



2020-2021 School Health Professional Grant Legislative Report

Submitted to:

The Education Committees of the Colorado Senate and House of Representatives

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Table of Contents

Executive Summary	3
Introduction	5
Program Purpose	5
Grant Goals	6
Program Implementation	6
Description of Program for 2020-21 School Year	6
Grant Application Process & Timeline	6
Colorado Map of Grantees Cohorts 5 and 6	8
School Health Professionals Funded	11
School Health Professional Grant Implementation	16
Professional Development & Programs Implemented by Grantees	16
Grantee Promising Practices	17
Lessons Learned	22
Accomplishments	23
Next Steps	24
Conclusion	25
Appendix A: Licensure Definitions	26



Executive Summary

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

When the SHPG Program began in 2014, the purpose was to improve prevention, early intervention, services and programs, 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 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 identified based on data such as the increased rate of suicide among youth in Colorado. (The rate of suicide for Colorado youth ages 15-19 increased from 12.6 deaths per 100,000 in 2014 to 21 deaths per 100,000 in 2019). Cohort 5 funding began July 1, 2019 and Cohort 6 funding began July 1, 2020, each with three years of funding.

Mid-March 2020 brought forth the most unique and challenging times with the beginning of the COVID-19 Pandemic. This historic period of time impacted the SHPG and every school in many ways including, but not limited to, inability to hire and/or retain staff, changes in job duties/roles of all staff (especially school nurses) to support COVID-19 efforts, inability to meet face-to-face with students for tiers 1-3 support, inability to find students, limited access to teaching staff that impacted both staff training and prevention education for students, and a new level of mental and behavioral health needs among students and staff as everyone was trying to cope with the daily changes that resulted from the pandemic.

History of SHPG Funding

Funding Cycle	Cohort	Annual Funded Amount	Number of Funded Grantees
2014	1	\$2,332,760	25
2015	2	\$2,154,094	20
2016-19	3	\$2,283,155	22
2017-20	4	\$9,123,471	41
2019-22	5	\$5,223,269	42
2020-23	6	\$6,386,315	26



This report focuses on Cohorts 4-6. Highlights from these three cohorts during the 2020-21 academic year include:

Cohort 4 (2017-20) plus No Cost Extension (NCE) year (2020-21) Highlights:

- 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. In its last full year of funding (2019-20), 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.
- The COVID-19 Pandemic impacted Cohort 4 from July 1, 2020- to June 30, 2021, creating a need for a No Cost Extension (NCE) year in 2020-21 with excess carryover/unobligated funds. \$533,522 was available for grantees to use as NCE funds.
- In 2020-21, these NCE funds were spent on a variety of supports for students, including curricula and mental/behavioral health platforms for students and professional development for staff. The NCE funded 17 districts, charter schools, and BOCES, consisting of 50,526 students at 29 elementary (including K-6) schools, 23 middle (including K-8 schools), and 29 high schools (including K-12 and Jr/Sr high schools).
- Of the students in the school districts and charter schools served by the grant in the academic year 2020-21, 23% were elementary school students, 36% were middle school students and 41% were high school students.

Cohort 5 (2019-22) Highlights:

- Colorado's General Assembly allocated \$5,223,269 in annual grant funds for SHPG during 2020-21.
- The grant served 42 school districts, charter schools, and BOCES, which included 39 elementary (or K-6) schools, 34 middle (or K-8) schools, and 36 high (or K-12 or 6-12) schools, a total of 50,909 students.
- Grant funds were used to hire 85 school health professionals, which included 15 school nurses, 25 school counselors, 37 school social workers, and 8 school psychologists.
- Of the students in the school districts and charter schools served by the grant, 25% were elementary school students, 31% were middle school students and 44% were high school students.
- The COVID-19 Pandemic impacted Cohort 5 from mid-March 2020 - June 30, 2021, creating higher than normal carryover/unobligated funds.



Cohort 6 (2020-2023) Highlights:

- Colorado’s General Assembly allocated \$6,386,315 in annual grant funds for SHPG during 2020-21.
- The grant served 26 school districts, charter schools, and BOCES, which included 29 elementary (including K-6) schools, 21 middle (or K-8) schools, and 45 high (or K-12 or 6-12) schools, for a total of 64,534 students.
- Grant funds were used to hire 68 school health professionals, which included 11 school nurses, 39 school counselors, 14 school social workers, and 4 school psychologists.
- Of the students in the school districts and charter schools served by the grant, 15% percent are elementary school students, 15% percent are middle school students and 70% percent are high school students.
- The COVID-19 Pandemic impacted Cohort 6 from July 1, 2020-June 30, 2021, the first year of the grant cycle.

A mixed-methods data approach continued for this report to support ongoing data collections from the grantees that would be useful to them without being too much of 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 a comprehensive story of their accomplishments and barriers.

Introduction

Originally, 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 C.R.S. 22-96-101 notes that the legalization of retail marijuana in the state of Colorado may increase the availability of marijuana to underage youth. The law states that, “Marijuana use by minors can have immediate and lasting health implications, and many youth who engage in substance use or misuse develop or have underlying behavioral health needs.” C.R.S. 22-96-101(1)(f). School health professionals are in a unique position to educate, assess, and refer youth who have 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 for the implementation of evidence-based programming on behavioral health education; and
- Develop screening for early identification practices and referrals for students.

Program Implementation

Statute allowed grantees to use grant funding for the following:

- Implementing evidence-based curriculum to provide substance use prevention and behavioral health education;
- Utilizing substance use and behavioral health screening tools;
- Conducting early identification and intervention for at-risk students with substance use and/or behavioral health needs;
- Developing individual counseling opportunities and/or support groups;
- Enhancing collaborative health partnerships within the community;
- Engaging families to support student needs; and
- Applying the Behavioral Health Framework to support tiers of varying student needs.

Description of Program for 2020-21 School Year

Cohort 6 (2020-2023) Grant Application Process & Timeline

Cohort 5 was already funded through a competitive grant application process prior to the year this report addresses.

CDE invited eligible applicants to apply in 2020 for Cohort 6 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).



Available grant funding was distributed to education providers on behalf of school(s) based on the demonstration of the following priority considerations:

- Need for additional school health professionals, demonstrated by data regarding marijuana use and behavioral health needs of students;
- Descriptions of school climate;
- Availability, usage, and attitudes of students and community towards drugs and alcohol;
- Increases in disciplinary action related to substance use;
- Development/existence of a successful school health team in education provider's school(s);
- Education provider's emphasis and commitment to implement evidence-based programs and strategies. "Evidence-based" is defined as programming and strategies that evaluation research has shown to be effective. For the purposes of this grant, promising and best practices should be identified as such;
- Likelihood that the education provider will continue to fund the increases in the level of school professional services following expiration of the grant; and
- Amount of the matching funds (10% minimum required) that the education provider can commit.

Statute requires grant recipients to report the number of school health professionals hired using grant funds and a list and explanation of the services provided using grant resources. Beginning in the academic year 2019-20, grant applications and reporting were designed to limit administrative burden on applicants and recipients, per Senate Bill 19-010 amending the Behavioral Health Care Professional Matching Grant Program statute.

With the new funding cycle for Cohort 6 during the 2020-21 Academic Year (AY), 26 grantees were awarded a total of \$6,386,315, which was \$2M less than anticipated due to a budget shortfall caused by the COVID-19 pandemic. The RFP was released in January 2020. After the initial impact of COVID-19 across the state and a pause on the RFP process, the application was reopened and extended with a new deadline of Thursday, July 16, 2020.

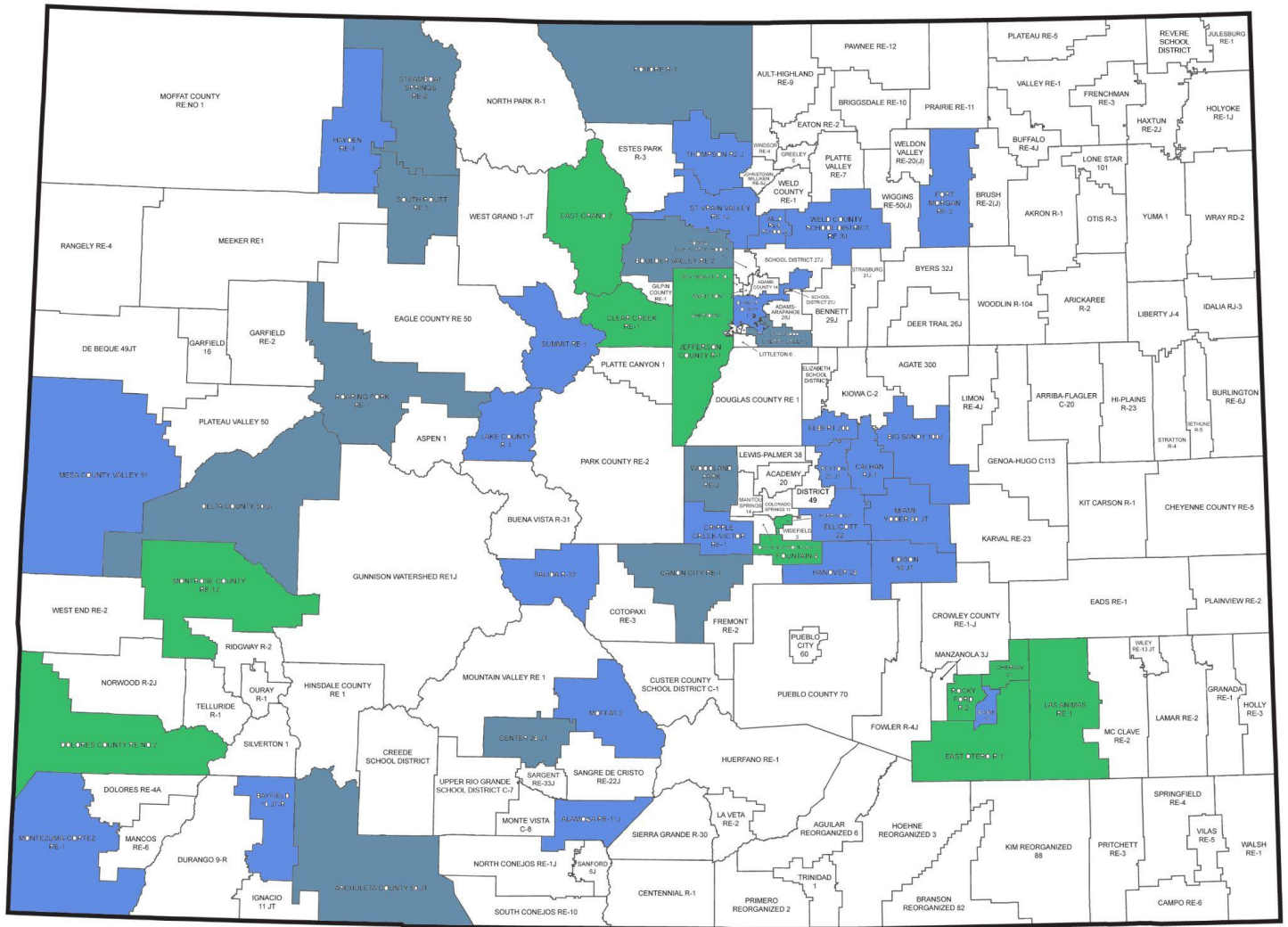


Colorado Map of Grantees Cohorts 5 and 6

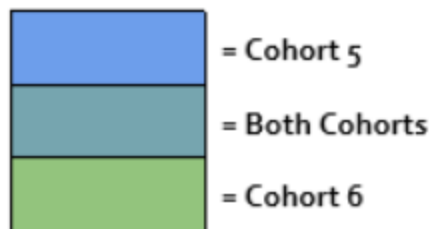
The maps below highlight the 68 funded school districts (including BOCES) and charter schools for Cohorts 5 and 6 during the 2020-21 academic year. Where districts and schools were part of both cohorts, the funded efforts are distinct.

Map 1: Cohorts 5 & 6 Funded School Districts

Colorado School District Map



Produced by the Colorado Department of Education - July 2019





Map 2: Cohort 5 & 6 Funded Charter Schools

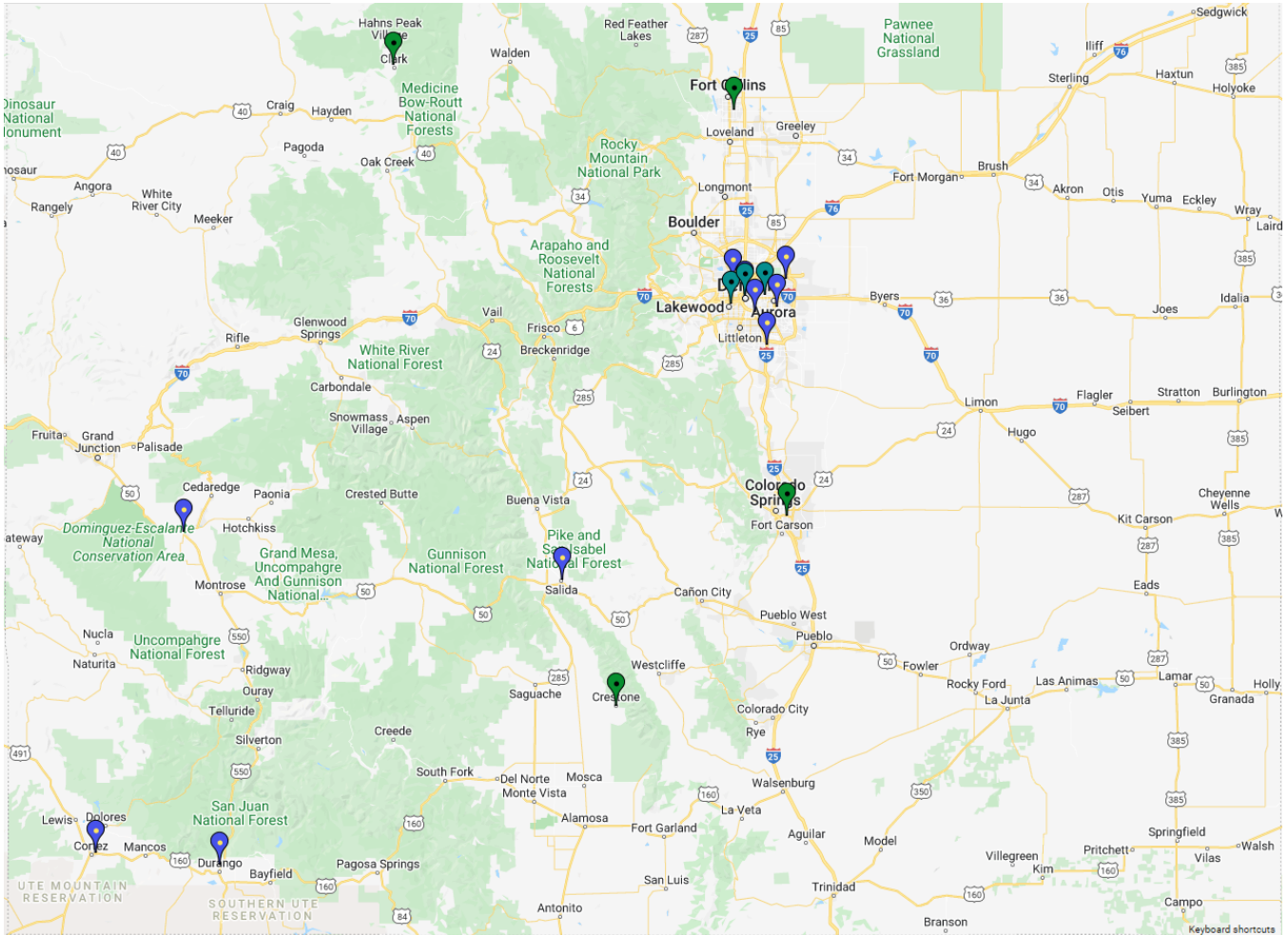


Figure 1: Percentage of Grantees From Each Cohort and Number of Grantees Per Cohort

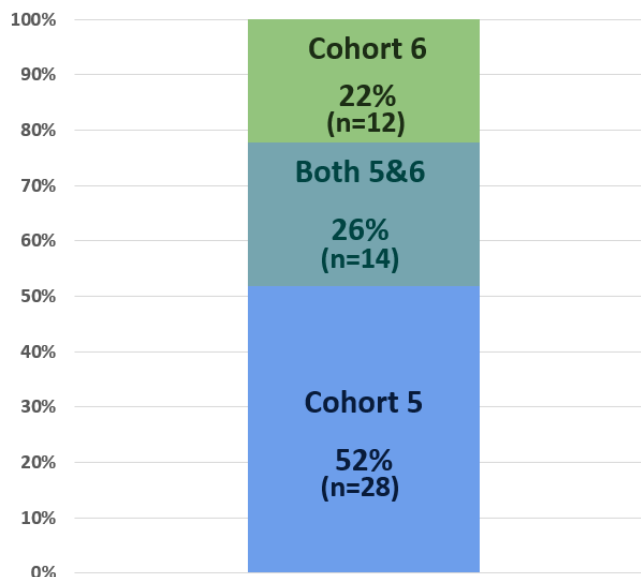
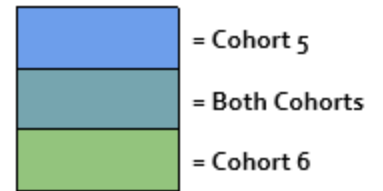




Table 1: Designation of Cohort Participation by Grantee

Districts/Charter Schools/BOCES	Cohort	
	5 (2019-22)	6 (2020-23)
Alamosa RE-11J	Blue	
Archuleta County 50 JT	Teal	Teal
Bayfield 10 JT-R	Blue	
Boulder Valley RE-2	Teal	Teal
Canon City RE-1	Teal	Teal
Center Consolidated School District 26 JT	Teal	Teal
Cherry Creek School District 5	Teal	Teal
Clear Creek RE-1		Green
Cripple Creek-Victor	Blue	
CSI-Montessori del Mundo	Blue	
CSI-Early College of Arvada	Blue	
CSI-Early College of Ft. Collins		Green
CSI-High Point Academy	Blue	
CSI-Mountain Middle School	Blue	
CSI-New America School	Teal	Teal
CSI-New Legacy Charter	Teal	Teal
CSI-Salida Montessori	Blue	
Delta County 50J	Teal	Teal
Delta County 50J--Vision Charter Academy	Blue	
Denver Public Schools	Blue	
Dolores RE-4A		Green
Douglas County HOPE Online Learning Academy	Blue	
DPS-Downtown Denver Expeditionary	Teal	Teal
DPS-Highline Academy	Blue	
DPS-RiseUp Community School	Blue	
East Grand 2		Green
Fountain- Fort Carson 8		Green
Greeley-Evans 6	Blue	
Harrison School District 2		Green
Harrison School District-Atlas Prep School		Green
Hayden RE-1	Blue	
Jefferson County R-1		Green
Lake County R-1	Blue	
Mesa County Valley 51	Blue	





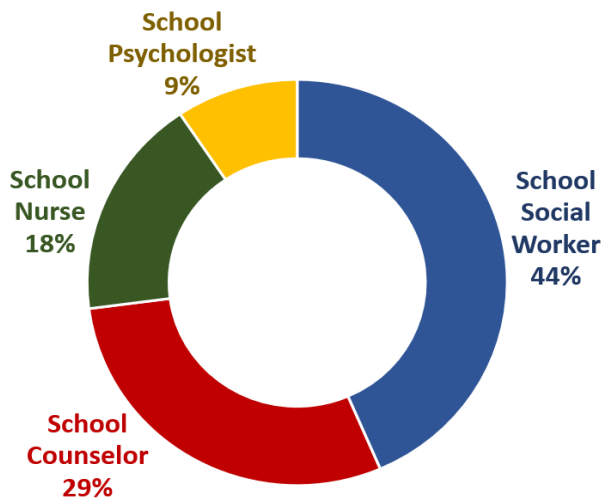
Moffat 2	Blue	
Moffat 2- Crestone Charter School		Green
Montezuma-Cortez	Blue	
Montezuma-Cortez Southwest Open School	Blue	
Montrose County RE-1J		Green
Morgan County	Blue	
Pikes Peak BOCES	Blue	
Poudre R-1	Teal	Teal
Roaring Fork RE-1	Teal	Teal
Salida School District R-32	Blue	
Santa Fe Trail BOCES		Green
South Routt RE-3	Teal	Teal
St. Vrain Valley RE 1J	Blue	
Steamboat Springs RE-2	Teal	Teal
Steamboat Springs-North Routt Charter		Green
Summit	Blue	
Swink School District 33	Blue	
Thompson School District	Blue	
Weld RE- 5J	Blue	
Woodland Park RE-2	Teal	Teal

School Health Professionals Funded

The tables and charts below show the roles that were hired through the grant funding for the 2020-21 academic year, reported separately for Cohort 5 and Cohort 6. The roles hired under the grant are school nurses, school counselors, school social workers and school psychologists. See Appendix A for details.

Cohort 5 (2019-22)

Figure 2: Percentages of SHPG Funded Roles in Cohort 5 (2020-21 Academic Year)





2020-2021 School Health Professional Grant Legislative Report 12

Table 2: School Health Professionals Funded for Each Grantee in Cohort 5 by Position and Number of People Hired

<u>Districts/Charter Schools/BOCES</u> <u>(42 grantees)</u>	<u>School</u> <u>Nurse</u>	<u>School</u> <u>Counselor</u>	<u>School</u> <u>Social</u> <u>Worker</u>	<u>School</u> <u>Psych</u>	<u>Total</u>
Alamosa RE-11J	0	2	0	0	2
Archuleta County 50 JT	0	1	0	0	1
Bayfield 10 JT-R	0	1	0	0	1
Boulder Valley RE-2	4	0	0	0	4
Canon City RE-1	0	3	0	0	3
Center Consolidated School District 26 JT	0	1	0	0	1
Cherry Creek School District 5	0	0	2	0	2
Cripple Creek-Victor	1	1	0	0	2
CSI-Montessori del Mundo	0	0	2	0	2
CSI-Early College of Arvada	1	2	0	1	4
CSI-High Point Academy	0	1	0	0	1
CSI-Mountain Middle School	1	0	0	0	1
CSI-New America School	3	0	0	1	4
CSI-New Legacy Charter	1	0	2	0	3
CSI-Salida Montessori	0	1	0	0	1
Delta County 50J	0	0	1	0	1
Delta County 50J--Vision Charter Academy	0	0	1	0	1
Denver Public Schools	0	0	4	0	4
Douglas County HOPE Online Learning Academy	1	2	0	0	3
DPS-Downtown Denver Expeditionary	0	0	0	2	2
DPS-Highline Academy	0	1	1	1	3
DPS-RiseUp Community School	0	1	0	0	1
Greeley-Evans 6	0	0	3	0	3
Hayden RE-1	0	0	1	0	1



2020-2021 School Health Professional Grant Legislative Report 13

<u>Districts/Charter Schools/BOCES (42 grantees)</u>	<u>School Nurse</u>	<u>School Counselor</u>	<u>School Social Worker</u>	<u>School Psych</u>	<u>Total</u>
Lake County R-1	0	1	1	0	2
Mesa County Valley 51	0	0	1	0	1
Moffat 2	0	0	1	0	1
Montezuma-Cortez	0	1	0	0	1
Montezuma-Cortez Southwest Open School	0	1	0	0	1
Morgan County	0	0	1	0	1
Pikes Peak BOCES	0	0	1	1	2
Poudre R-1	0	0	5	1	6
Roaring Fork RE-1	0	0	1	0	1
Salida School District R-32	0	3	0	0	3
South Routt RE-3	0	0	1	0	1
St. Vrain Valley RE 1J	2	0	0	0	2
Steamboat Springs RE-2	0	0	2	0	2
Summit	0	0	1	0	1
Swink School District 33	0	1	0	0	1
Thompson School District	1	0	2	0	3
Weld RE- 5J	0	1	0	1	2
Woodland Park RE-2	0	0	3	0	3
TOTAL	15	25	37	8	85



Cohort 6 (2020-23)

Figure 3: Percentages of SHPG funded roles in Cohort 6 (2020-21 Academic Year)

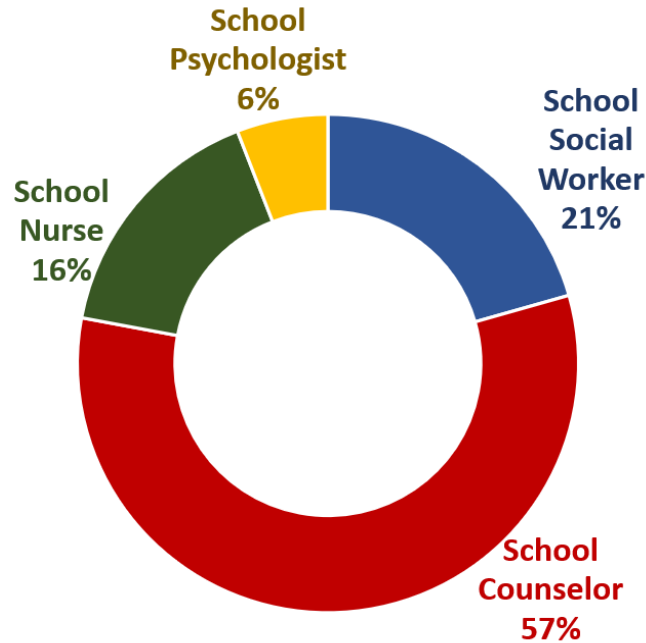


Table 3: School Health Professionals Funded for Each Grantee in Cohort 6 by Position and Number of People Hired

<u>Districts/Charter Schools/BOCES</u> <u>(26 grantees)</u>	<u>School</u> <u>Nurse</u>	<u>School</u> <u>Counselor</u>	<u>School</u> <u>Social</u> <u>Worker</u>	<u>School</u> <u>Psych</u>	<u>Total</u>
Archuleta County 50 JT	0	2	0	0	2
Boulder Valley RE-2	4	3	0	0	7
Canon City RE-1	0	6	0	0	6
Center Consolidated School District 26 JT	0	1	0	0	1
Cherry Creek School District 5	0	0	1	0	1
Clear Creek RE-1	0	1	0	0	1
CSI-Early College of Ft. Collins	0	0	0	1	1
CSI-New America School	1	0	0	1	2
CSI-New Legacy Charter	0	1	1	1	3
Delta County 50J	0	0	1	0	1
Dolores RE-4A	0	2	1	0	3



2020-2021 School Health Professional Grant Legislative Report 15

DPS-Downtown Denver Expeditionary	0	0	1	0	1
East Grand 2	1	1	1	0	3
Fountain- Fort Carson 8	1	2	0	0	3
Harrison School District 2	0	2	0	0	2
Harrison School District-Atlas Prep School	1	1	0	0	2
Jefferson County R-1	0	10	1	0	11
Moffat 2- Crestone Charter School	0	1	0	0	1
Montrose County RE-1J	1	1	1	0	3
Poudre R-1	0	3	0	0	3
Roaring Fork RE-1	0	2	0	0	2
Santa Fe Trail BOCES	2	0	0	0	2
South Routt RE-3	0	0	1	0	1
Steamboat Springs RE-2	0	0	2	1	3
Steamboat Springs-North Routt Charter	0	0	1	0	1
Woodland Park RE-2	0	0	2	0	2

TOTAL	School Nurse	School Counselor	School Social Worker	School Psych	Total
	11	39	14	4	68



School Health Professional Grant Implementation

Professional Development & Programs Implemented by Grantees

The information below is self-reported from schools 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.

Professional Development Offered to Staff by Schools (Evidence-based/Promising Practices)

Substance Use and Misuse Education	Behavioral Health	Social & Emotional Learning	Suicide Education	Referral Training
IThrive Program Prescription Drug Abuse Training Life Skills Marijuana Education from RMC Substance Abuse & Coping Skills The Impact of THC on the Developing Brain Youth and Marijuana Toward No Drug Abuse Marijuana Education Initiative Opioid Training	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: Navigating the Year Ahead Grief and Loss Training Restorative Practices School Climate and Culture Education	Youth Mental Health First Aid Behavioral Health Suicide Prevention Sources of Strength Signs of Suicide Self-Harm & Suicide Education Safe2Tell Question, Persuade, Refer (QPR)	Referral Identification Alternatives to Suspension Health Referral Training



Programs Implemented for Elementary and Secondary Students by Schools

Substance Use and Misuse Education	Behavioral Health	Social & Emotional Learning	Suicide Education	Health Screening Tools
Life Skills Toward No Drug Abuse Marijuana Education Initiative Motivational Interviewing Guiding Good Choices (for families) Teen Intervene	Teen Assist Think First Dare You To Move Screenagers/Like Cognitive Behavioral Therapy (CBT)	The Great Body Shop Project Success Second Step The Incredible Years Coping Cat Learning to Breathe Gay Straight Alliance Expect Respect Why Try Positive Action Restorative Practices Trauma Informed Instruction	Coping and Support Training (CAST) Sources of Strength Signs of Suicide Safe2Tell	Screening, Brief Intervention, and Referral to Treatment (SBIRT) Behavior Intervention Monitoring Assessment-2 (BIMAS2) Behavioral and Emotional Screening System (BESS) FastBridge/SAEBRS (Social, Academic, and Emotional Behavior Risk Screener) Strengths and Difficulties (SDQ) Car, Relax, Alone, Forget, Family/Friends, Trouble (CRAFT) National Outcome Measures (NOMs)

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 and reflections on barriers that lead to achievement of the performance measures. Excerpts were selected by SHPG team members based on quality narrative, a focus on a variety of performance measures, and variety in size of grantee (rural, urban, suburban, charter). The initial performance measures that were used in this evaluation process were developed collaboratively in a Scorecard training by the early adopters of Cohort 4 in 2019 and have been enhanced with Cohorts 5 & 6. The performance measures were reviewed and finalized by all grantees and the SHPG team. In addition to the performance measures that are cited below, other 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 a mental health crisis and interventions that are available).



Poudre School District

Performance measure: Number of students referred to Tier 3*** services and/or supports (n=41 for the entire school year)

There were 23 students referred to Tier 3*** services/ support between Rocky Mountain High School, Poudre High School and Fort Collins High School for the second half of the year. COVID has had an impact on the number of students who were referred to Tier 3*** services and supports. We started off virtually, therefore, the number of students referred have decreased since we didn't have in person learning happening. Another challenge we encountered was typically students are referred due to violating the code of conduct by using substances/alcohol while on campus or attending class either virtually or in person and a barrier we have come across are students are not having their cameras on and so if they are using, they are most likely doing so in their homes, with their cameras off, and aren't self-referring. Additionally, while students are in the building the expectation is to be masked and have their nose and mouth covered at all times, making it more difficult to use/misuse alcohol and substance while in the building or in class. We are anticipating new trends of use and students taking creative measures to use while on campus.

*****MTSS Tier 3 - Intensive Individualized Interventions**

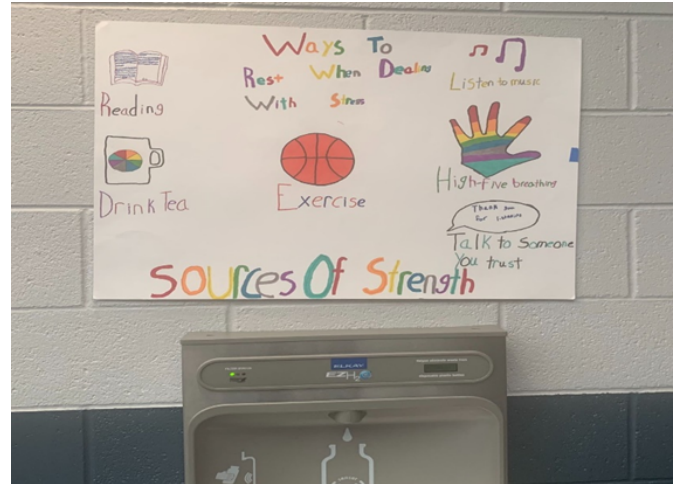
The supports implemented for students not responding to Tier 2 supports or who demonstrate a more intense need. Tier 3 supports provide more frequent, intense, and individualized interventions. Usually, districts expect to see 1-5% of students in Tier 3.

*****See full MTSS definitions below**

Boulder Valley Schools

Performance measure: Number of professional development activities regarding behavioral health and substance abuse prevention for school professionals, faculty, and staff (n=48)

This year has been proven to be a year of growth, learning, and adapting. Because of this, many of our SHP's have taken the opportunities to always be learning from those all around the region, state, country, and world to navigate the pandemic crisis before us. Additionally, we are continuing to grow the amount of people that are trained in Sources of Strength to expand the program at all levels. We were successful in having 6 staff members across elementary, middle, and district be trained in this element of the program to continue growth and reach students more than ever around mental and behavioral health. Collectively, staff was able to learn ways to engage with students virtually in a time where students may feel very isolated.



Additionally, trainings were attended around the implementation of several SEL programs and curriculums as well as trauma-informed training. All of which were vital skills acquired in addressing the immediate needs of everyone during the fall.

Because of the large number of nurses on the grant and being on the frontlines to help guide students, families, and staff through the ever changing-covid protocols, many of them took opportunities to learn the latest on this virus and spend direct time communicating with all those previously mentioned, in guiding their behaviors to increase and optimize the health outcomes for the whole community.

Santa Fe Trail BOCES

Performance measure: Number of parents who report increase in knowledge or understanding of behavioral health and parenting

Due to COVID restrictions and quarantines, we were not able to begin our parent and family engagement activities. Unfortunately, the activities we had planned to do for the 2020-2021 year were not COVID compliant activities. Our team attempted to figure out remote ways to do outreach educational opportunities for parents and families; however, we were not able to find other options. Another factor that prevented us from collecting data on this performance measure,



is that parents had enough on their plates dealing with remote learning, illness, and quarantines so even if we had COVID compliant options, we are not sure how many parents would be able to add another thing to their plate to participate. We are enlisting the assistance of a graduate student intern, who has studied and researched community and family engagement and collaboration, to expand our resources and knowledge about parent outreach activities we can offer regardless of COVID restrictions.

The Graduate School Intern will be working with us for three months, creating plans we will implement during the 2021-2022 year in regard to engaging parents, families and community partners. The SHP team and Intern will start with our existing plans, such as the Strengthening Families program, and decide if there is a way to offer it remotely if needed. The Intern will also develop other plans and activities that fit our population, and that can be offered both in-person and virtual. The SHP team will meet at the beginning of the 2021-2022 year to review and create an action plan with timelines, indicating what activities and outreach programs will be offered where and when during the 2021-2022 year.

Harrison School District-Atlas Prep

Performance measure: Number of parents who report increase in knowledge or understanding of behavioral health and parenting (n=18)

Atlas Preparatory Community and Mental Health Teams collaborated to put together the event called Family University****. Family University was a series of workshops, hosted every other week focusing on mental health and wellbeing.

We had to limit the number of families in attendance due to COVID19.

The Mental Health Team is proud that we put together Family University during these challenges and that families returned for more and new information.

****Dani Jenkins, Middle School Counselor, suggested the name of Family University to be inclusive of the different family structures.

The Mental Health Team came up with topics and reviewed them to provide Spanish translation.



Center Consolidated Schools

Performance measure: Number of students who received Tier 1* services or substance abuse prevention and/or mental health/behavioral health instruction (n=305)



Prior to school starting for the 2020-2021 school year, we were not sure how we would begin classes. We were able to start in a hybrid model. This required a lot of work to get kids' technology in their hands, get them WIFI and teach them and their parents how to access resources. We also went fully online for a while and that pushed us to connect in any way possible to kids that did not show up virtually. However, it was imperative that the students had the support as well as the SEL consistently provided. This was done by video, ZOOM, and at times via telephone or face to face visits (physically distanced and outside of course).

At the close of the 20-21 school year, we found that constant communication with parents and students via many avenues (i.e., Facebook, school website, mass texts, paper handouts, as well as our new school app) helped us maintain a school year that started modified face to face, then was fully online, then back modified face to face, and ultimately ended up all elementary students face to face 4 days a week. Ultimately despite a few hiccups, all students were given the opportunity to continue 2-4 time a week 30-minute SEL lessons.

MTSS- Multi-Tiered System of Supports

MTSS is a prevention-based framework of team-driven data-based problem solving for improving the outcomes of every student through family, school, and community partnering and layered continuum of evidence-based practices applied at the classroom, school, district, region, and state level. (From CDE Terms and Definitions)

*MTSS Tier 1 - Universal Instruction

The high-quality classroom instruction that all students receive. This tier encompasses best practices, differentiated instruction, and is constantly refined by what is working at MTSS Tier 2 and MTSS Tier 3. Typically, districts aim to see 80-90% of students in MTSS Tier 1.

**MTSS Tier 2 - Targeted, Group Interventions

The evidence-based supports provided to students who are identified as struggling. Tier 2 interventions are typically implemented in small group settings, based on a similar need identified through assessment and for the sake of systematic efficiency.

***MTSS Tier 3 - Intensive Individualized Interventions

The supports implemented for students not responding to Tier 2 supports or who demonstrate a more intense need. Tier 3 supports provide more frequent, intense, and individualized interventions. Usually, districts expect to see 1-5% of students in Tier 3.



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;
- Ensuring that SHPG grant goals align with goals of schools and districts; and
- Retaining licensed staff during the pandemic when this work became as tough as it ever has been with added demands of the job due to COVID-19.

With new funding for Cohort 6 during the 2020-21 Academic Year (AY), 26 grantees were awarded a total of \$6,386,315. This brought the number of grantees to 68 for Cohorts 5 & 6. This new Cohort 6 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.

Due to the \$2M shortfall in the SHPG program, the capacity of staff at the state level, which provides technical support, site visits, and professional development, training, and workshops. COVID-19 put a halt to the annual conference and any in-person site visits, training or workshops. This created cancellations of professional development for schools, districts, and state offices. Despite the budget shortfall, SHPG staff partnered with other CDE grant programs to provide high-quality virtual trainings to increase technical support visits with grantees throughout the year.

Due to the challenges schools faced at the beginning of COVID-19 in March of 2020, 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 2020-21 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. Staff were pulled in various directions to provide the necessary support to keep schools open. This created a burden and staff burnout was becoming very evident by the end of the school year.



Accomplishments

Achievement on Key Performance Measures:

This data shows the impact of the SHPG funding for Cohorts 4, 5 and 6, which provided an avenue for schools to offer students and staff additional professional development, services, support, and instruction.

- **12%** of students (20,491 students) were referred to Tier 3 services and/or supports;
- **19%** of students (32,291 students) received Tier 2 (progress monitoring and evidence-based interventions) supports in schools with SHPs;
- **73%** of students (120,590 students) received mental health/behavioral health instruction;
- **67%** of school staff (8,092 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).

Achievement on All Performance Measures:

The evaluation for this program 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. 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. Fourteen of the performance measures for the evaluation of the SHPG are presented in the following table:

Table 5: Performance Measures: 2020-21 Cohorts 4, 5 and 6 SHPG Results

Bucket	Performance Measure	Result
Student	# of students referred to Tier 3 services and/or supports	20,491
	% of students referred to Tier 3 services and/or supports ¹	12%
	# of encounters with students referred to Tier 3 services and/or supports	32,301
	# of students referred to Tier 2 services and/or supports	32,291
	% of students referred to Tier 2 services and/or supports	19%
	# of encounters with students referred to Tier 2 services and/or supports	41,092
	# of students who received Tier 1 mental health/behavioral health instruction	120,590

¹ The denominator (165, 696) is the number of students from schools funded by the SHPG (CDE SchoolView Data Center) across all three cohorts. 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.



2020-2021 School Health Professional Grant Legislative Report 24

	% of students who received Tier 1 mental health/behavioral health instruction	73%
	# of encounters with students who received Tier 1 mental health/behavioral health instruction	334,946
	# of students who increased knowledge of behavioral health	101,984
	% of students who increased knowledge of behavioral health	58%
Community & Staff	# of community-based partners/resources	1,312
	# of school staff that feel more confident to support the behavioral health needs of their students (e.g., signs/symptoms/interventions)	8,092
	% of school staff that feel more confident to support the behavioral health needs of their students (e.g., signs/symptoms/interventions)	67%

Next Steps

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 (school nurse, school counselor, school social worker, school 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 2021-22 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;
 - Decrease behavior incidents;
 - Decrease drug-related behavior incidents;
 - Decrease suspension/expulsion rates;
 - Decrease dropout rates; and
 - Increased graduation and completion rates.

Despite a very challenging 2020-21 academic year, grantees continued to work hard to overcome barriers and to provide the best possible support to students and staff. Moving forward into the 2021-22 academic year, with COVID-19 still a daily reality, CDE staff continued to provide resources



and tools to reconnect students, staff, and community to the ever-changing guidelines and protocols recommended to keep students engaged and connected to school.

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 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 use and behavioral healthcare services. Additionally, this allowed for an increase in direct services provided to students. Cohort 3 allocated \$2,195,492 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 receiving Tier 1 services or substance abuse prevention and/or mental health/behavioral health instruction;
- Percentage of students at each grade level referred to Tier 2 or Tier 3 supports;
- Percentage of students indicating the presence of a trusted adult;
- Percentage of student behavioral referrals related to substance use (from CDE);
- Number of schools adopting evidence-based behavioral health programs and strategies for evidence-based school climate; and
- Number of family and/or community outreach opportunities.



Cohort 5 received funding for a three year grant period, beginning in July 2019. CDE allocated \$5,223,269 in grant funds for this cohort annually, which included a \$3 million increase to grant distribution.

During the 2020-21 academic year, Cohort 5 served 42 school districts and charter schools, and 1 BOCES which included 39 elementary (or K-6) schools, 34 middle (or K-8) schools, and 36 high (or K-12 or 6-12) schools, a total of 50,909 students. Grant funds were used to hire 85 school health professionals, which included 15 school nurses, 25 school counselors, 37 school social workers, and 8 school psychologists.

New in the academic year 2020-21 was Cohort 6 funding that went into effect on July 1, 2020. The SHPG allocated \$6,386,315 in annual grant funds. This cohort served 26 school districts, charter schools, and BOCES, which included 29 elementary (including K-6) schools, 21 middle (or K-8) schools, and 45 high (or K-12 or 6-12) schools, for a total of 64,534 students. Cohort 6 grant funds were used to hire 68 school health professionals, which included 11 school nurses, 39 school counselors, 14 school social workers, and 4 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 DORA-licensed mental health professionals licensed pursuant to article 43 of title 12, C.R.S.

School Counselor:

- Has demonstrated commitment to the school counseling 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:

- 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.