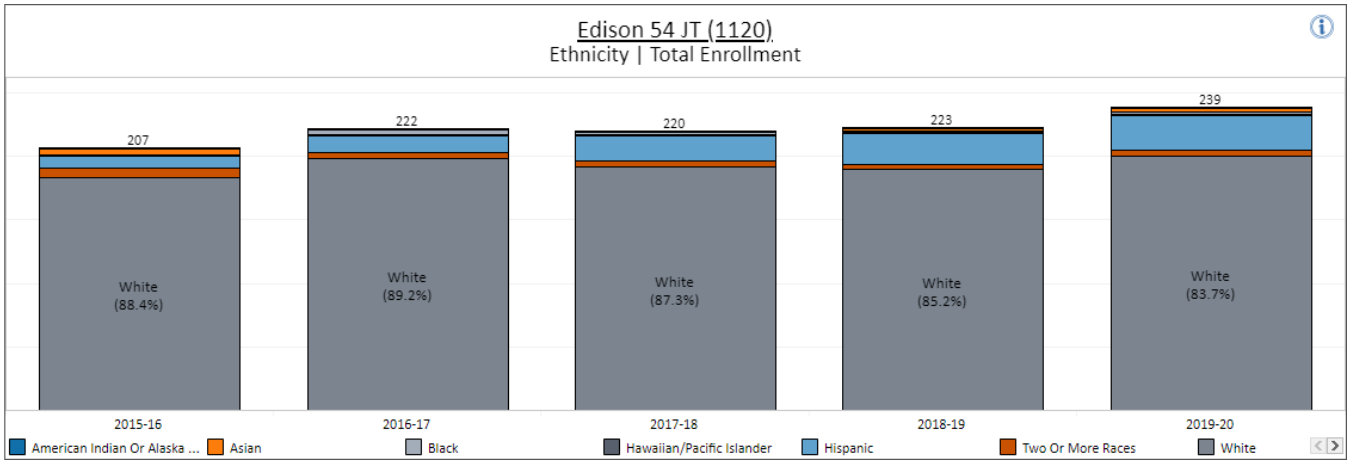


Edison 54 JT (Pikes Peak BOCES)



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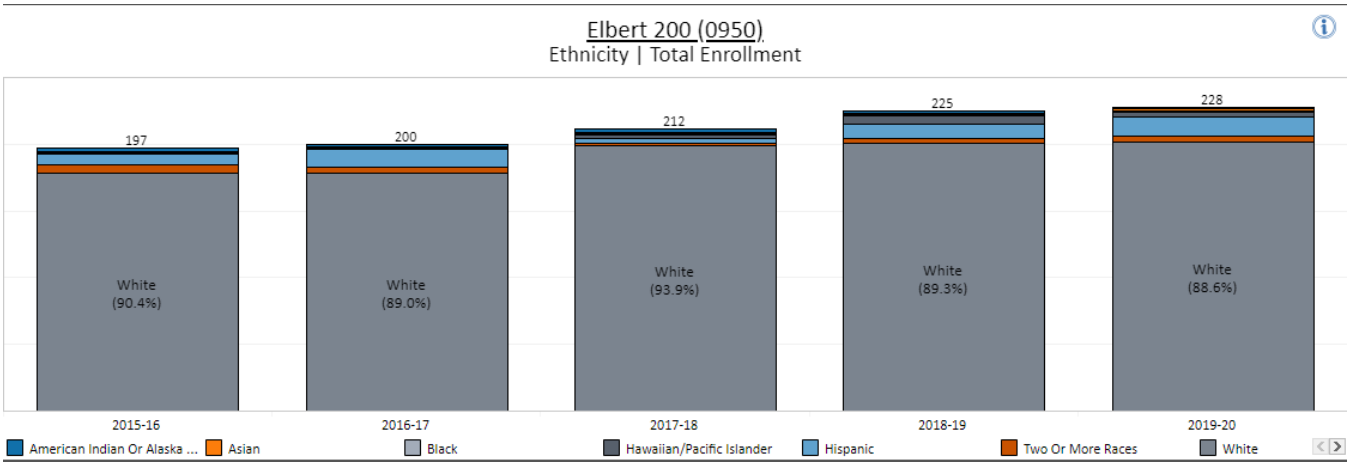

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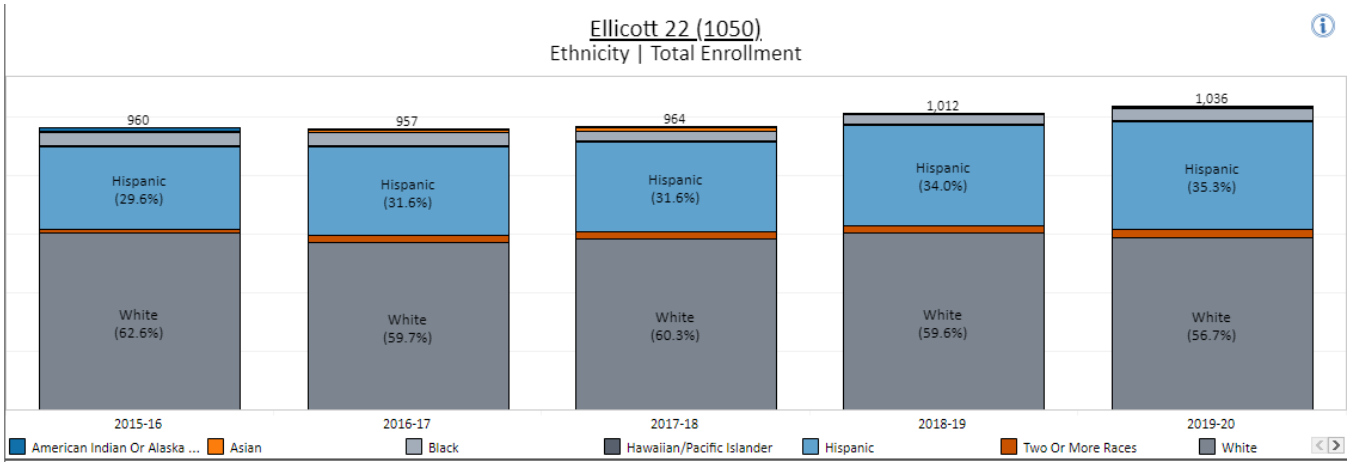

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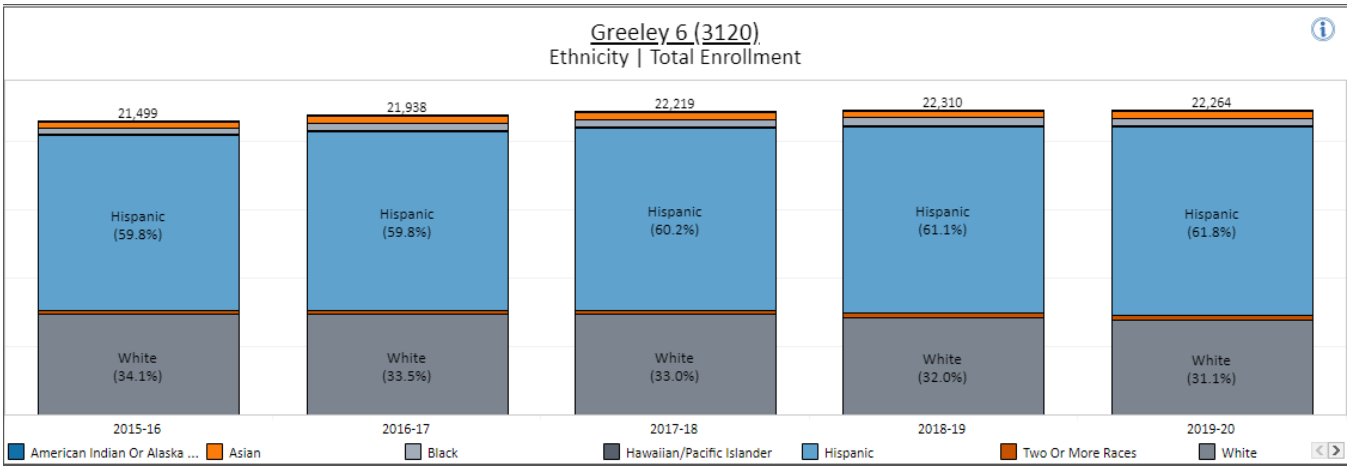

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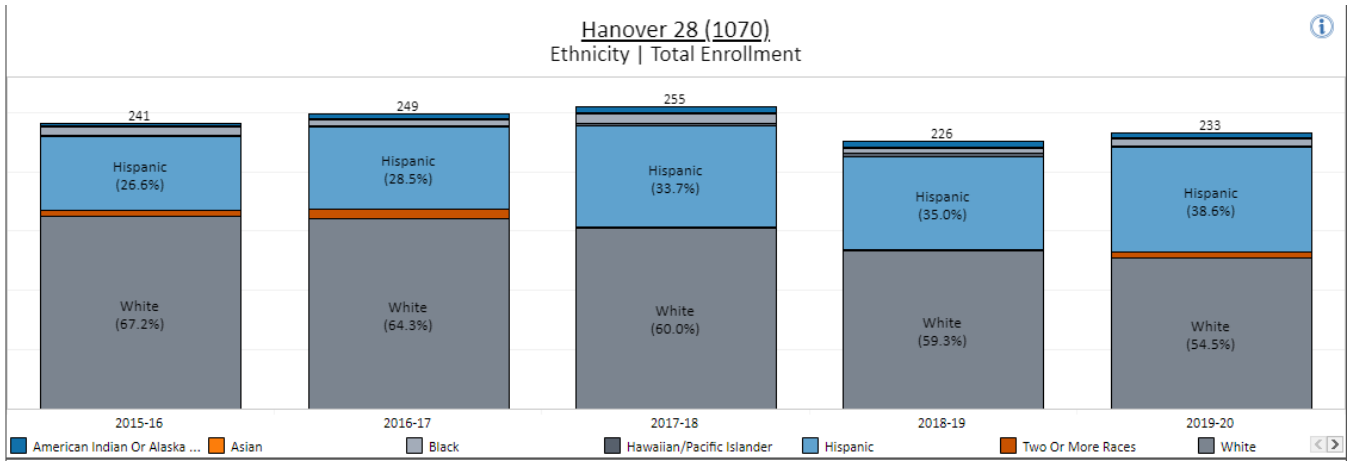
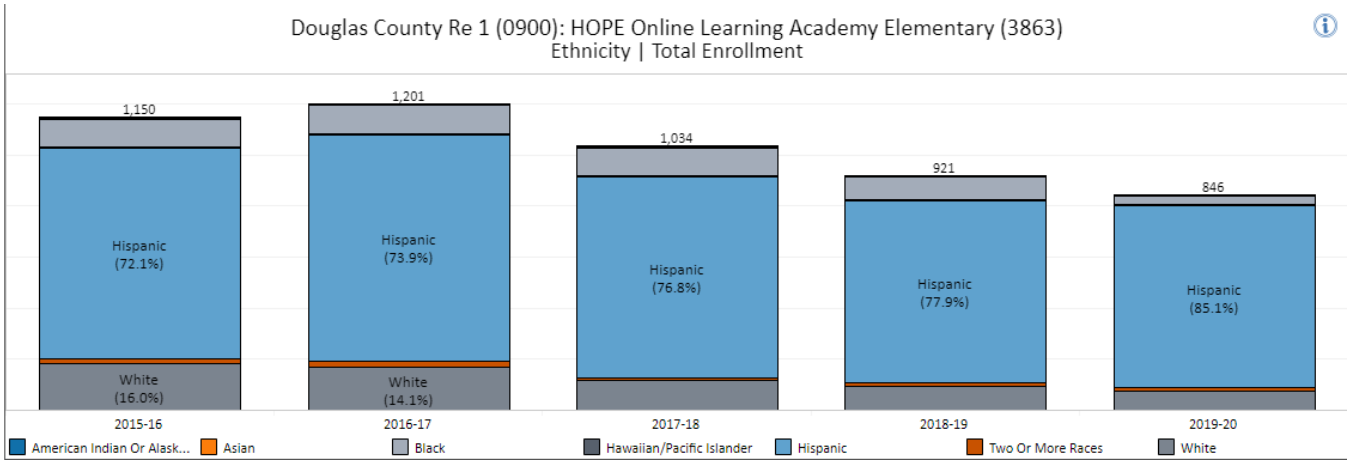
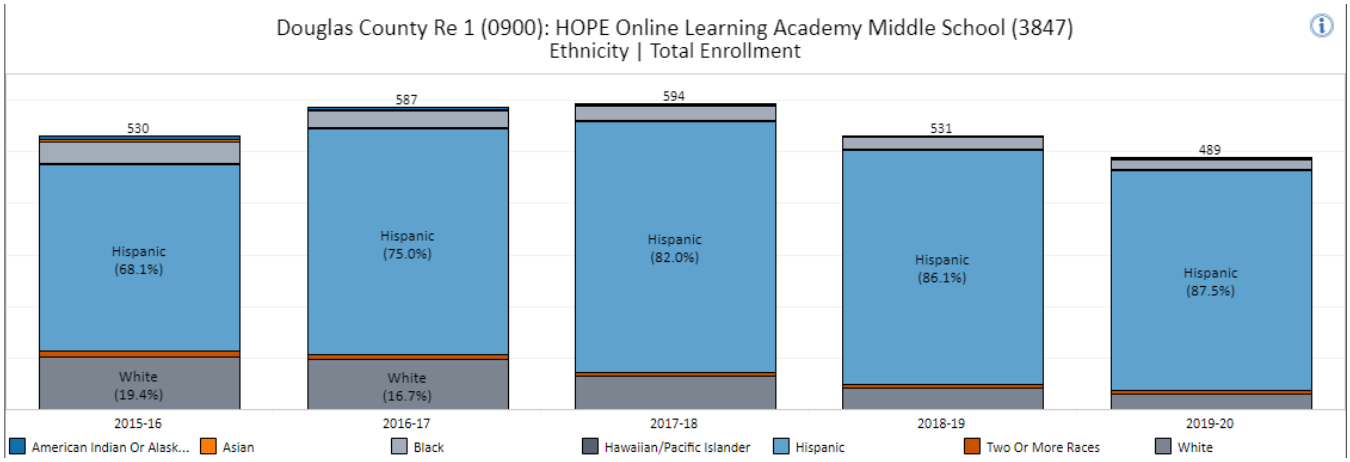


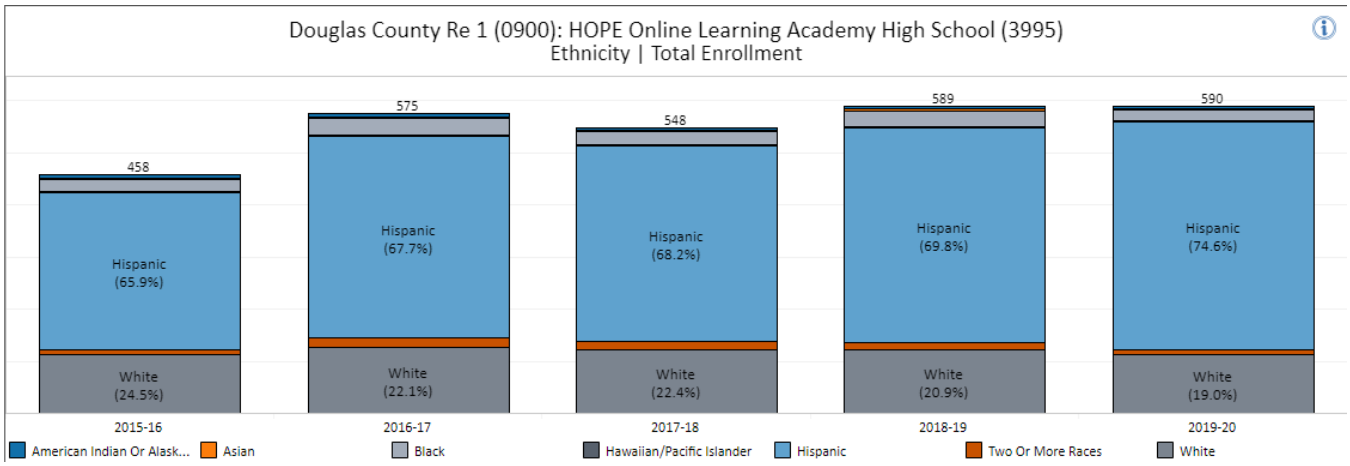
Hope Online Elementary



Hope Online Middle School



Hope Online High School



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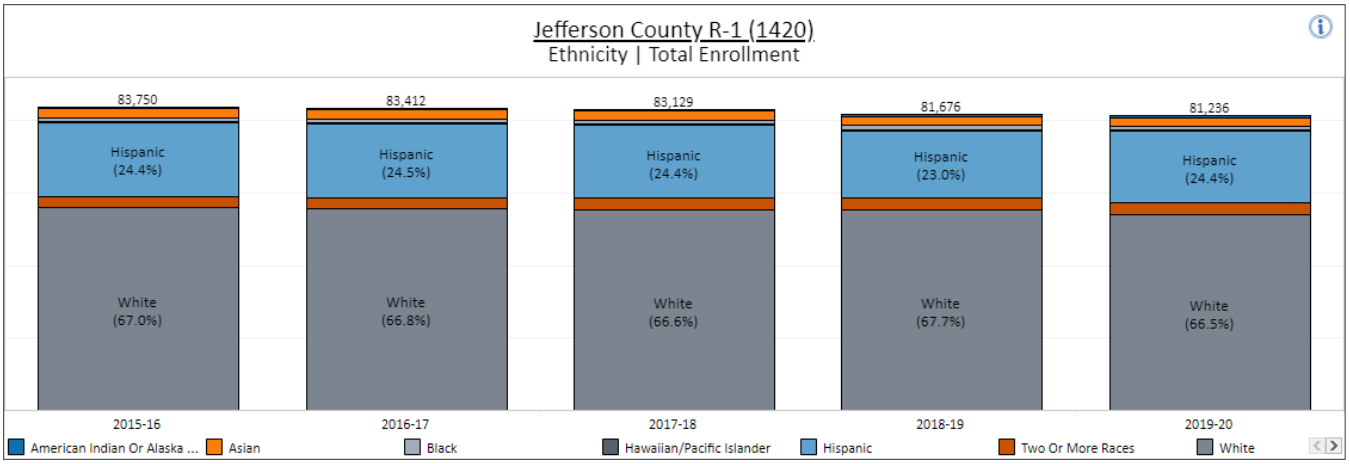

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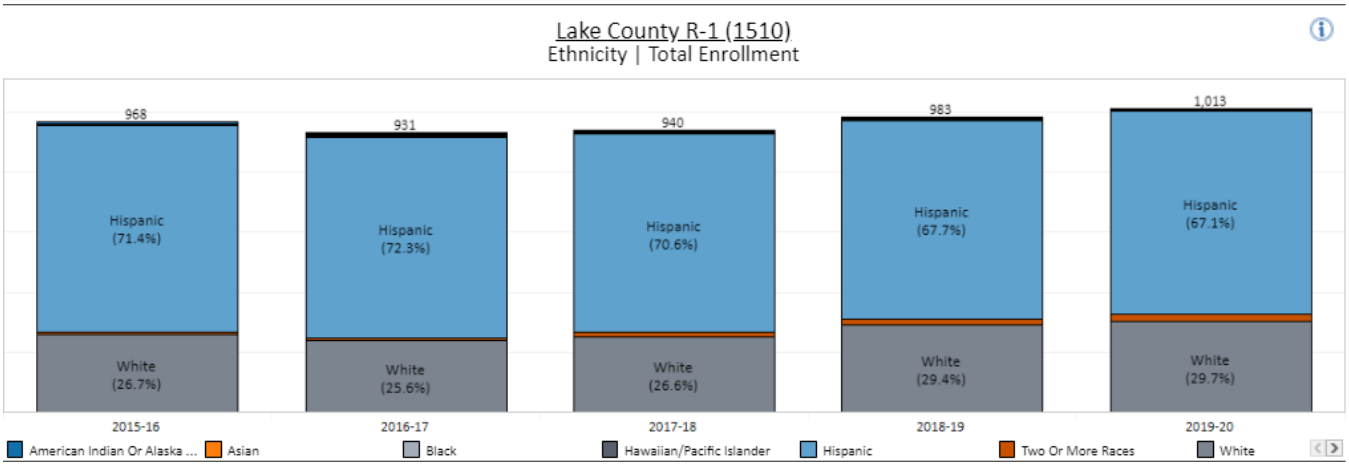

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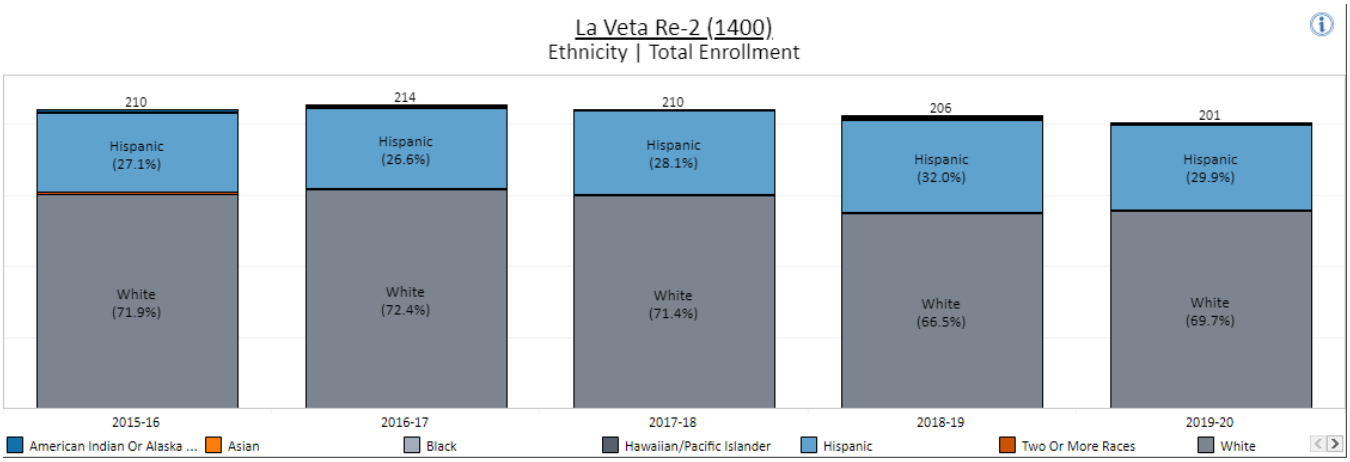
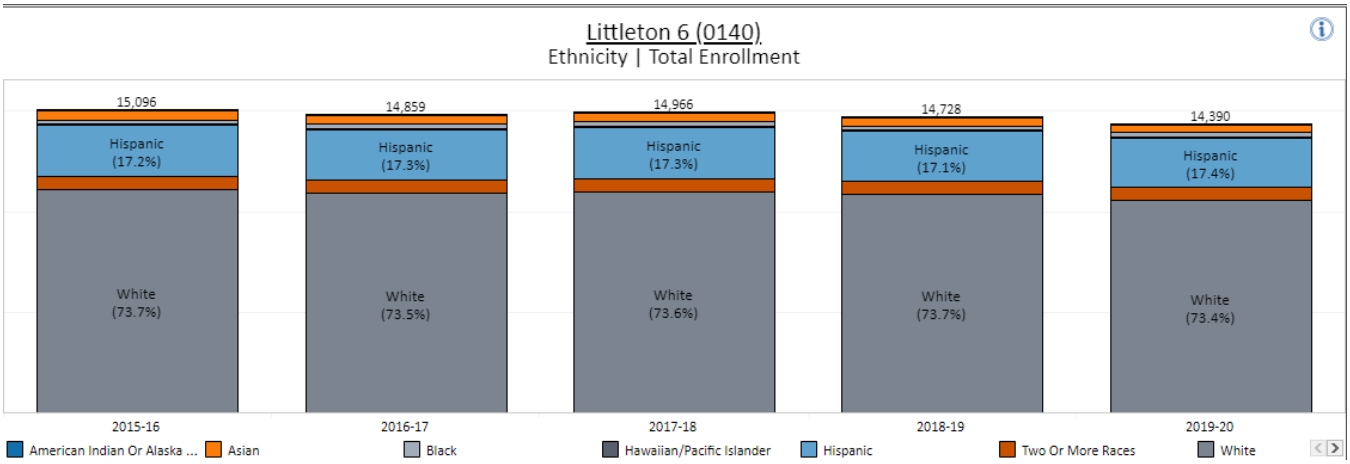


Littleton 6



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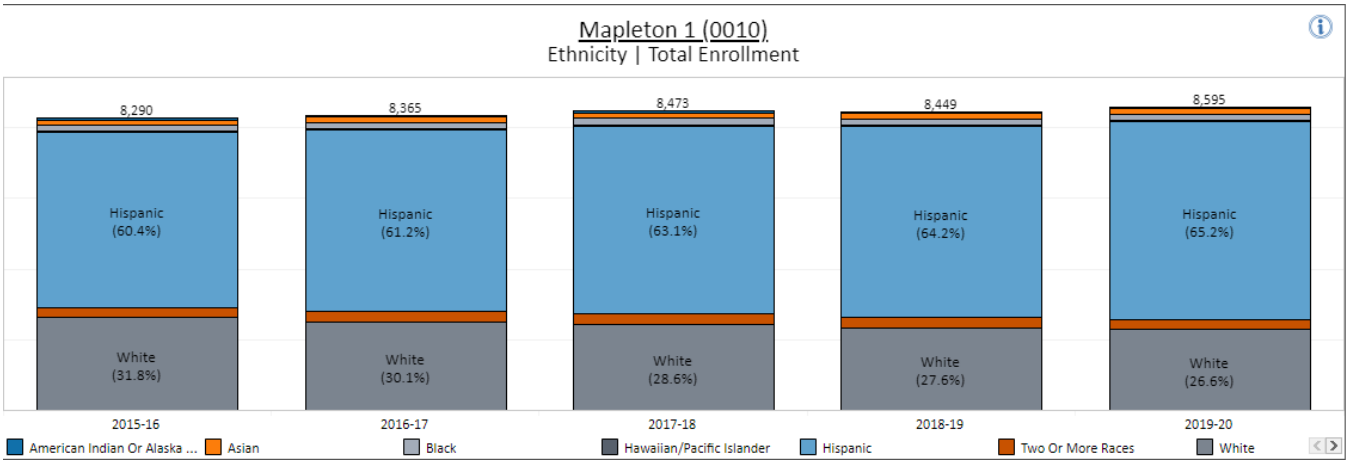

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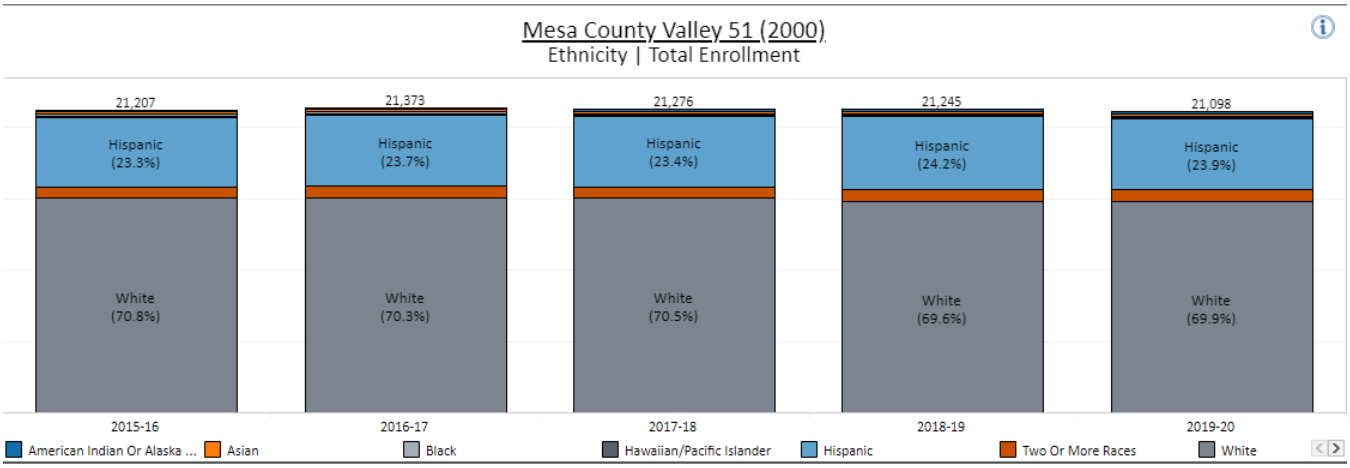
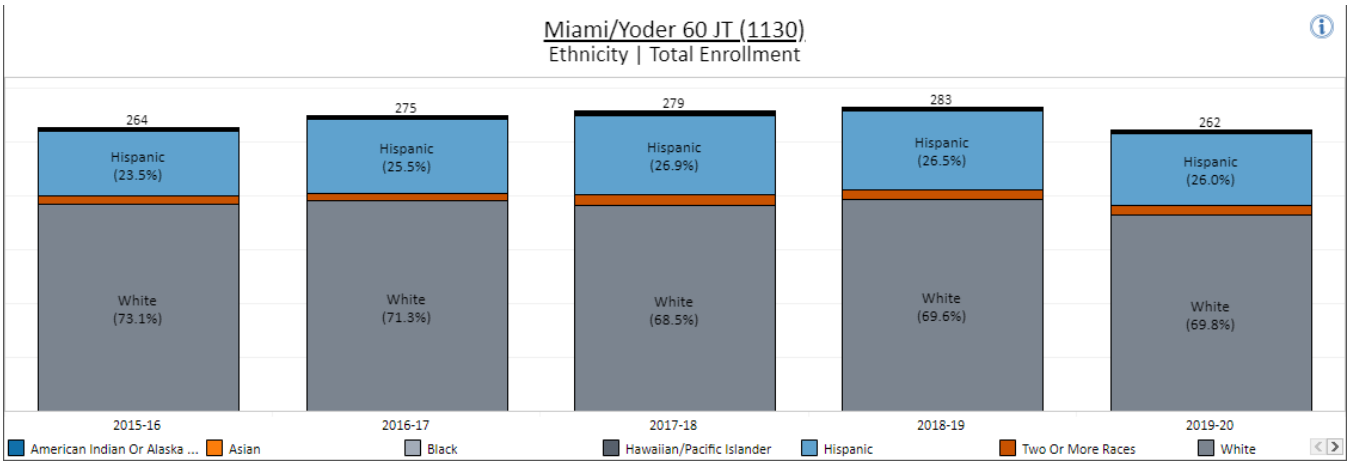


Miami-Yoder 60JT (Pikes Peak BOCES)



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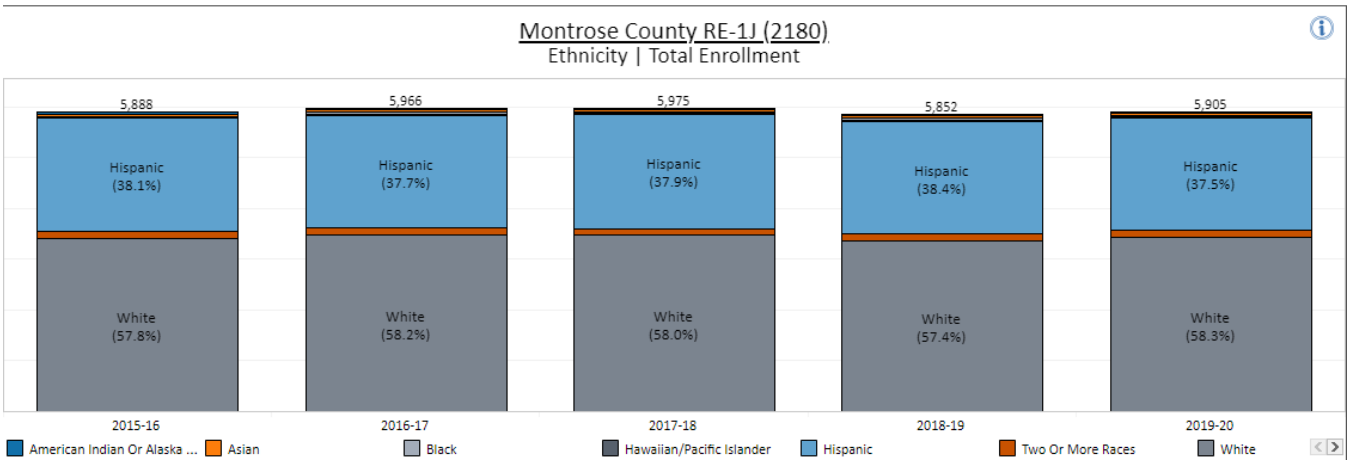

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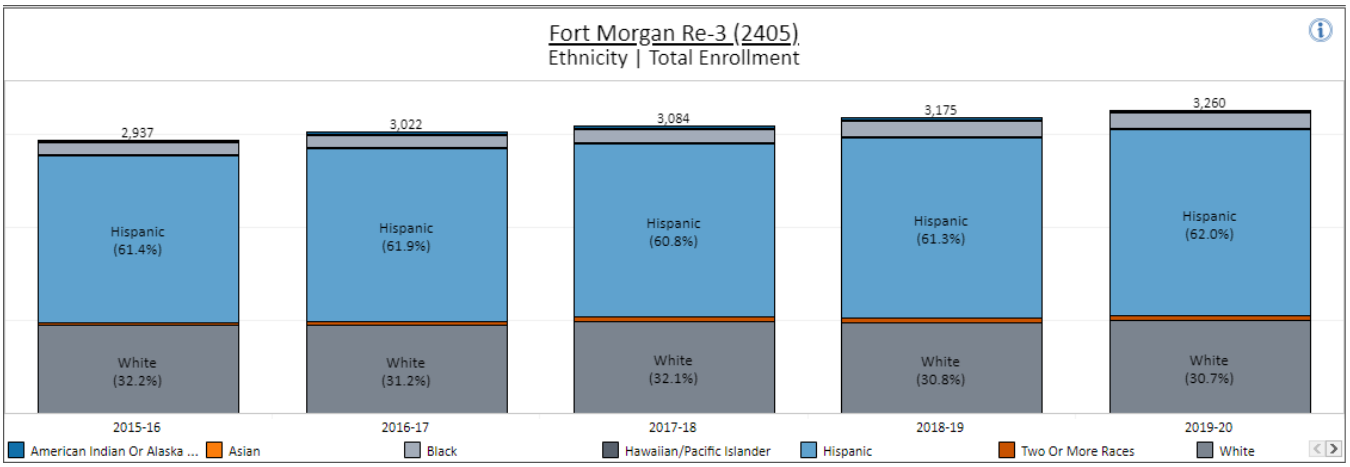

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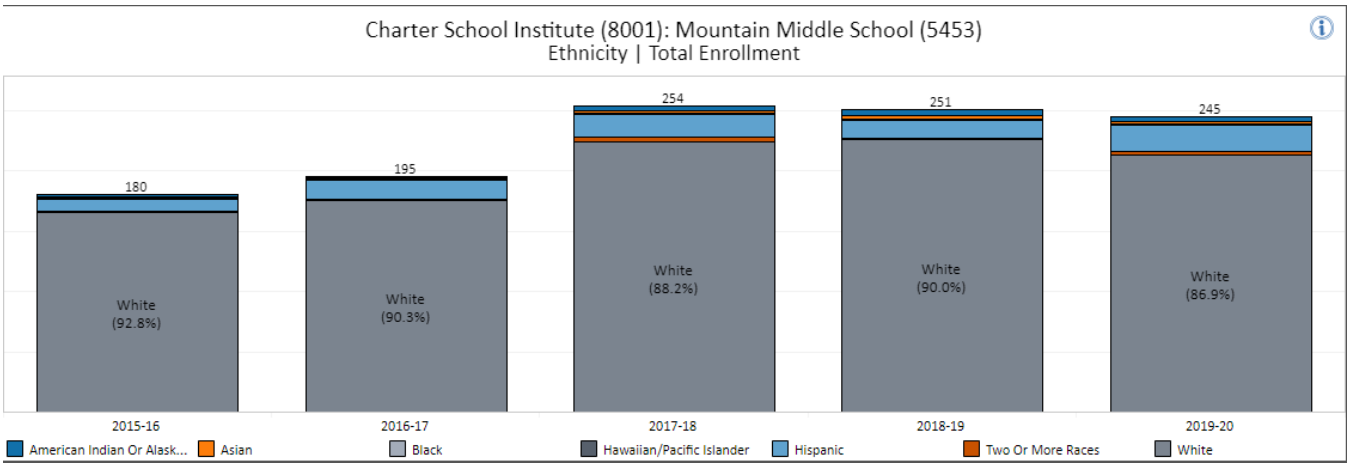

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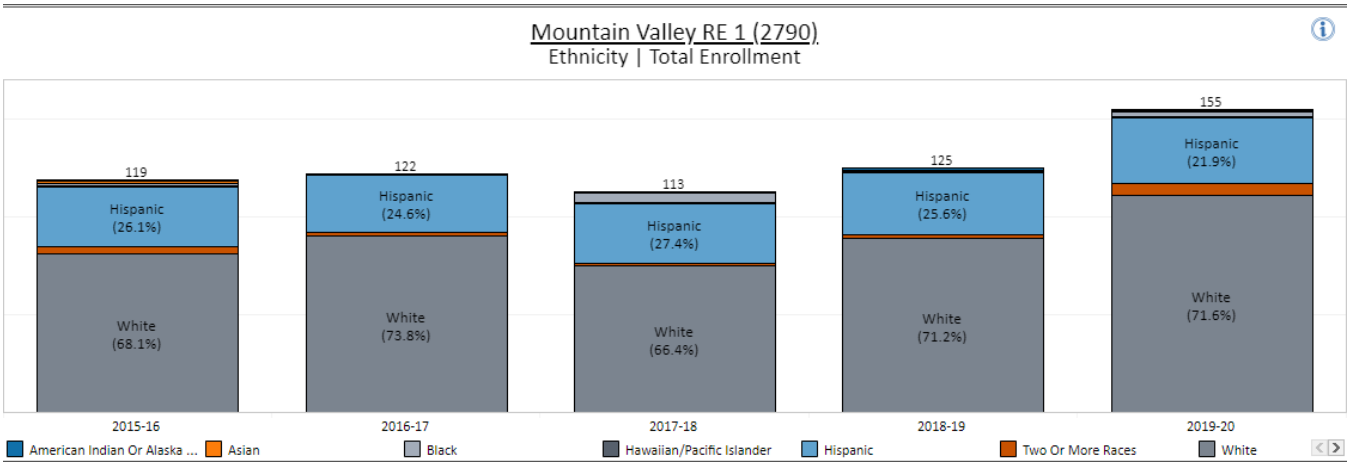
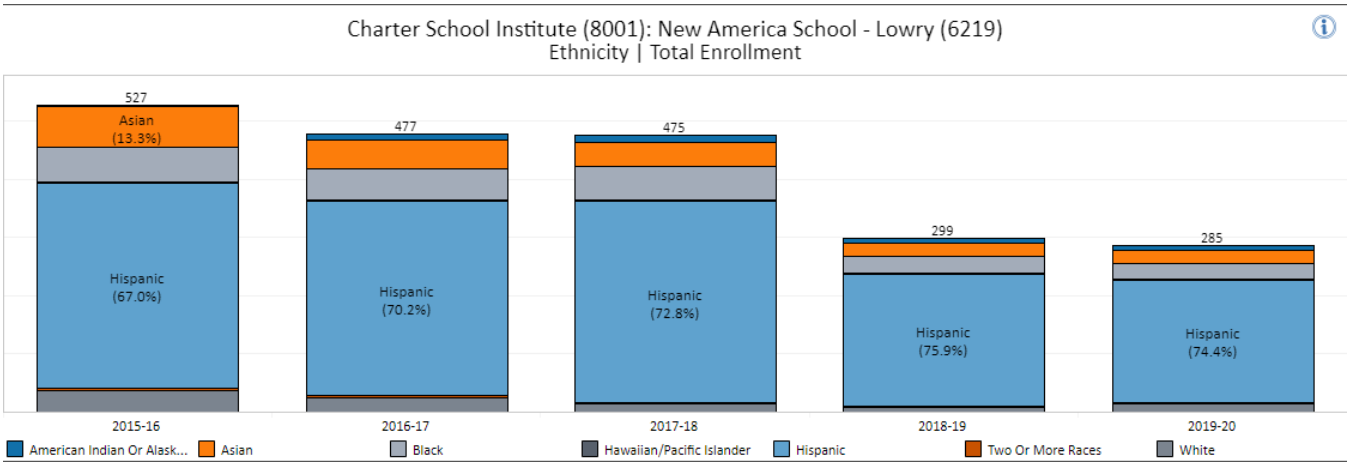
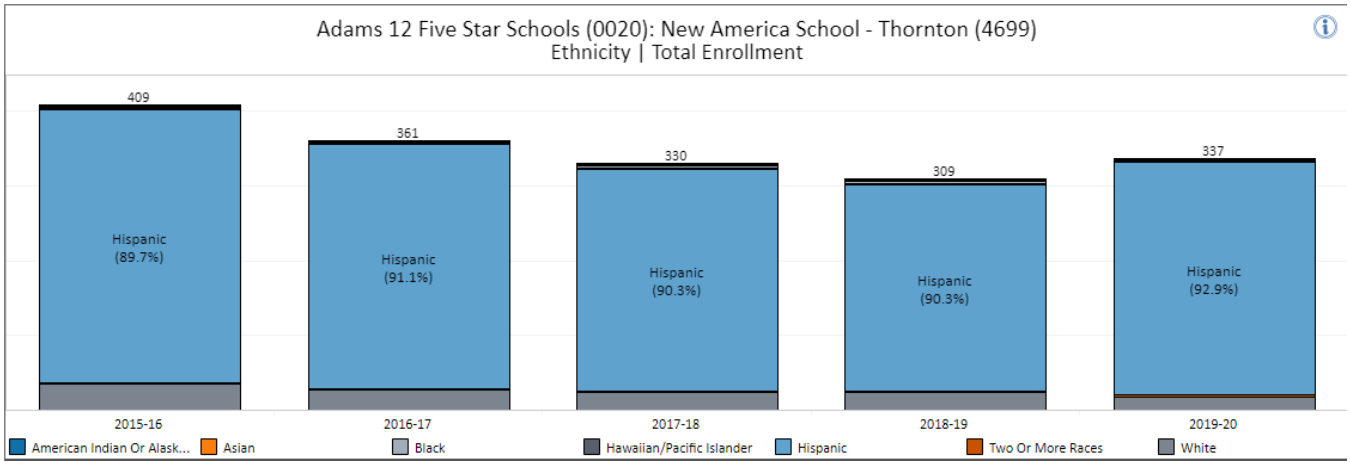


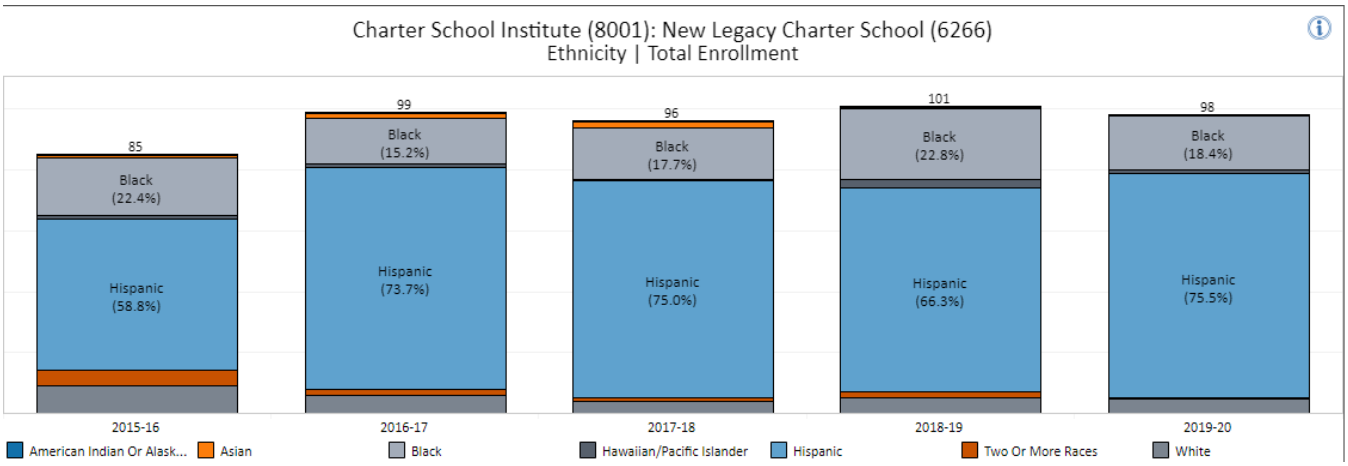
New America Lowry Campus



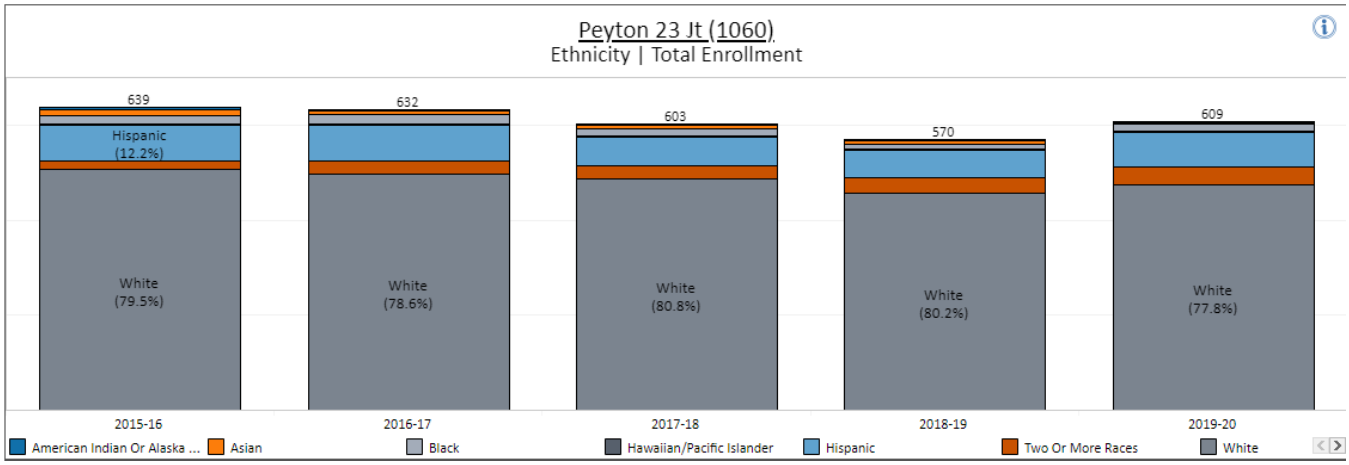
New America Thornton Campus



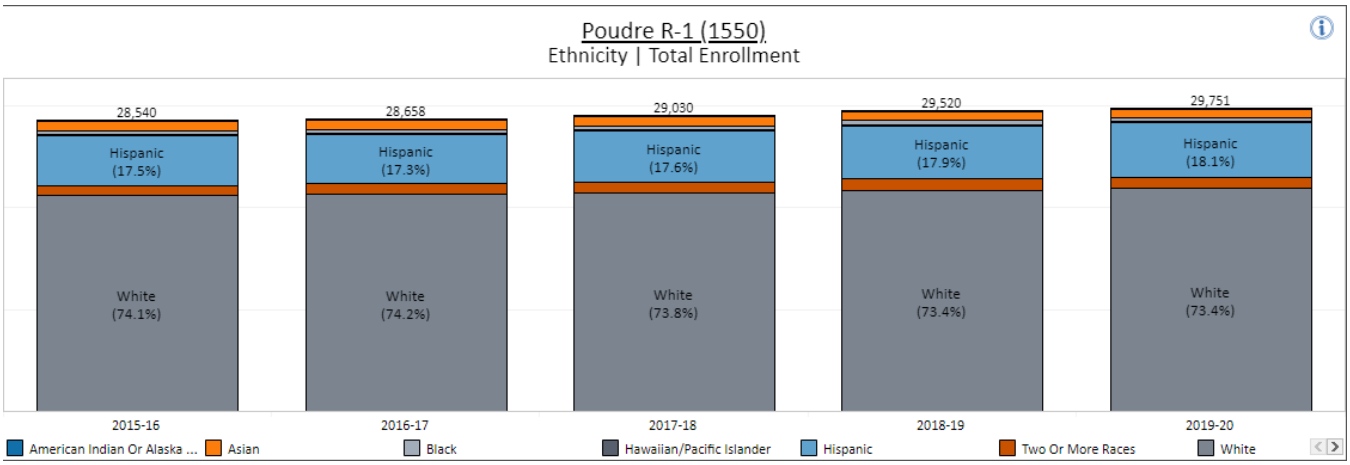
New Legacy



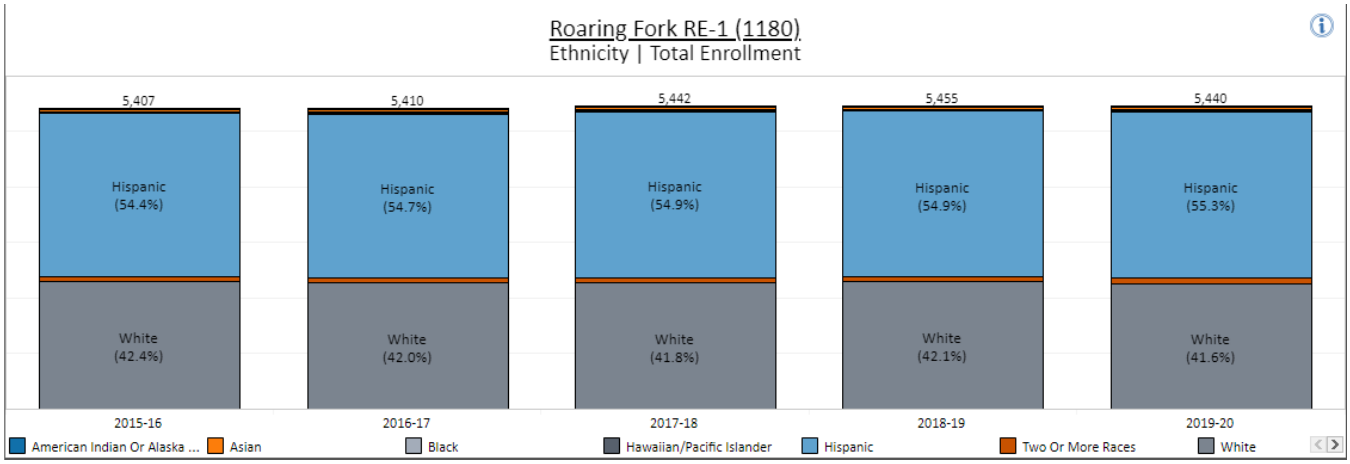
Peyton 23 JT (Pikes Peak BOCES)



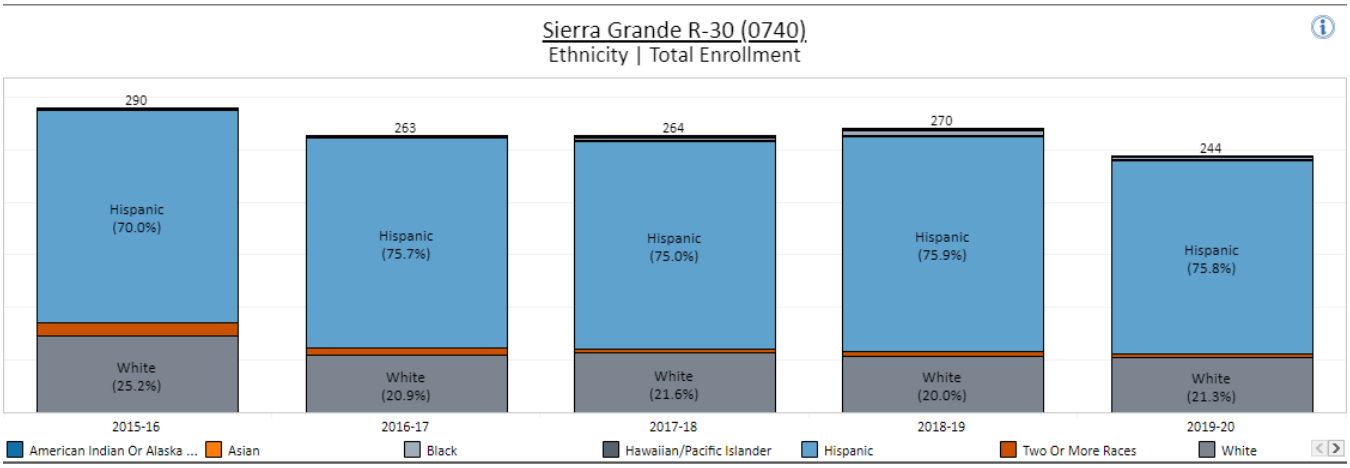
Poudre R-1



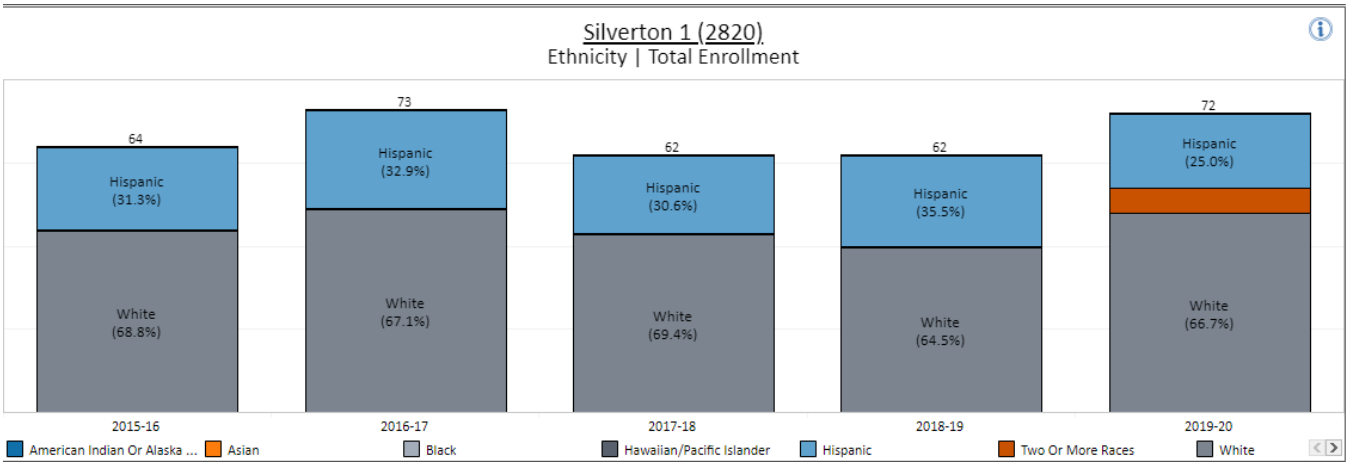
Roaring Fork RE-1



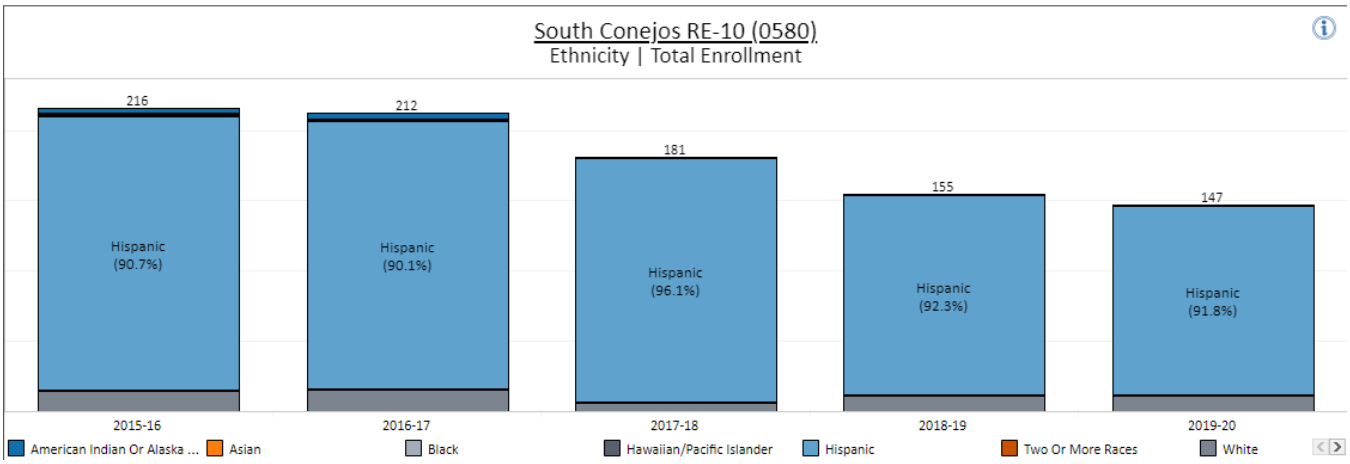
Sierra Grande R-30



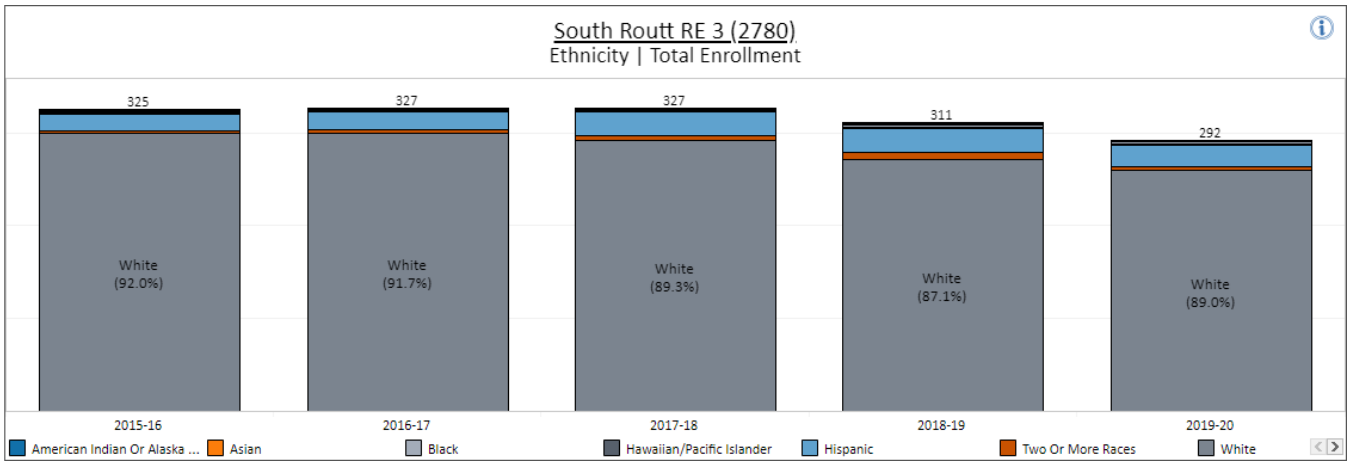
Silverton 1



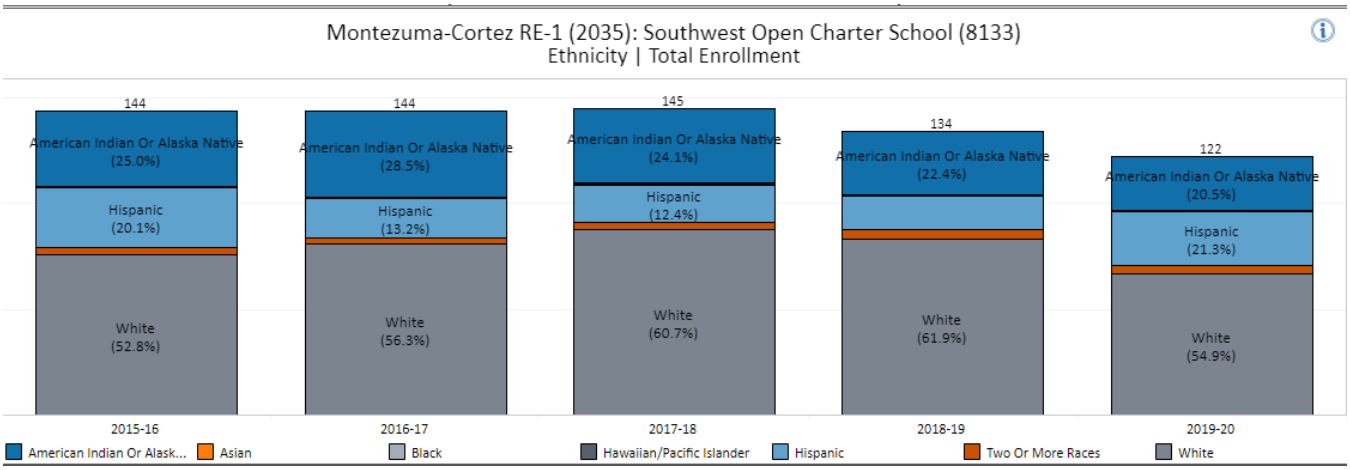
South Conejos RE-10



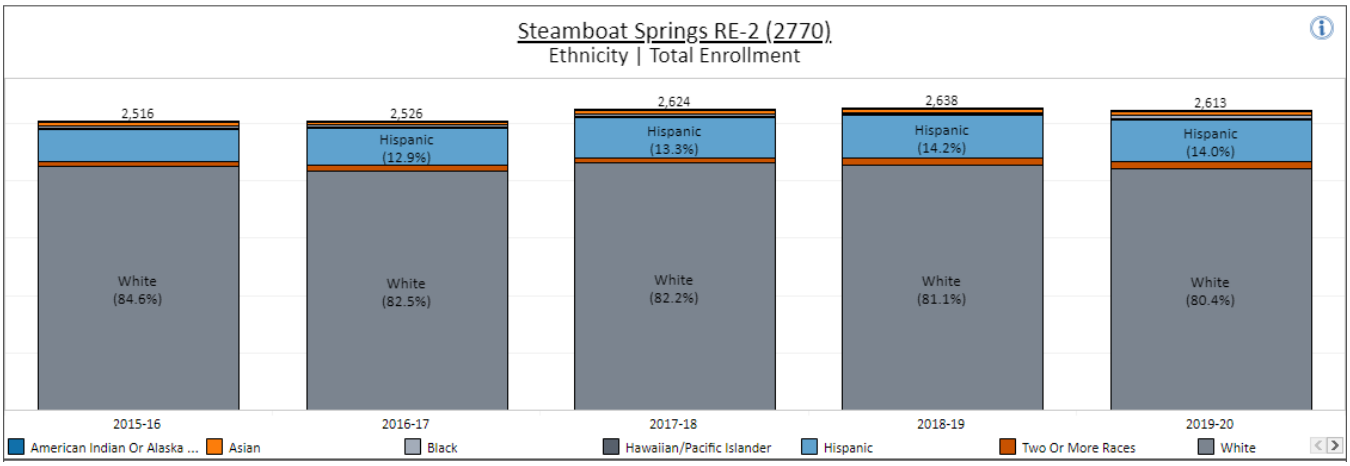
South Routt RE 3



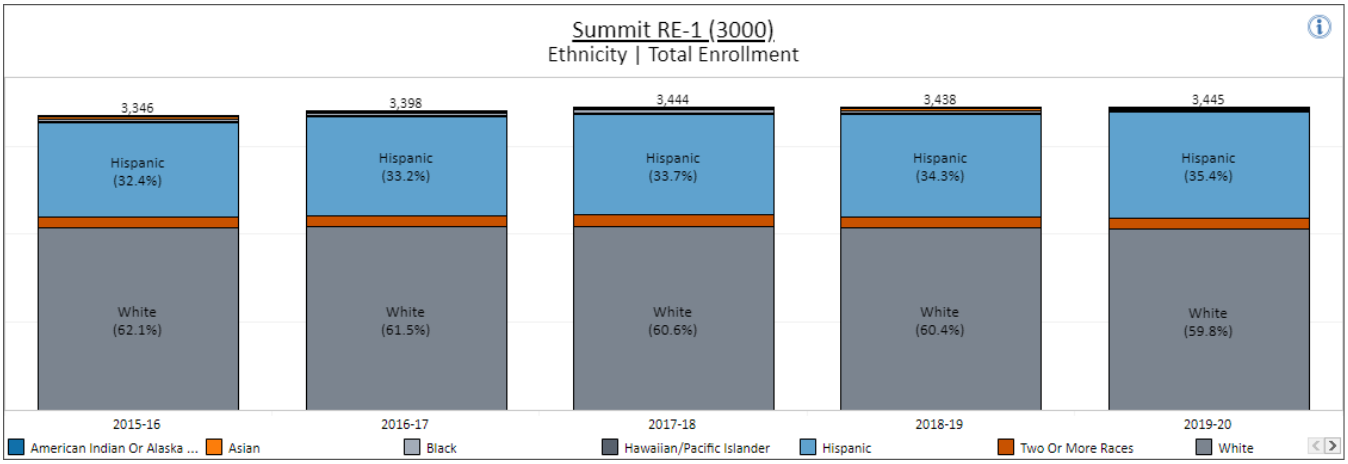
Southwest Open



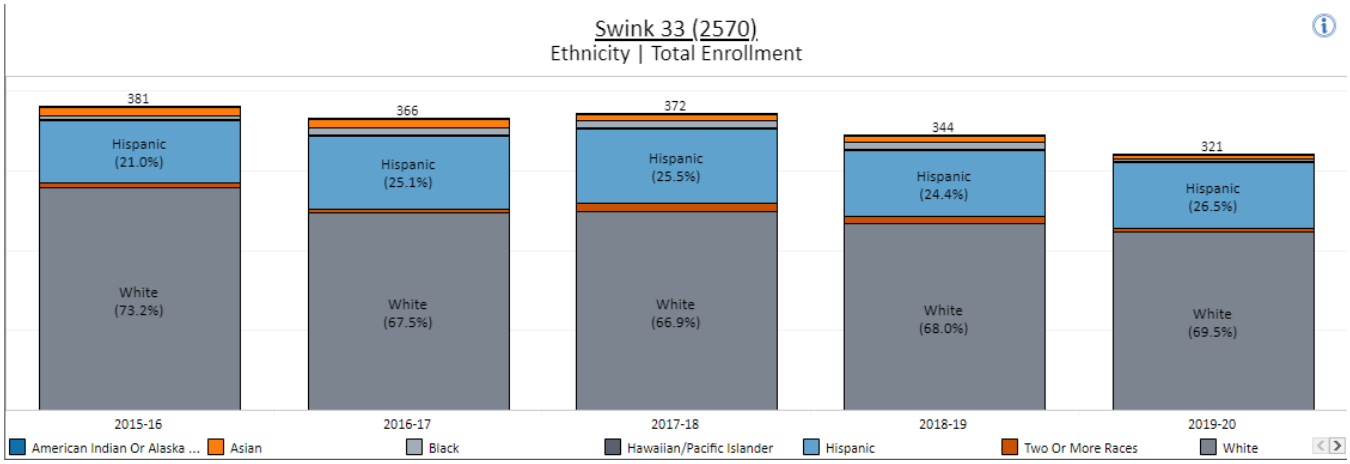
Steamboat Springs RE-2



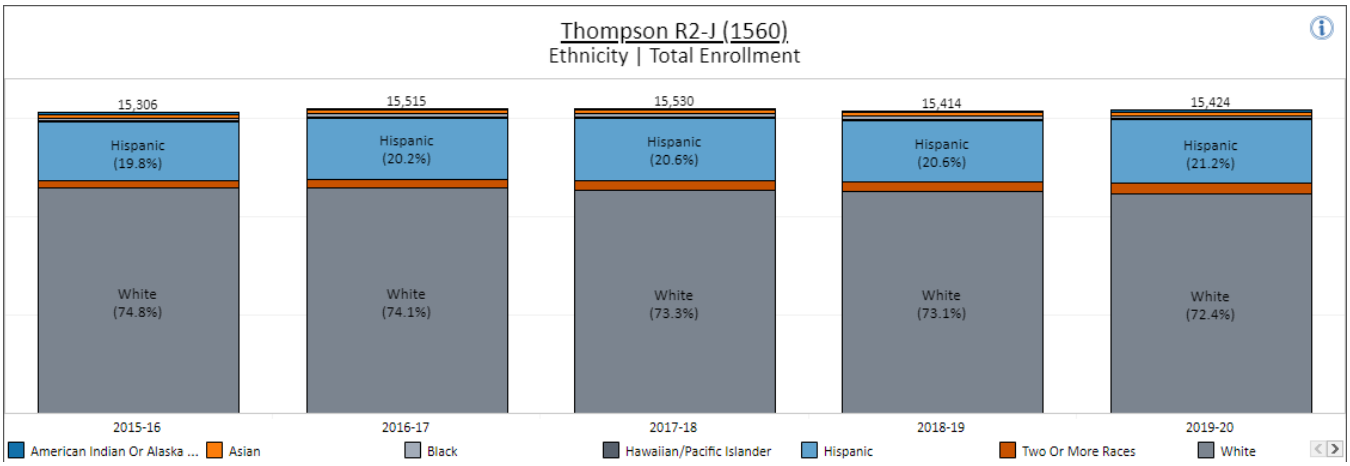
Summit RE-1



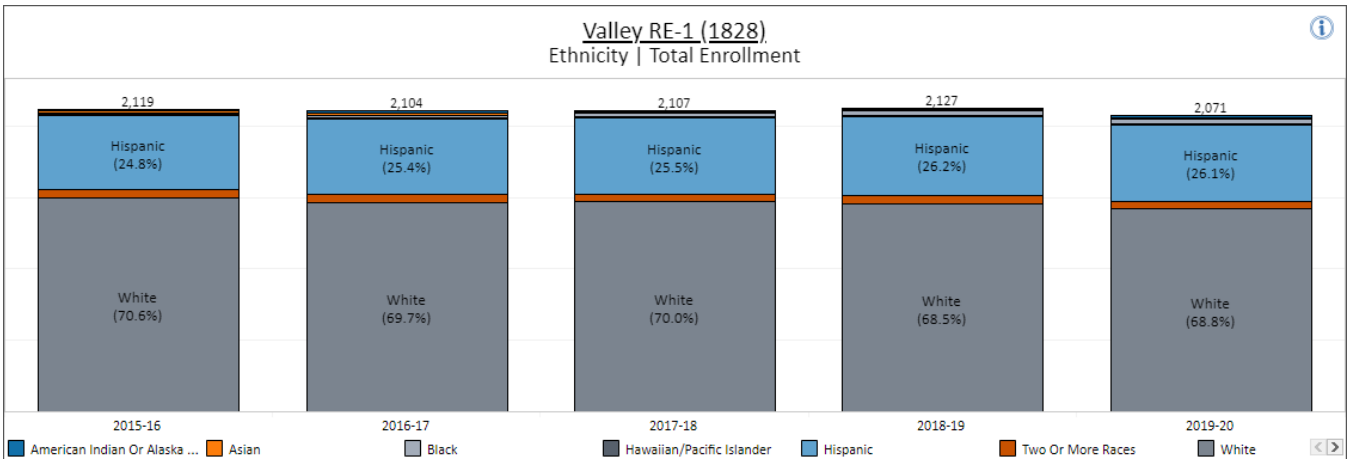
Swink 33



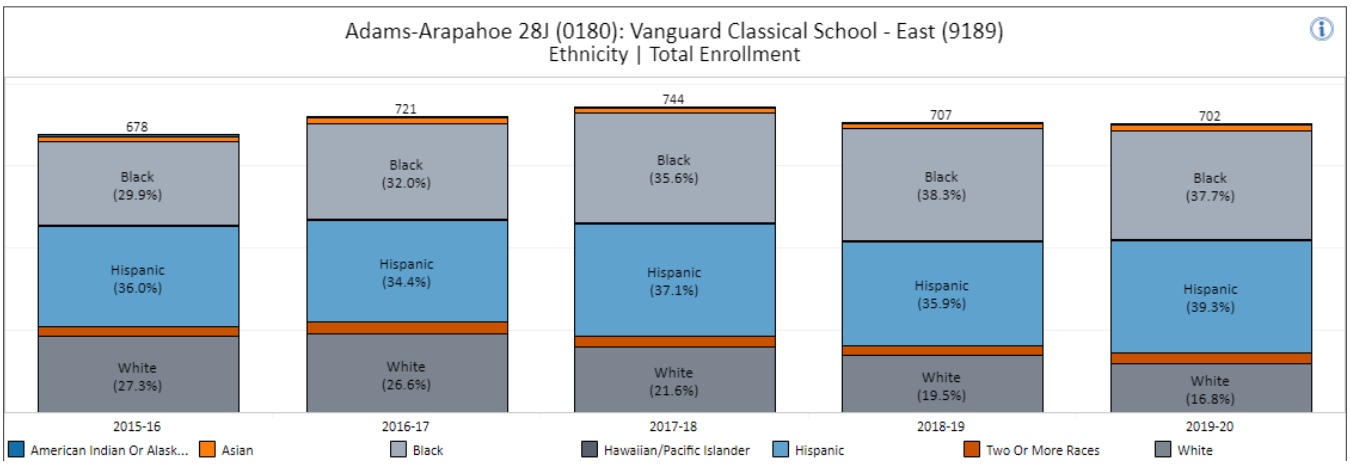
Thompson R2-J



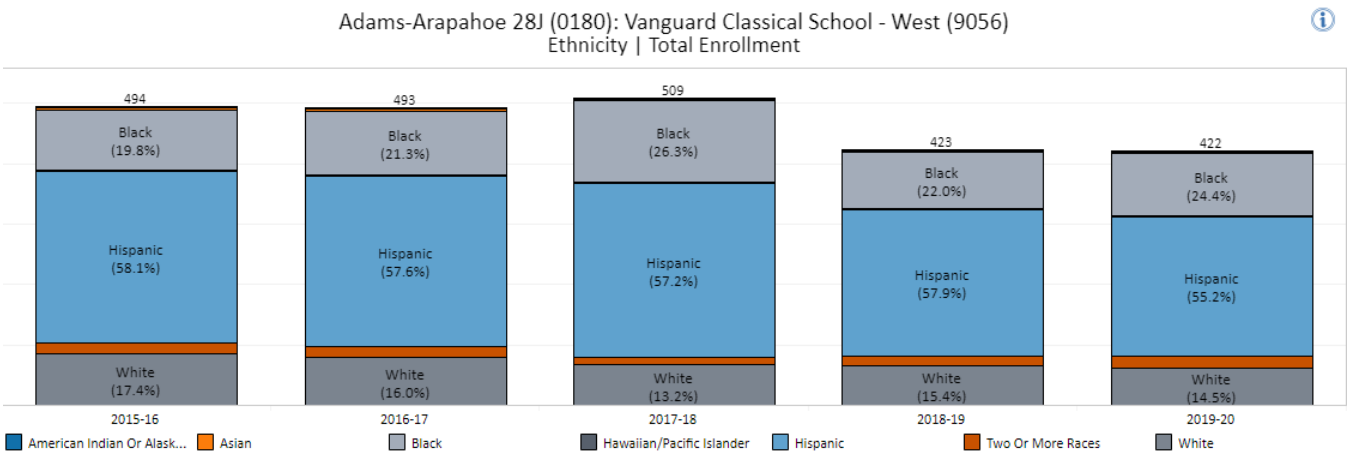
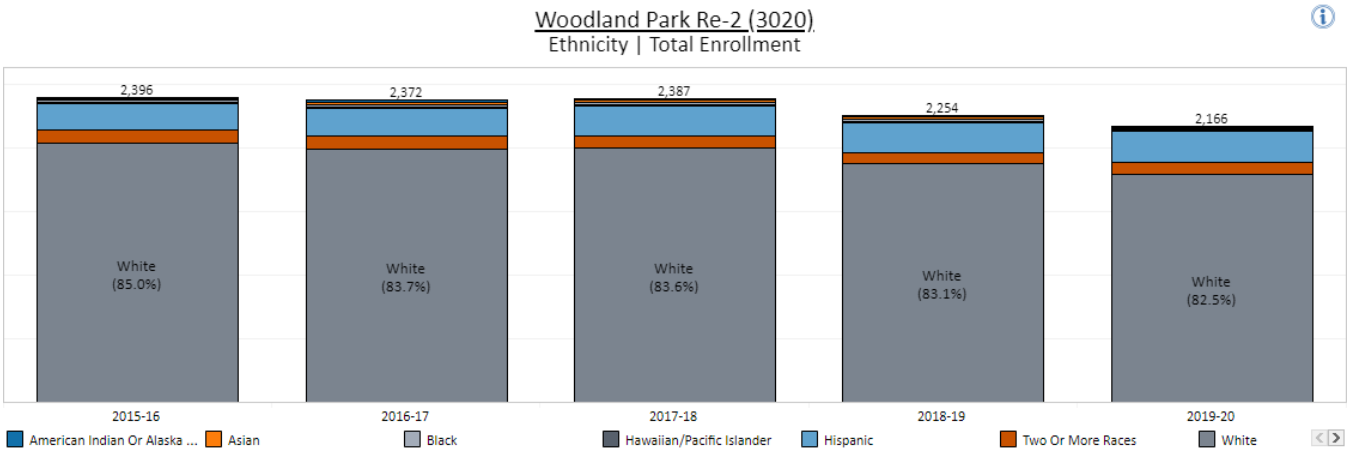
Valley RE-1



Vanguard Classical East



Vanguard Classical West



Woodland Park RE-2