



**COLORADO**  
Department of Education

# **2019-2020 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

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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 schools.

When the SHPG began in 2014, the purpose of the grant was 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 General Assembly approving an additional \$9.2 million in program funding during the 2017 legislative session to allow for expanded support to K-12 schools. At that time, the focus of support for students expanded to meet mental and behavioral health needs due to data like the rate of suicide among youth age 15-19 in Colorado increased from 12.6 in 2014 to 21 in 2019 (deaths per 100,000).

Cohort 4 and Cohort 5 are the focus of this report. Cohort 5 funding began July 1, 2019 for three years of funding. Highlights from these cohorts during the 2019-20 academic year include:

### Cohort 4 (2017-20) Highlights:

- Colorado's General Assembly allocated \$9,123,471 in annual grant funds for SHPG.
- Due to the change in legislation in 2017, cohort 4 grantees were allowed to extend services to elementary schools beginning in year 2 of their funding. The grant served 44 school districts and charter schools, which included 50 elementary schools, 60 middle schools, and 83 high schools, consisting of 115,257 students.
- Schools funded by Cohort 4 of the SHPG had a student population with 39 percent free and reduced lunch (FRL) status compared to the state's overall student population with 41 percent FRL status.
- Grant funds were used to hire 140 school health professionals, which included 24 school nurses, 65 school counselors, 41 school social workers and 10 school psychologists.
- Of the students in the school districts and charter schools served by the grant, 26 percent were elementary school students, 31 percent were middle school students and 43 percent were high school students.
- The student populations in the schools served were 56 percent White, 32 percent Hispanic, 4 percent Black or African American, 3 percent Asian, 1 percent American Indian or Alaskan Native, 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 5 (2019-22) Highlights:

- Colorado's General Assembly allocated \$5,203,269 in annual grant funds.
- The grant served 42 school districts and charter schools, which included 38 elementary schools, 36 middle schools, and 37 high schools, a total of 50,768 students.
- Schools funded by Cohort 5 of the SHPG had a student population with 45 percent free and reduced lunch (FRL) status, which is a bit higher than the state's overall student population with 41 percent FRL status.
- Grant funds were used to hire 89 school health professionals, which included 16 school nurses, 37 school counselors, 28 school social workers, and 8 school psychologists.
- Of the students in the school districts and charter schools served by the grant, 34 percent are elementary school students, 32 percent are middle school students and 33 percent are high school students.
- The student populations in the schools served were 55 percent White, 34 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. The state's student population was 53 percent White, 34 percent Hispanic, and 5 percent Black.

A mixed-methods approach was used for this report to support data collections from the grantees that would be useful to them without being a data burden. End of Year reports submitted by school district and charter school program managers utilized CDE's SchoolView data and Results-Based Accountability (RBA) data collection software "Scorecard" that included both quantitative and qualitative data for grantees to tell the complete story of their accomplishments and barriers identified.



## Introduction

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

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 prevention.

### 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 allowed grantees to use grant funding for the following:

- Implemented evidence-based curriculum education to prevent substance use and behavioral health;
- Utilized substance use and behavioral health screening tools;
- Conducted early identification and intervention for at-risk students with substance misuse and/or behavioral health needs;
- Developed individual counseling opportunities and/or support groups;
- Enhanced collaborative health partnerships within the community;
- Engaged families to support student needs; and
- Applied the Behavioral Health Framework to support tiers of varying student needs.

## Description of Program for 2019-20 School Year

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### Cohort 5 (2019-2022) Grant Application Process & Timeline

Cohort 4 was already funded through a competitive grant application process prior to the year this report addresses.

CDE invited applicants to apply in 2019 for Cohort 5. Eligible education providers were invited to apply for a portion of the \$5,203,269 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 K-12 schools);
- A Board of Cooperative Educational 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.

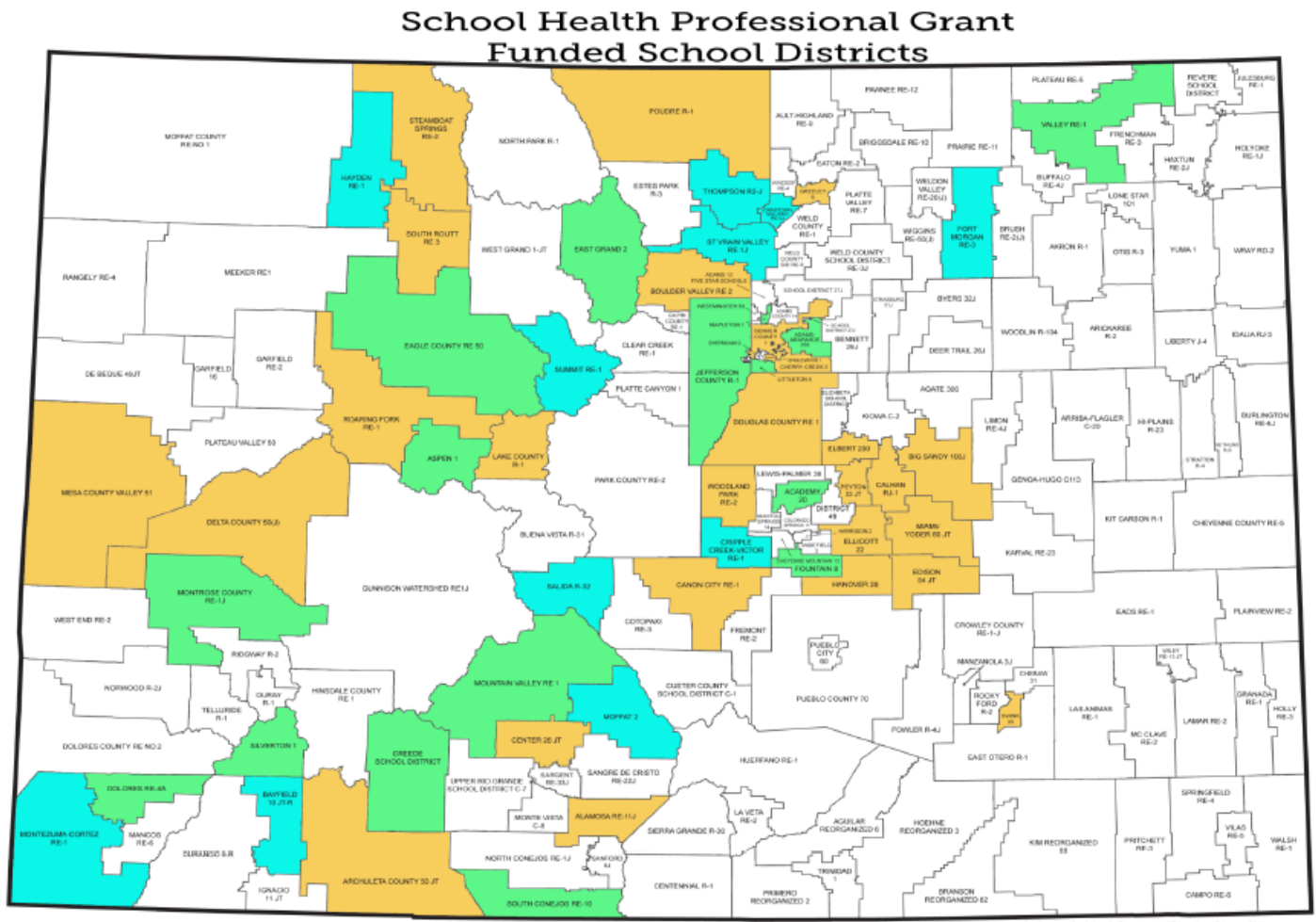
With new funding for Cohort 5 during the 2019-20 Academic Year (AY), 42 grantees were awarded a total of \$5,203,269. The RFP was released in February 2019. Applications were due March 21, 2019.



## Colorado Map of Grantees Cohorts 4 and 5

The maps below highlight the 86 funded school districts and charter schools for Cohorts 4 and 5 during the 2019-20 academic year. Where districts and schools were part of both cohorts, the funded efforts are distinct.

Map 1: Cohorts 4 & 5 Funded School Districts



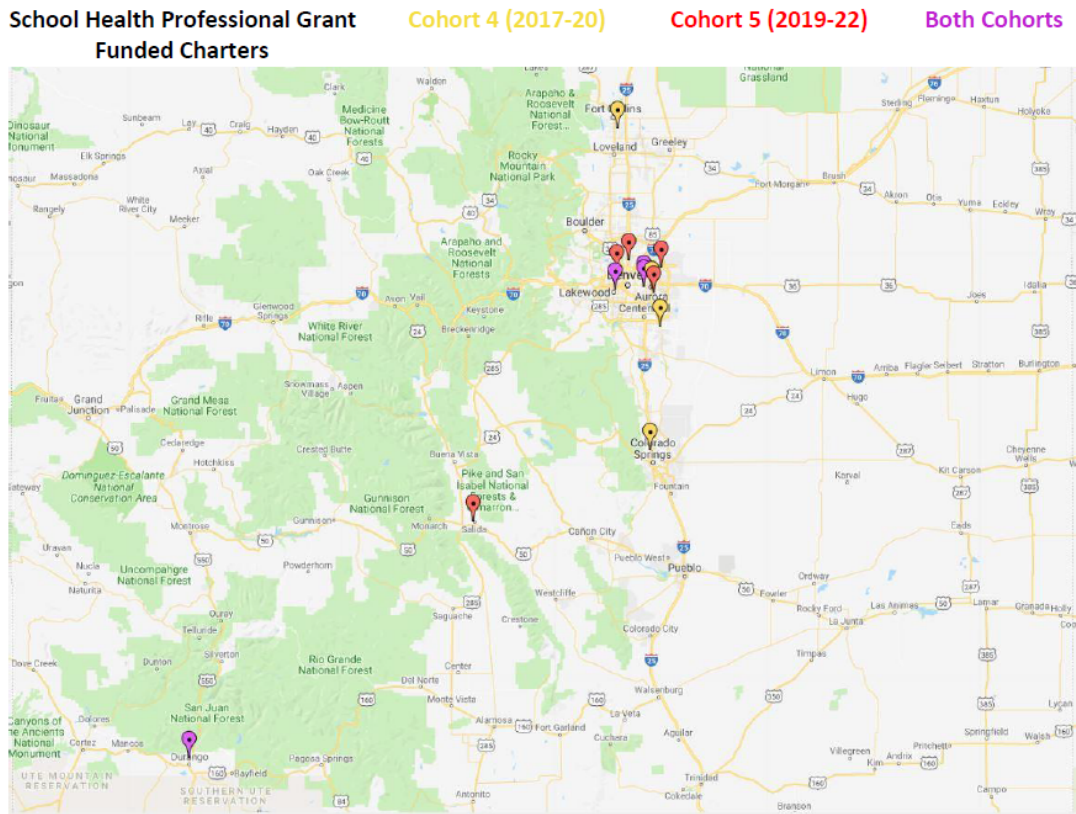
Cohort 4 (2017-20)

Cohort 5 (2019-22)

Both Cohorts



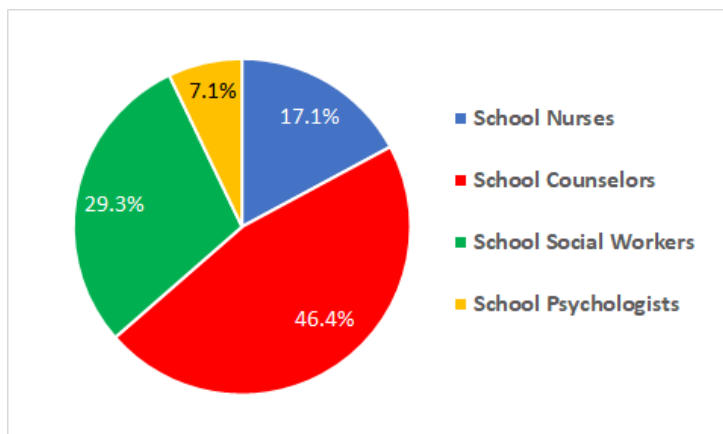
Map 2: Cohort 4 & 5 Funded Charter Schools



## School Health Professionals Funded

The tables and charts below show the roles that were hired through the grant funding for the 2019-20 academic year. The roles hired under the grant are school nurses, school counselors, school social workers and school psychologists. See Appendix A for details.

**Cohort 4 (2017-20) Chart 1: Percentages of SHPG Funded Roles in Cohort 4 (2019-20 Academic Year)**







### Grantees & Positions Funded

The table below identifies the type of School Health Professionals (SHPs) hired in each school district to support students in grades K through 12 in Cohort 4.

**Table 1: SHPG Grantee Cohort 4 and School Health Professionals Funded by Position and Number of People Hired**

<u>Districts/Charter School</u>	Nurse	Counselor	Social Worker	Psych	Total
Alamosa	1	2	0	0	3
APS-Vanguard Classical	2	0	2	0	4
Archuleta 50 JT	0	2	0	0	2
Aspen	0	0	1	0	1
Boulder Valley	4	4	0	0	8
Canon City RE-1	1	1	0	0	2
Center 26 JT	0	1	0	0	1
Cherry Creek	0	0	2	0	2
Creede	1	0	0	1	2
CSI-Aurora	1	1	0	0	2
CSI- Early Colleges	1	2	0	0	3
CSI-Ft. Collins	0	0	0	1	1
CSI-Mountain M.S.	1	0	1	0	2
CSI-New America Schools	2	0	0	1	3
CSI-New Legacy	0	0	1	0	1
CSI-Parker	1	0	0	1	2
Delta 50 J	0	1	1	0	2
Denver Public Schools	0	3	12	0	15
Dolores RE- 4A	0	1	0	0	1
Douglas County RE-1	0	9	0	0	9
DPS-Acad Urb Learn	0	0	0	1	1



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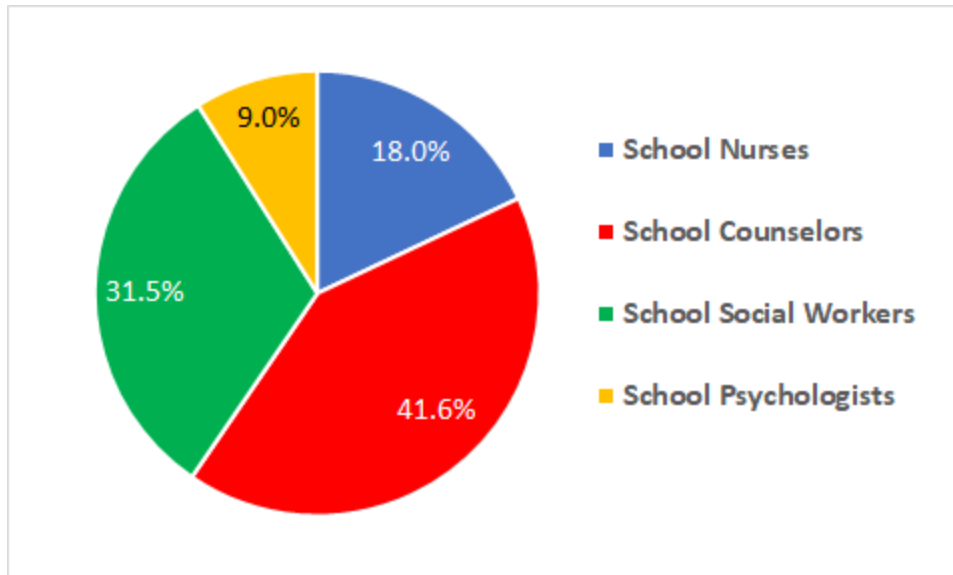
Eagle County Schools	0	1	1	0	2
East Grand RE-2	0	1	1	0	2
Fountain Fort Carson	0	1	0	2	3
Greeley Evans-6	0	0	3	0	3
Jeffco Schools	3	3	4	0	10
Lake County	0	1	2	0	3
Littleton District 6	0	0	1	0	1
Mapleton	0	4	0	0	4
Mesa County D51	0	7	3	0	10
Montrose County RE-1J	1	2	2	0	5
Mountain Valley RE-1	1	0	0	0	1
Pikes Peak BOCES	0	0	0	2	2
Poudre	0	5	0	0	5
Roaring Fork	0	2	0	0	2
Silverton	2	2	0	0	4
South Conejos	0	1	0	0	1
South Routt	0	0	1	0	1
Steamboat Springs	0	0	2	0	2
Swink	2	0	0	0	2
The Classical Academy	0	5	0	1	6
Valley RE-1	0	1	0	0	1
Vision Charter Acad	0	1	0	0	1
Woodland Park RE-2	0	1	1	0	2

TOTAL	Nurse	Counselor	Social Worker	Psych	Total
	24	65	41	10	140



### Cohort 5 (2019-22)

Chart 2: Percentages of SHPG funded roles in Cohort 5 (2019-20 Academic Year)





### **Grantees & Positions Funded**

The table below identifies the type of School Health Professionals (SHPs) hired in each school district to support students in Cohort 5 in grades kindergarten through 12.

**Table 2: SHPG Grantee Cohort 5 and School Health Professionals Funded by Position and Number of People Hired**

<u>Districts/Charters</u>	Nurse	Counselor	Social Worker	Psych	Total
Alamosa	0	2	0	0	2
Archuleta 50 JT	0	1	0	0	1
Bayfield	0	0	1	0	1
Boulder Valley	4	0	0	0	4
Canon City RE-1	0	3	0	0	3
Center 26 JT	1	2	0	0	3
Cherry Creek	0	2	0	0	2
Cripple Creek	1	1	0	0	2
CSI-Montessori del Mundo	0	0	1	0	1
CSI-Mountain MS	1	0	0	0	1
CSI-New America Schools	3	0	0	1	4
CSI-New Legacy	1	0	2	0	3
CSI-EC of Arvada	1	1	0	1	3
CSI-High Point Academy	0	1	0	0	1
CSI-Salida Montessori	0	1	0	0	1
Delta 50J	0	0	1	0	1
Delta Vision Charter Academy	0	2	0	0	2
Denver Public Schools	0	0	4	0	4
Douglas County Hope Online	1	2	0	0	3



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DPS-Downtown Expeditionary	0	0	0	2	2
DPS-Highline Academy Charter	0	1	1	1	3
DPS-RiseUp Community	0	1	0	0	1
Greeley Evans-6	0	0	3	0	3
Hayden	0	0	1	0	1
Lake County	0	1	1	0	2
Mesa County D51	0	0	1	0	1
Moffat	0	1	0	0	1
Montezuma Cortez	0	1	0	0	1
Montezuma Cortez Southwest Open School	0	1	0	0	1
Morgan	0	0	1	0	1
Pikes Peak BOCES	0	0	1	1	2
Poudre	0	4	0	1	5
Roaring Fork	0	3	0	0	3
Salida	0	3	0	0	3
St. Vrain Valley	2	0	0	0	2
South Routt	0	0	1	0	1
Steamboat Springs	0	0	2	0	2
Summit	0	0	2	0	2
Swink	0	2	0	0	2
Thompson	1	0	2	0	3
Weld	0	1	0	1	2



Woodland Park RE-2	0	0	3	0	3
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TOTAL	Nurse	Counselor	Social Worker	Psych	Total
	16	37	28	8	89

## School Health Professional Grant Implementation

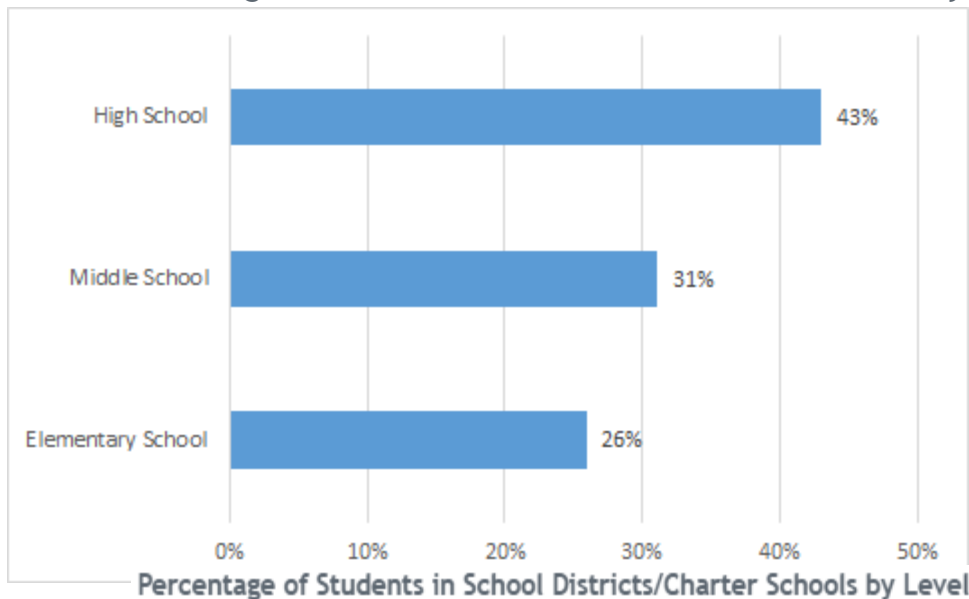
### Student Demographics

The following graphs outline the student demographic information for the SHPG cohort of students in school districts and charter schools for both the Cohort 4 grantees (2017-20) and the Cohort 5 grantees (2019-22).

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

Of the students from schools in school districts or charter schools in Cohort 4, 26 percent are elementary school students, 31 percent are middle school students and 43 percent are high school students.

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

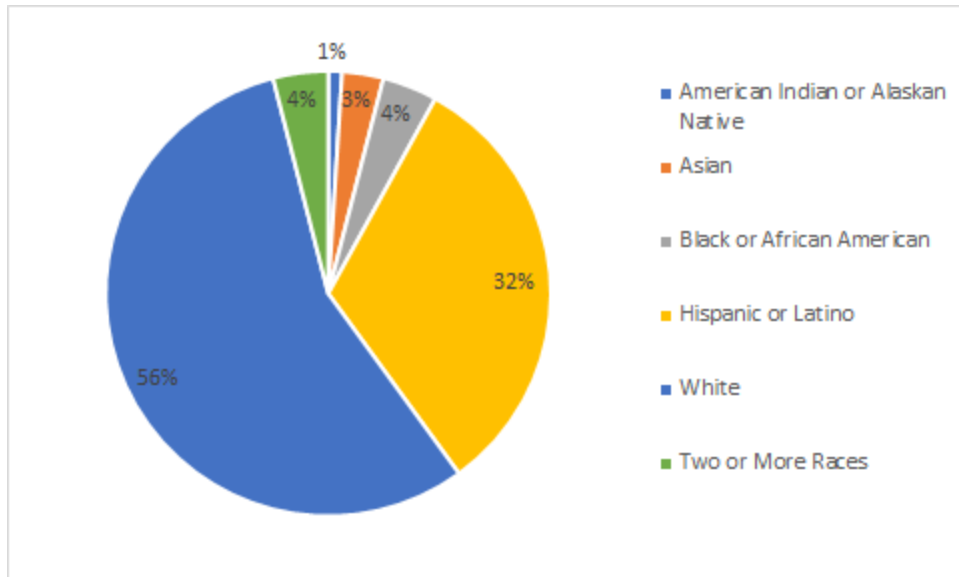


The student populations in funded school districts and charter schools in Cohort 4 were 56 percent White, 32 percent Hispanic, 4 percent Black or African American, 3 percent Asian, 1 percent



American Indian or Alaskan Native, and 4 percent of two or more races. Minority students make up 44 percent of the Cohort 4 student population.

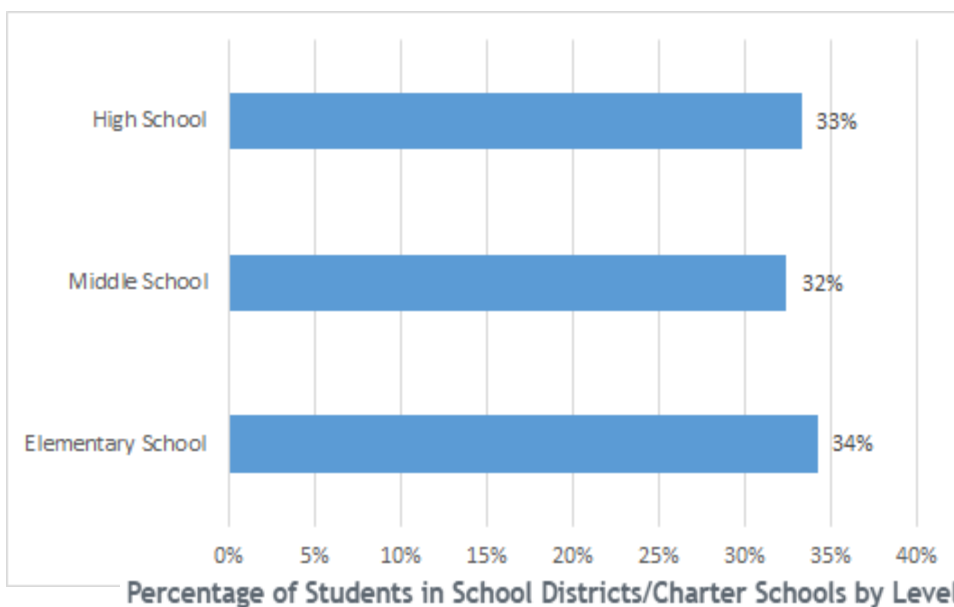
Chart 4: Student Race & Ethnicity in Cohort 4



### Cohort 5 (2019-22) Grade-level and Race/Ethnicity

Of the students from schools in districts and charter schools in Cohort 5, 34 percent are elementary, 32 percent are middle school students and 33 percent are high school students.

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

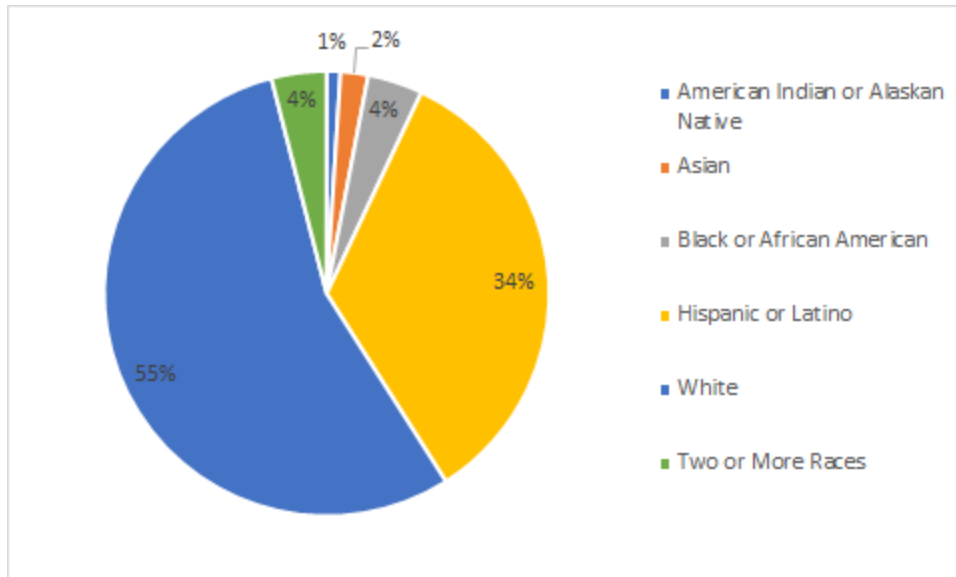


The student populations in funded school districts and charter schools were 55 percent White, 34 percent Hispanic, 4 percent Black or African American, 2 percent Asian, 1 percent American Indian or



Alaskan Native, and 4 percent of two or more races. Minority students make up 45 percent of the Cohort 5 student population.

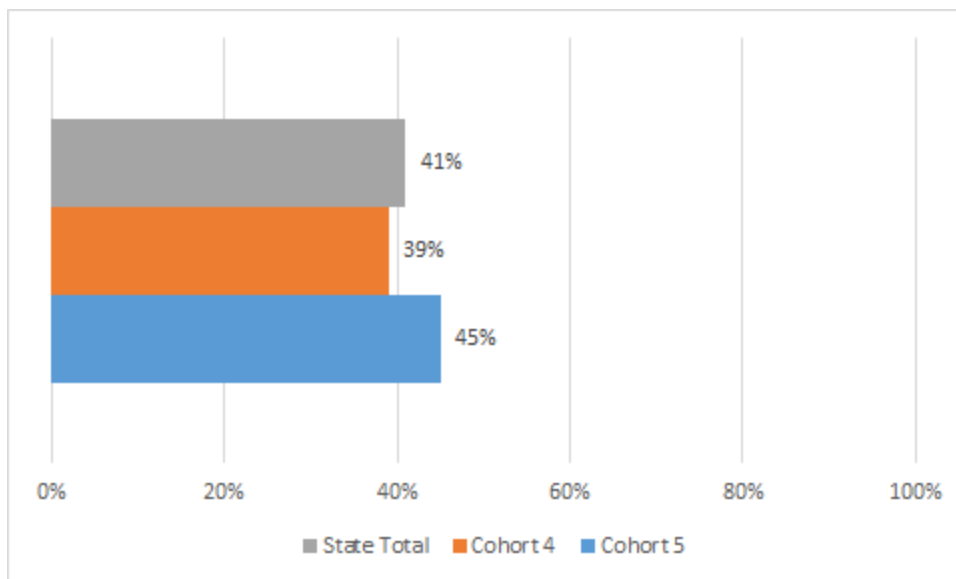
Chart 6: Student Race & Ethnicity



#### Other Data

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

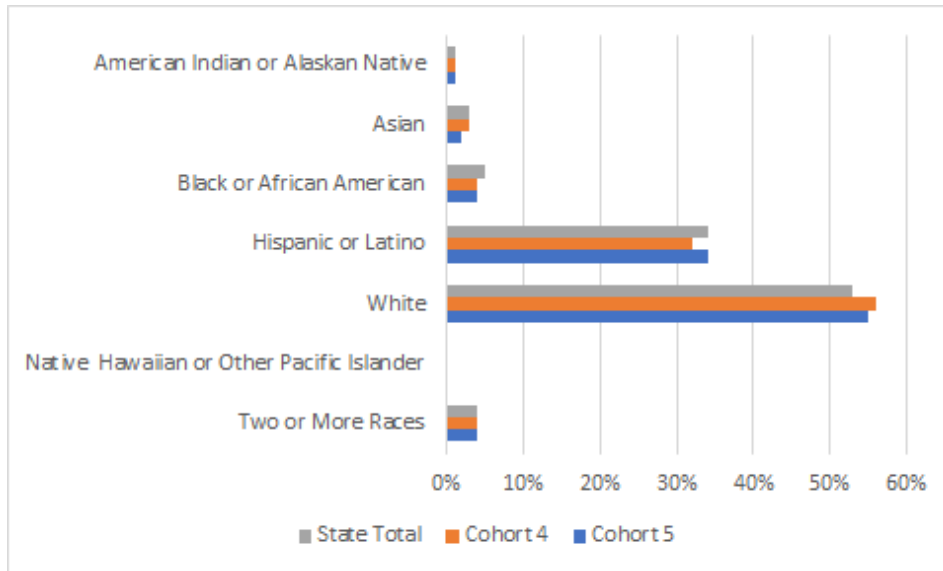
Chart 7: Percentage of Free/Reduced Lunch Students Compared to State Average







**Chart 8: Race/Ethnicity of Grantee Student Populations Compared to State Averages**



## Professional Development & Programs Implemented by Grantees

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

**Table 3: Professional Development Offered to Staff by Schools (Evidence-based/Promising Practices)**

Substance Abuse Prevention	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	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 COVID-19	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: Navigation the Year Ahead	Youth Mental Health First Aid Behavioral Health Suicide Prevention Sources of Strength Signs of Suicide Self-Harm & Suicide Education Safe2Tell	Referral Identification Alternatives to Suspension Health Referral Training Restorative Practices School Climate and Culture Education



**Table 4: Programs Implemented for Elementary and Secondary Students by Schools**

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

## Grantee Promising Practices

The following are statements submitted by project managers overseeing the SHPG from participating school 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. The initial Performance Measures were developed collaboratively in a Scorecard training by the Early Adopters of Cohort 4 in 2019. The Performance Measures were reviewed and finalized by all grantees and the SHPG team. Examples of performance measures that support the SHPG goals included:

- Percent of students who were referred to services and/or supports;
- Percent of students who received mental health/behavioral health instruction;
- Percent of students who received Tier 2 (progress monitoring and evidence-based interventions) supports in schools with SHPs; and
- Percent of school staff who 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).

### Rural District

#### Performance Measure:

**# of parents who report increase in knowledge or understanding of behavioral health and parenting**

The COVID-19 shutdowns in the Spring severely impacted our planned parent outreach and education opportunities. We attempted to compensate for this by having weekly phone outreach to the parents. Each instructional staff member was assigned 3-5 families and was responsible for reaching out every week for a 20-30 min parent phone check-in during the COVID-19 at home times in March-June. Staff that spoke Spanish reached out to the Spanish speaking parents. Staff checked in with parents each week with the initial goal of checking in on needed technical or academic



support. But the conversations quickly morphed into parent support calls with conversations around how to deal with changing student behaviors at home, struggles of being in the house for extended periods of time, ways to help deal with student frustrations, etc. These phone calls, for many parents, grew to be up to an hour in length as the time went on. 100% of our parents participated in these phone calls and these phone calls served to help the parents during a very trying time but also served to strengthen the trust and connection between the teachers and the parents.

In addition, we held Zoom parent support group meetings throughout April and May. The trauma-informed consultant we have worked with, along with the Non-Violent Communication facilitator, held these parent support groups which included separate sessions for elementary, middle School, and high school parents. Several of the sessions were conducted entirely in Spanish.

We clearly saw the value of connecting with parents during the COVID-19 shutdowns. We believe that our ability to keep 100% of K-12 students engaged in their academic studies while in virtual and remote learning was directly correlated to our ability to provide weekly conversations and support to the parents, even more so than our ability to remain connected with the students. The regular outreach created a way to support parents with tech and academic support while they were supporting their children at home, but it also provided a pathway for informal and regular communications about how to communicate with your child or suggestions on how to deal with difficult behaviors. The regular contact also provided the pathway for follow up and further encouragement over time. As the stay-at-home orders began to lift, teachers continued these conversations with parents through one-on-one walks or through physically distanced outside visits.

### **Urban Charter School**

#### **Performance Measure:**

**% of students who have an adult to go to for help with a serious problem**

Our school has a large student support staff, including individuals who work with students on behavior issues, attendance issues, academic issues, and general counselling. All of these individuals have been trained in trauma informed interventions, Restorative Practices and most in motivational interviewing techniques. While many students have been assigned to meet regularly with one or another of these individuals, all make themselves available on a walk-in basis. Surveys indicate that often unassigned students meet with one of these trusted individuals more than a dozen times throughout the year. Students are also required to meet with counselors quarterly. Consequently, most students have developed relationships with at least one adult at their school.



In addition, each of our schools operate Support Services Data Teams, where students are identified by staff as in need of personal, one-on-one attention. So, even those students who might not initially have an adult they feel they can go to still are served at the initiation of staff. Finally, many of these staff run after-school clubs, which provides another trust building vehicle.

What works:

- Restorative Practices have really helped build trust. All staff have been trained.
- Motivational Interviewing techniques have helped build trust. Most staff have been trained.
- Home Visits help build trust. This selected charter has at least two individuals per school dedicated to conducting home visits.
- Frequent contact with students from multiple staff builds trust. Several staff have caseloads of students with whom they meet regularly.
- Recreational activities build trust. Support staff is encouraged to suggest such activities to students.
- Support staff collaboration has been a hallmark of NAS trust building.
- Counteracting Implicit Bias training.

## Suburban School District

### Performance Measure:

**# of schools supported by SHP engaging in strategies for evidence-based school climate**

There are five schools in Poudre School District who are supported by counselors on the SHP grant. That in itself is a demonstration that these schools are invested in social and emotional learning, a focus that research has shown not only improves students' academic achievement but their prosocial behaviors. All 5 SHP-supported schools utilize PBIS strategies to promote and reward positive behaviors and contribute to school climate. Additionally, SHP counselors contribute to school climate initiatives and committees including MTSS committees, attendance committees, and contributing to high school pathway development.

As we all transitioned out from in-school learning and into the remote learning world, our roles became more important than ever. We began to see that our ability to be present for our staff and our families during this time of the pandemic has been a huge support and empowerment to many. There were several times that we needed to be creative with how to reach our families to teach social emotional learning AND to help with behavioral health at home. This new challenge presented us with needs that we may not have addressed in school. Our previous trainings, involvement in committees, and knowledge in climate and culture helped guide us in how to best



support our schools and families. In one case, there was a second grader who was not one to misbehave at school, in fact he was a "typical good" student, however at home, we learned quickly that mom didn't have many parenting skills to help support her son. Without a blink of an eye, we knew how to support mom in utilizing a behavior plan for him at home. We had great success and we began to see him get involved in remote learning and making better choices at home.

School climate is a big picture item, an all-school philosophy. Schools can achieve a healthy climate when, from top to bottom and side to side, all players understand that the safety, happiness, and health of students is a top priority. We are lucky to work in schools where that occurs.

## Lessons Learned

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

- Hiring enough qualified professionals, especially in rural districts;
- Creating sustainable community partnerships;
- Increasing family involvement;
- Securing continuation of funding for the school districts and charter schools; and
- Ensuring that SHPG grant goals align with goals of schools and districts.

Due to an increase of approximately \$3 million in funding beginning in the 2019-20 academic year, the SHPG expanded from 52 grantees to 86 grantees, once Cohort 5 was added to the existing Cohort 4 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 the capacity of staff at the state level, which allowed additional technical support, site visits, and professional development at the SHPG annual conference, training, and workshops until COVID-19 occurred. This created travel limitations and cancellations of professional development for schools, districts, and state offices.

However, in the spring of 2020 when the COVID-19 pandemic began, state budgets were reduced based on budget forecasts. As a result, the SHPG funding was reduced by \$2 million which impacted future funding for Cohort 6, which was scheduled to begin in Fall of 2020.

Due to the challenges schools faced at the beginning of COVID-19, the grant work plans that included professional development training and travel all had to be adjusted to ensure students and staff had what they needed to adapt to the new look of learning for the remainder of the 2019-20 school year. School leaders needed the accelerated support of SHPs and broader behavioral health teams to assist with resources, tools, and increased connections for students and staff. As staff and students



adjusted to remote learning and/or hybrid learning, teachers struggled to have consistent connections with students because of online limitations (i.e., access to devices, internet, etc.). It became imperative for SHPs to attempt home visits and increase phone calls, emails, and other forms of communication to continue those connections with students and families.

## Accomplishments

### Headline Performance Measures:

This data shows the impact of the SHPG funding for Cohorts 4 and 5. This provided an avenue for schools to offer students and staff additional professional development, services, support, and instruction.

- **16%** of students (27,465 students) were referred to services and/or supports;
- **86%** of students (148,957 students) received mental health/behavioral health instruction;
- **16%** of students (29,146 students) received Tier 2 (progress monitoring and evidence-based interventions) supports in schools with SHPs;
- **70%** of school staff (9,365 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:

The evaluation utilizes the Results-Based Accountability methodology, which measures the performance of programs, and Clear Impact Scorecards, a web-based software to conduct results based accountability. Many school districts and charters have not had enough (or any) mental and behavioral health support for many years. This grant has allowed the funded grantees a means by which to identify and track outcomes annually. These data show the entire program's results demonstrating the impact of the SHPG on students and staff. The eighteen performance measures for the evaluation of the SHPG are presented in the following table:

**Table 5: Performance Measures: 2019-20 Cohorts 4 and 5 SHPG Results**

<b>Student</b>	# of students referred to services and/or supports	27,465
	% of students referred to services and/or supports <sup>1</sup>	16%
	# of encounters with students referred to services and/or supports	83,936
	# of students who received substance abuse prevention training	76,545

<sup>1</sup> The denominator is the number of students from schools funded by the SHPG (CDE SchoolView Data Center). 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.



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	% of students who received substance abuse programming	44%
	# of students who received mental health/behavioral health instruction	148,957
	% of students who received mental health/behavioral health instruction	86%
	# of encounters with students who received mental health/behavioral health instruction	1,189,563
	# of students who increased knowledge of behavioral health	87,607
	% of students who increased knowledge of behavioral health	51%
	# of students who received Tier 2 supports in schools with SHPs	29,146
	% of students who received Tier 2 supports in schools with SHPs	17%
<b>Community &amp; Staff</b>	# of community-based partners/resources	1,746
	# of school staff that feel more confident to support the behavioral health needs of their students (e.g., signs/symptoms/interventions)	9,365
	% of school staff that feel more confident to support the behavioral health needs of their students (e.g., signs/symptoms/interventions)	70%

### Next Steps

During 2020-21, schools and districts 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 2019-20 data. CDE has provided the schools and districts ongoing training and technical support on the evaluation. The following performance measures will continue to be used to monitor the SHPG program:

- School and District Performance Measures:
  - Number of school health professionals by role (nurse, counselor, social worker, school psychologist) that are hired and/or remain on staff;
  - Programs implemented (evidence-based and promising practices);
  - Number of staff trained:
    - Professional development for SHPs; and
    - Professional development for school staff; and
  - Number of students served by the school health professional(s).

Additionally, the following indicators will be included for 2020-21 reporting. CDE staff working on the SHPG will consult with members of CDE’s Data Management Committee to obtain the data specific to students in the SHPG cohorts.

- Student Indicators:
  - Increase attendance and decrease truancy;



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- Decrease behavior incidents;
- Decrease drug-related behavior incidents;
- Decrease suspension/expulsion rates;
- Decrease dropout rates; and
- Increased graduation and completion rates.





## Conclusion

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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 school 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 concluded on June 30, 2019. Twenty-two districts were funded in this cohort and had 42.5 School Health Professionals to work in 61 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 for Cohort 3, \$2,195,492 was allocated to grantees annually from 2016-2019.

Cohort 4 received funding for a three year grant period, beginning in July 2017. Funding increased for this cohort by an additional \$9,123,471. This allowed grant dollars to be distributed to 44 school districts and charter schools throughout the state and 140 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 is used to enhance mid-year and end-of year reporting for all grantees and identifies additional outcome indicators and specific performance measures, such as:

- Percentage of students in each grade level receiving prevention education;
- Percentage of student behavioral referrals related to substance misuse (from CDE);
- Number of other grant programs in place to support student needs;
- Number of family and/or community outreach opportunities;
- Percentage of decrease in perception/use of substances and risky behavior and unhealthy choices; and
- Percentage of students indicating the presence of a trusted adult.

Cohort 5 received funding for a three year grant period, beginning in July 2019. CDE allocated \$5,203,269 in grant funds for this cohort, which included a \$3 million increase to grant distribution. The grant served 42 school districts and charter schools, which included 1 BOCES, 38 elementary schools, 36 middle schools, and 37 high schools, representing a total of 50,768 students. Grant funds were used to hire 89 school health professionals, which include 16 school nurses, 37 school counselors, 28 school social workers, and 8 school psychologists.



## 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:

- 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:

- 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:



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- 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.