COLORADO
Department of Education

# 2022-2023 School Health Professional Grant Legislative Report

Submitted to:

**The Education Committees of the Colorado Senate and House of Representatives**

By:


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July 2024


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# Executive Summary

Colorado Senate Bill 14-215 established the School Health Professional Grant (SHPG) Program. Effective August 14, 2014, the Behavioral Health Care Professional Matching Grant Program (C.R.S. 22-96-101 through 22-96-105) provides matching grants to education providers to enhance the presence of school health professionals (school nurses, school counselors, school social workers and school psychologists) and facilitate better screening, education, and referral care coordination for students with substance abuse and other behavioral health needs. Six cohorts of Local Education Providers (LEPs) have received SHPG funding since the inception of the grant program; only two of those cohorts (5 and 6) received funding in the 2022-23 school year.

## School Health Professionals Hired

A total of 192 school health professionals (SHPs) were hired with the use of SHPG grant funding in the 2022-23 school year. As has been true in previous years, school counselors and school social workers were hired more frequently than school nurses and school psychologists.

Local Education Provider (LEP)-employed, grant-funded SHPs supported a total of 248 unique schools (13% of all Colorado schools) that served a total of 149,829 students (17% of all Colorado students) (although, not all students in all grant-funded schools received direct services funded by the grant). Sixty-three percent of these students were in high school grades (9-12), 21% in middle school grades (6-8) and 16% in elementary grades (K-5).

Although the number of SHPs hired represents a slight increase as compared to 2021-22 (when 186 SHPs were hired), grantees continue to report some difficulty maintaining full staffing of their SHP positions. Only 58% of grantees reported they were fully staffed all year, followed by 40% who were partially staffed, and 3% of grantees who remained unstaffed for the entirety of the school year.

In response to difficulty hiring school-based mental health professionals, 36 of the 78 grantees reported they used SHPG funding to contract with community-based mental health professionals who in turn provided mental health services to their students.

## Services Provided to Students

Services to students are categorized according to the level or tier of support provided, from Tiers 1 through 3. The tiers include instruction, interventions and supports, as a layered continuum. Students may receive services in only one tier or may receive services across multiple tiers;the level of support is driven by what each student needs. In addition, grantees determine which tiers of support are most needed for their communities and do not necessarily fund services at all three tiers.

Tier 1 supports focus on prevention and mental and behavioral health promotion and are by design, provided to all or most students in a school. Grantees reported providing Tier 1 supports to 76,358 students. For students who need more individualized support, schools typically provide small group or short term services, or Tier 2 supports. Tier 2 supports were provided to 35,113 students. Tier 3 supports are provided when students need more individualized or intensive intervention. This level of support was provided to 27,557 students.

Grantees were asked to indicate what programming or curricula they used at each tier. The most frequently used approaches at the Tier 1 level included providing social emotional learning lessons and engaging in restorative

practices. Other commonly reported (by 50% or more of grantees) programming included: calming corners/sensory rooms, trauma-informed approaches, mindfulness, substance use education, and the LifeSkills curriculum. At the Tier 2 level, grantees most frequently reported small group interventions and restorative practices and at Tier 3, they reported individualized interventions, the Check-in/Check-Out intervention, and attendance support.

Grantees reported that this programming was used to support a wide variety of student mental health concerns. The most frequently reported concerns addressed included: social emotional skills and character development (97.4% of grantees), anxiety (96.2%), depression/suicidal ideation (96.2%), and healthy relationships (93.6%).

### Additional Progress Toward Grant Goals

In addition to direct services for students, grantees also reported providing the following with their grant funding:

- A total of 889 training opportunities to 12,496 total staff - teaching staff were the most common recipients of training, followed by school administrators;
- 50% of SHPG grantees reported they used a mental or behavioral health screening survey to help identify student mental health concerns;
- 95% of grantees reported they had worked with at least one community partner as part of their grant efforts and reported a total of 1,377 community partners;
- 95% of grantees, and 232 of their schools were able to use grant funding to engage in evidence-based programming that supported a positive school climate;
- 92% of grantees indicated they believed parents/caregivers had increased knowledge as a result of their grant efforts, impacting a total of 25,843 parents/caregivers;
- 77% of grantees reported making at least some progress on implementing school-based mental and behavioral health systems/structures

### Connection of Grantee Goals to Overall SHPG Grant Goals

Grantees complete an annual work plan to delineate their own goals for their grant funding. Of the 94% of grantees that submitted their 2022-23 workplan, over 90% of grantees set goals related to both providing services and supports to students (SHPG Goal 1) and providing training and resources to staff (SHPG Goal 2).

Grantees also engage in a data-based problem-solving process related to their goals called Turn the Curve Thinking. Grantees are prompted to report on what they believe are facilitators and barriers to achieving their goals.

- Facilitators reported included: hiring SHPs who can be dedicated to the work, working collaboratively within the LEP, using data collection system to identify and support student needs, connecting with community partners, being intentional about how parents are included in the work, providing students with education in various formats, adjusting discipline processes to use restorative practices, and having leadership buy-in to conduct staff PD during mandatory staff events.
- Barriers reported included: difficulty hiring SHPs, change in LEP leadership, not enough time to facilitate staff professional development (capacity issues and competing priorities), low attendance at parent/family events, impact of COVID-19, increased student substance use towards the end of the school year, and impact of being in a rural community setting.

## Introduction

## History

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

When the SHPG Program began in 2014, the purpose was to improve prevention, early intervention, services, and programs to reduce the risks of marijuana and other substance use or misuse by students. For the first two years of the grant, two cohorts each received one year of funding. In 2016, a third cohort received funding for three years. In 2017, the Colorado General Assembly approved an additional $9.2 million to fund a fourth cohort for three years. This expansion in program funding and statutory language allowed for extending support beyond substance use and misuse to meet mental and behavioral health needs identified in K-12 schools. Cohort 5 funding began July 1, 2019, and Cohort 6 funding began July 1, 2020, each with three years of funding. Cohort 5 and Cohort 6 both ended June 30, 2023 (Cohort 5 was given a one-year no-cost extension to spend the funds due to the disruption caused by the COVID-19 pandemic in the 2019-20 and 2020-21 school years).

## History of SHPG Funding

| Cohort | Funding Cycle | Annual Funded Amount | Number of Funded LEPs |
|---|---|---|---|
| 1 | 2014-15 | $2,332,760 | 25 |
| 2 | 2015-16 | $2,154,094 | 20 |
| 3 | 2016-19 | $2,283,155 | 22 |
| 4 | 2017-20 | $9,123,471 | 41 |
| 5 | 2019-22 | $5,203,269 | 42 |
| 6 | 2020-23 | $9,296,314 | 36 |

## Allowable Use of Funds

Statute allows LEPs to use grant funding for the following:

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

## Program Purpose

The legislative declaration in C.R.S. 22-96-101 notes that the legalization of retail marijuana in the state of Colorado may increase the availability of marijuana to underage youth. The law states that, "Marijuana use by minors can have immediate and lasting health implications, and many youths who engage in substance use or misuse develop or have underlying behavioral health needs." (C.R.S. 22-96-101(1)(f)). In addition, school health professionals are in a unique position to educate, assess, and refer youth who have behavioral health issues. (C.R.S. 22-96-101(1)(h)). Based on this legislative declaration, CDE has delineated the following goals for the School Health Professional Grant:

| School Health Professional Grant Goals | |
|---|---|
| **SHPG Overarching Goal** | **Increase the presence** of school health professionals (SHPs) in schools in order to: |
| **SHPG Goal 1** | Provide **direct mental and behavioral health care services** and supports to students; |
| **SHPG Goal 2** | Provide **training and resources** for school behavioral health team members and other staff; and |
| **SHPG Goal 3** | Bolster efforts to **coordinate mental and behavioral health supports** for students including but not limited to, screenings, maintenance of referral systems (within the school as well as referrals to community organizations), positive school climate efforts, and supports for families and caregivers. |

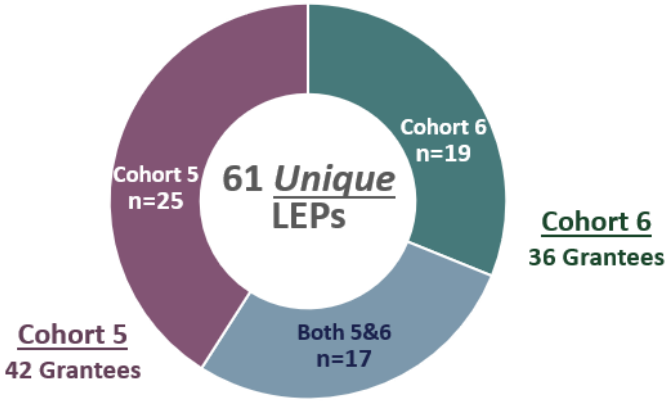
## Legislative Reporting Requirements

In any fiscal year in which the General Assembly makes an appropriation to the department for the purposes of the program, each education provider that receives a grant through the program shall report the following information to the department each year during the term of the grant: (a) the number of school health professionals hired using grant moneys; and (b) a list and explanation of the services provided using grant moneys (C.R.S. 22-96-105). This information is summarized by the department in the yearly legislative report.

# Grantee Overview

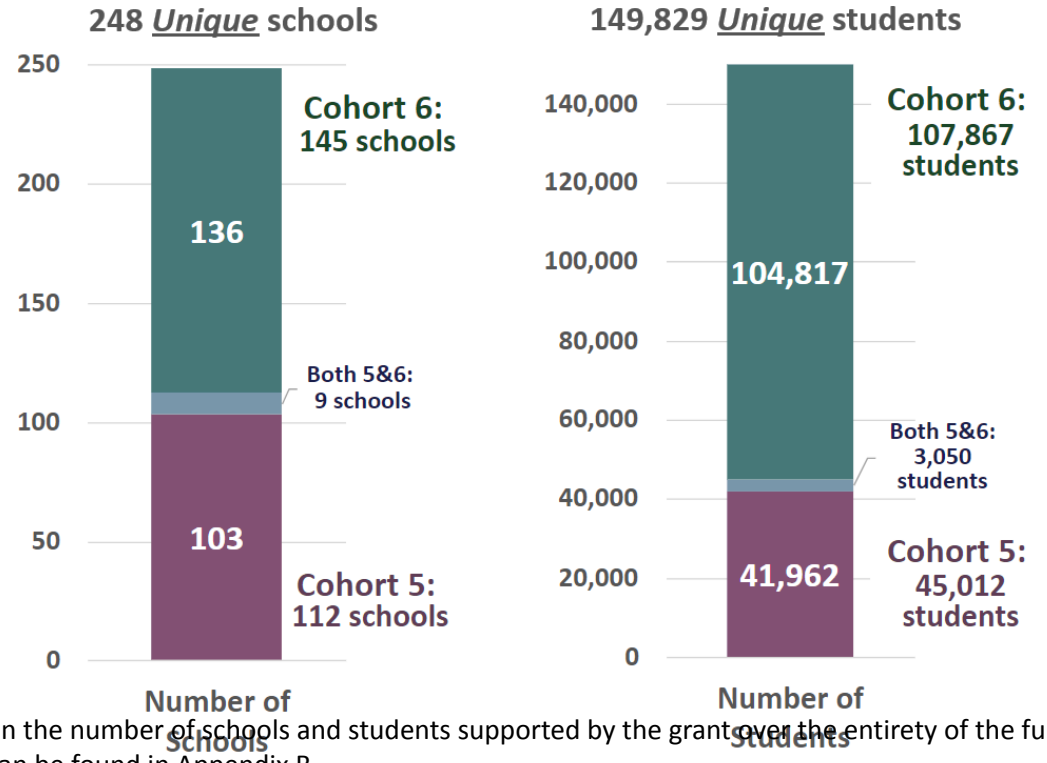
## Numbers of Grantees, Schools, and Students

In the 2022-23 school year, the School Health Professional Grant supported a total of 78 grantees. Of those 78, 25 were part of Cohort 5 uniquely, 19 were part of Cohort 6 uniquely, and 17 were part of both Cohorts 5 and 6; these 17 have to be counted twice since they reported on grant activities separately for each cohort. Across the two cohorts, 61 unique Local Education Providers (LEPs) received grant funding.




Just under 150,000 students were enrolled in the 248 schools that were directly supported with School Health Professional Grant funding (through the hiring of a school health professional) across both cohorts. This represents 13% of all Colorado schools and 17% of all students in Colorado. The numbers for each cohort are reported separately in Figure 1. Note that while 17 LEPs were grantees in both Cohort 5 and Cohort 6, they were encouraged to distribute the funds from the two grant cycles to different schools. Even so, 9 schools received funds from both cohorts.

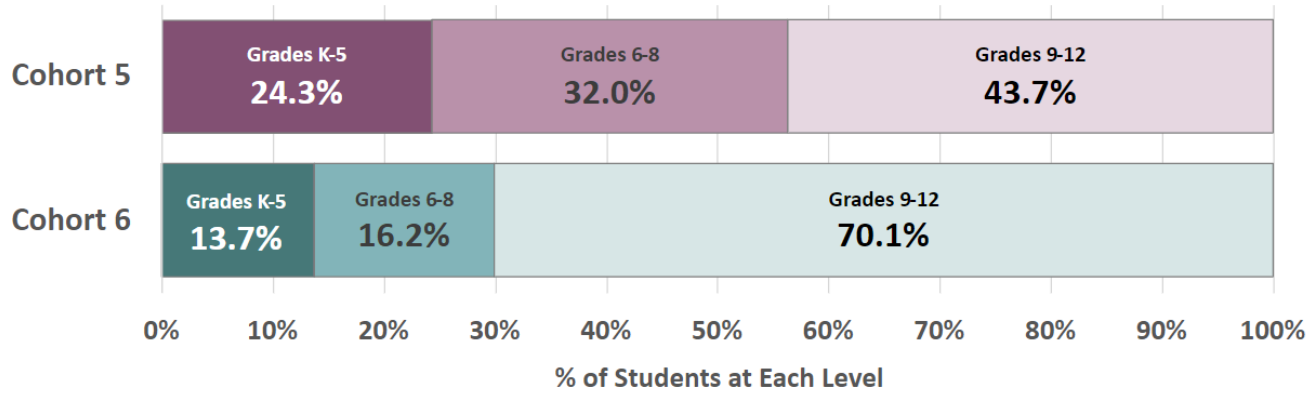
**Figure 1. Number of Schools and Students Supported by the School Health Professional Grant**




Information on the number of schools and students supported by the grant over the entirety of the funding for each cohort can be found in Appendix B.

The majority of students in schools supported by a grant-funded SHP were enrolled in high school. Across both cohorts, 63% of students were in high school grades (9-12), 21% in middle school grades (6-8) and 16% in elementary grades (K-5). The percentage of high school grade students was higher in Cohort 6 (70%) as compared to Cohort 5 (44%). Exact percentages for each cohort are presented in Figure 2.

**Figure 2. Percentage of Students in Schools Supported by Grant-Funded SHPs from Elementary, Middle, and High School Grades by Cohort**

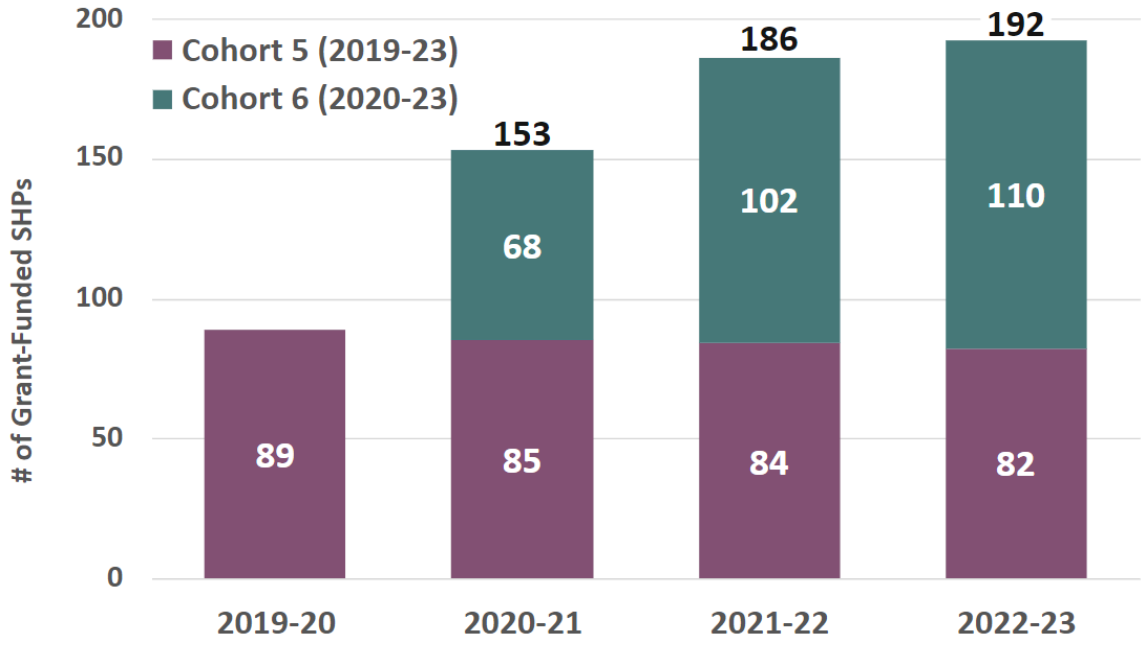


## Grantee Progress Toward Grant Goals

### SHPG Overarching Goal: Increased Presence of Licensed School Health Professionals

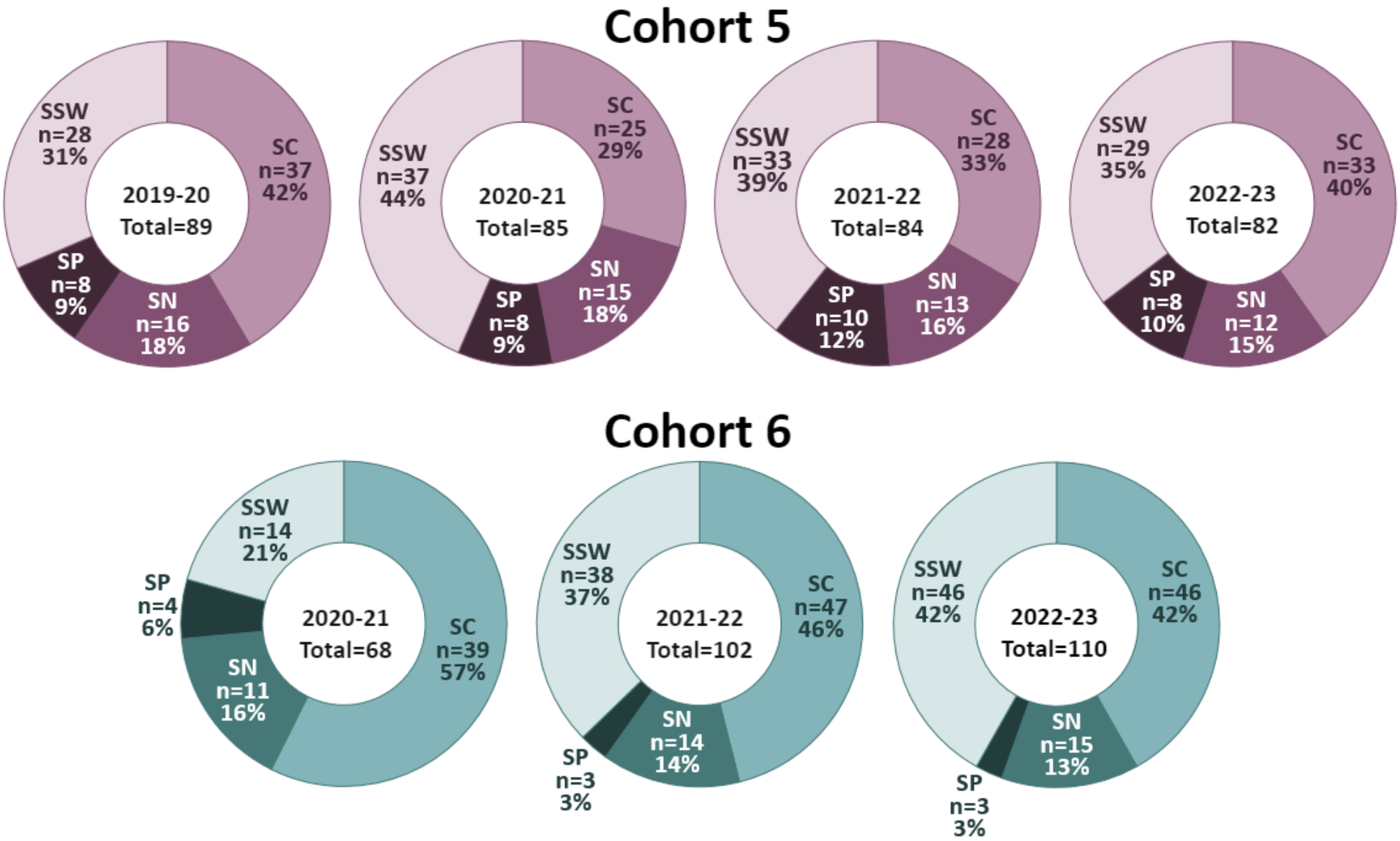
A total of 192 School Health Professionals (SHPs), 82 from Cohort 5 and 110 from Cohort 6, were hired in the 2022-23 school year. Comparison of the numbers hired across each year of funding for both cohorts can be found in Figure 3.

**Figure 3. Number of SHPs Hired Across Each Year of the School Health Professional Grant by Cohort**




In the 2022-23 school year, as well as in general over the entire funding period for both Cohorts 5 and 6, grantees hired School Counselors and School Social Workers at a higher rate than they hired School Nurses and School Psychologists. Percentages of each type of SHP hired over each year of grant funding are reported in Figure 4.

**Figure 4. Numbers and Percentages of Each Type of SHP Hired Across Each Year of SHPG Funding by Cohort**




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

**Difficulty Hiring and Alternative Staffing**

Compared to the numbers presented in figure 4, one additional SHP position in Cohort 5 and ten in Cohort 6 were budgeted for in 2022-23, but grantees were not able to hire people for these positions for the entirety of the school year. At mid-year, grantees reported whether they were fully staffed and then at end-of-year reported staffing status for the duration of the year including whether they had been fully staffed, partially staffed (i.e., not all positions were filled or positions were not filled for the entire school year), or not at all staffed. Over one-third of Cohort 5 grantees (38%) and almost half of Cohort 6 grantees (42%) had unfilled SHP positions for at least a portion of the school year.

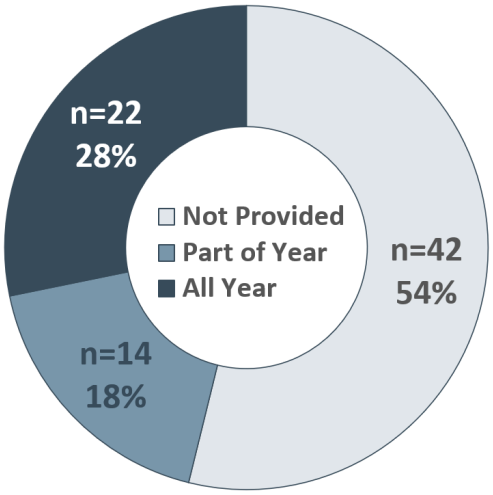
**Table 1. Percentage of Grantees with SHP Positions Fully, Partially, and Not Staffed by Cohort**

| | Fully Staffed All Year | | Partially Staffed | | Not Staffed All Year | |
|---|---|---|---|---|---|---|
| | # | % | # | % | # | % |
| **Cohort 5 grantees** | 26 | 61.9% | 16* | 38.1% | 0 | – |
| **Cohort 6 grantees** | 19 | 52.8% | 15 | 41.7% | 2 | 5.6% |
| **Total grantees** | 45 | 57.7% | 31* | 39.7% | 2 | 2.6% |

*One Cohort 5 grantee reported at mid-year they were fully staffed, but did not complete end-of-year reporting.

In addition to the SHP staff hired as employees of the LEPs, 36 grantees also used funds to contract with community providers for additional mental health staffing. Figure 5 provides information on the number of grantees that were able to provide these contracted services to students for some or all of the school year. Of the 36 grantees who contracted for these services, 22 (61%) were able to provide these mental health services to students within their school(s), with the remainder of the services provided within the community.

**Figure 5. Number and Percentage of Grantees Providing Contracted Mental Health Services to Students for Some or All of the School Year**



## SHPG Goal 1: Direct Supports for Students

Grantees were given a list of Tier 1 (Universal)[1], Tier 2 (Targeted)[2], and Tier 3 (Intensive)[3] interventions[4] and asked to indicate all interventions they provided as part of their SHPG funding. The table below presents the different interventions provided by the 78 SHPG grantees as well as information on the number of grantees that reported using each intervention. Grantees also had the option of writing in programming that was not included on the list with which they were presented. This information along with a listing of research in support of the programs outlined in the table below are provided in Appendix C.

| **Tier 1 Supports** | # Grantees Reporting | | # Grantees Reporting |
|---|---|---|---|
| Social Emotional Lessons (no set curriculum) | 63 | Signs of Suicide | 27 |
| Restorative Practices | 60 | Second Step | 25 |
| Calming Corners/Sensory Rooms | 47 | Sources of Strength | 23 |
| Trauma Informed Approach | 46 | Random Acts of Kindness | 21 |
| Mindfulness | 43 | Zones of Regulation | 21 |
| Substance Use Education (no set curriculum) | 42 | Marijuana Education Initiative | 15 |
| LifeSkills | 40 | Riding the Waves | 7 |
| Positive Behavioral Interventions and Supports (PBIS) | 37 | Why Try | 4 |

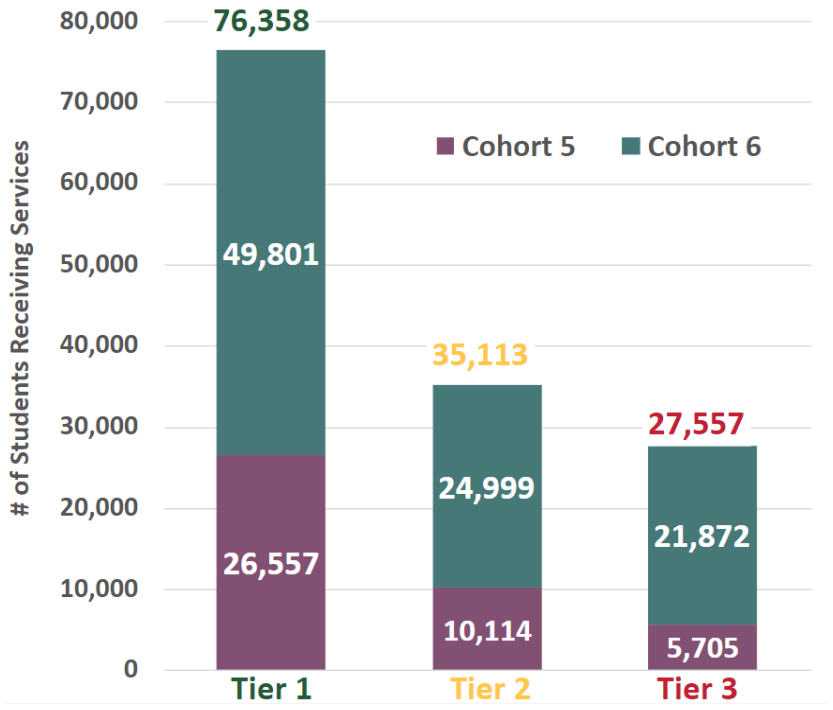
| **Tier 2 Supports** | # Grantees Reporting | | # Grantees Reporting |
|---|---|---|---|
| Small Groups | 68 | Second Step | 21 |
| Restorative Practices | 65 | Second Chance | 20 |
| Check-In/Check-Out | 48 | Cognitive Behavioral Intervention for Trauma in Schools (CBITS) | 18 |
| Zones of Regulation | 28 | Marijuana Education Initiative | 16 |
| Dialectical Behavior Therapy | 26 | Why Try | 5 |

[1] Services designed to promote positive mental and behavioral health, typically delivered to all students
[2] Supports provided to a smaller number of students who are identified as having increased mental or behavioral health needs, typically implemented in small group settings, based on a similar need identified through assessment
[3] Supports implemented for students not responding to Tier 2 supports or who demonstrate a more intense need, typically more frequent, intense, and individualized interventions
[4] The list of programs was created based on reporting from previous SHPG cohorts and generally includes specific evidence-informed or research based mental health interventions.

| Tier 3 Supports | # Grantees Reporting |
|---|---|
| Individual Intervention | 68 |
| Check-In/Check-Out | 48 |
| Attendance Support | 46 |

The numbers of students who were the beneficiaries of this programming are reported in Figure 6[5]. The higher number of students who received Tier 1 programming reflects that by design, these supports are available to all or most students within a grade or school. In contrast, Tier 2 and Tier 3 programming is provided only to those students who need more targeted or individualized supports[6]. The pattern of a higher proportion of students receiving Tier 1 versus Tier 2 and 3 supports held across both cohorts and across elementary, middle, and high school. See Figure 7 for exact percentages.

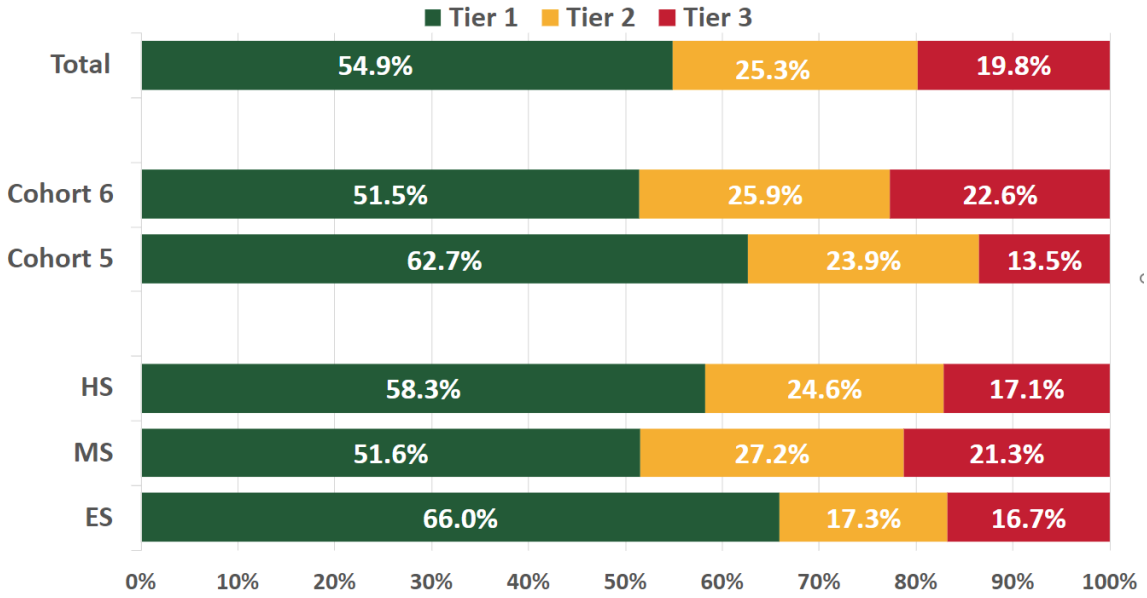
**Figure 6. Numbers of Students Receiving Tier 1, Tier 2, and Tier 3 Supports**




[5] **NOTES**: (1) Grantee reporting was done via a separate survey for each cohort. Data from these surveys will either fall in cohort 5 or 6 and categorization as belonging to "both" cohorts does not apply unless otherwise noted. (2) The difference between the total number of students in schools with a grant-funded SHP and the sum of students receiving supports across tiers is due to the fact that grantees determine which tiers of support are most needed for their communities. Not all schools with a grant-funded SHP will provide students with services across all three tiers, nor support all students in the school. In addition, students could be receiving services at multiple tiers and therefore would be included in the count at each tier.

[6] Descriptions of the expected portion of students receiving each tier of support can be found at: https://www.pbis.org/topics/school-wide

**Figure 7. Percentages of Students Receiving Tier 1, Tier 2, and Tier 3 Supports Reported Overall and Separately by Cohort and Level**



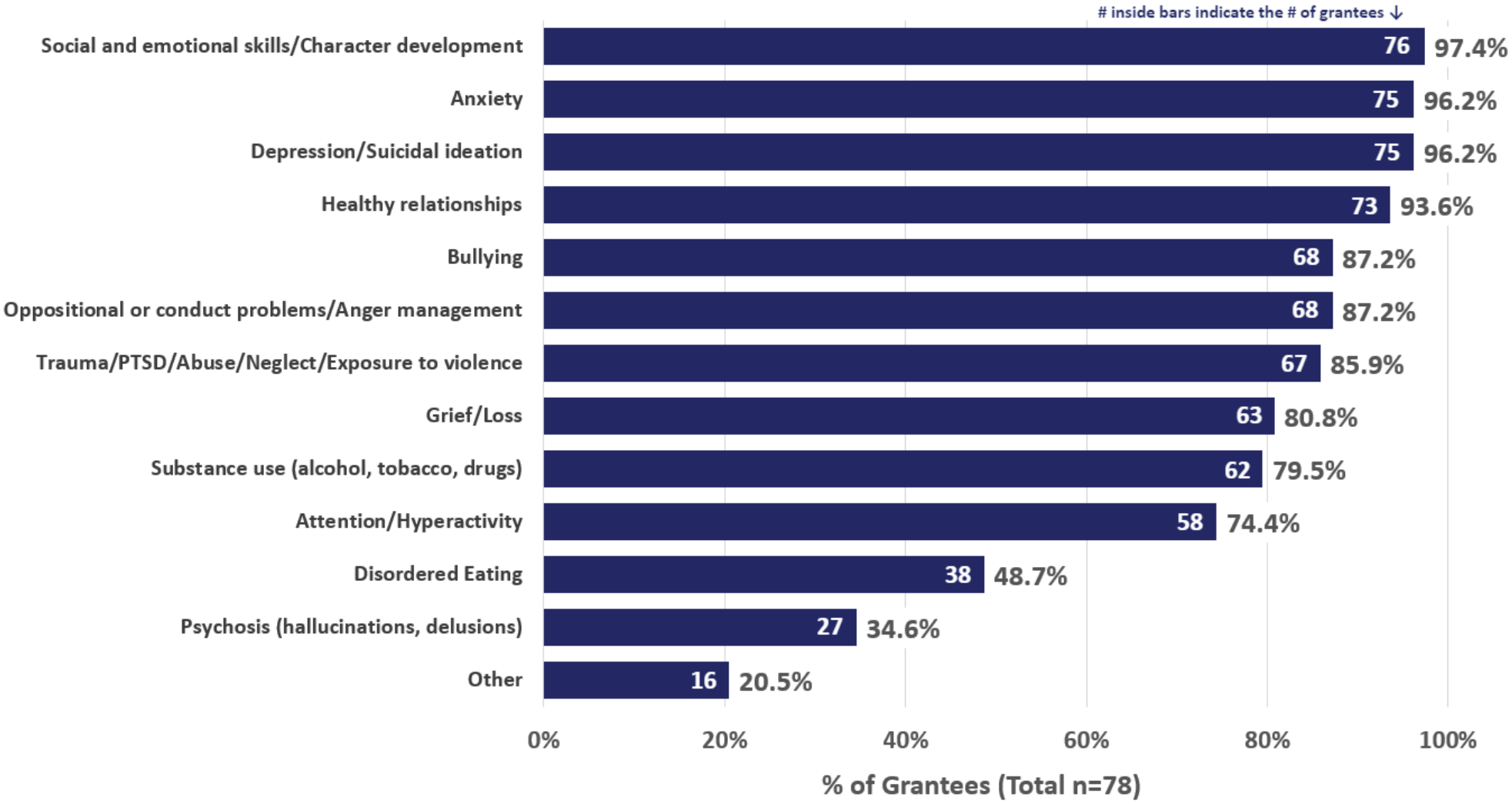

The final piece of information grantees reported regarding services provided to students was the type of concern that was addressed by these services. A majority of grantees reported addressing multiple types of mental and behavioral health concerns. See Figure 8 for additional details.

Comparison of current information on supports provided to similar information from the 2021-22 school year can be found in Appendix D.

Student Group in Boulder Valley School District

Students from Mountain Middle School participating in Team Challenge Activities at the Great Sand Dunes National Park. They learned about group dynamics, conflict resolution, and team building concepts.

**Figure 8. Number and Percentage of Grantees Addressing Each Type of Mental and Behavioral Health Concern**



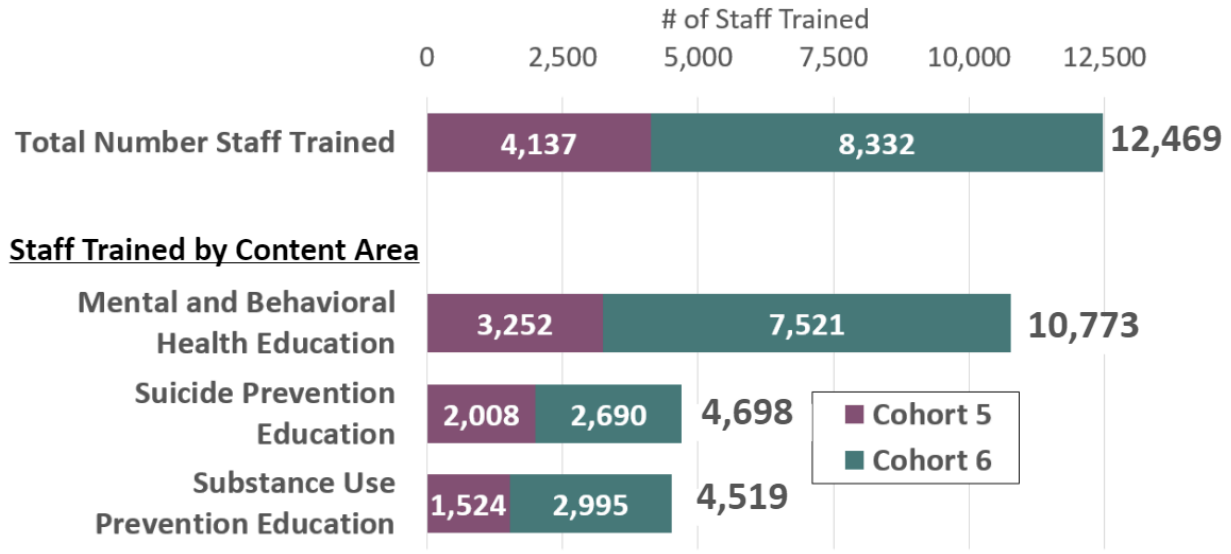
Center SHPs in Action: Advisories, SEL assemblies, and Signs of Suicide training for Students

Poudre School District's Mental Health Matters Event

## SHPG Goal 2: Training and Resources for School Staff

Grantees reported providing a total of 889 training opportunities for staff during the 2022-23 school year; 409 trainings were provided by Cohort 5 and 480 were provided by Cohort 6. Grantees also reported on the number of staff trained, both overall and within three content areas: substance use prevention, suicide prevention, and mental and behavioral health promotion. Information on the number of staff trained is provided in Figure 9.

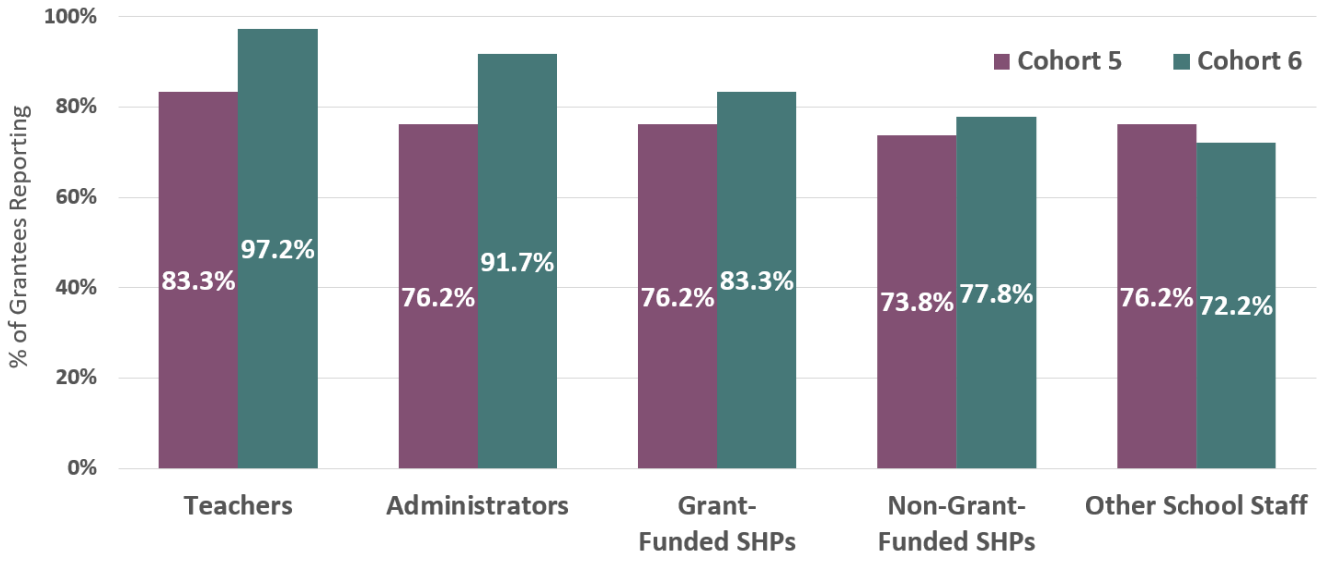
**Figure 9. Number of Staff Trained by Grantees, Overall and by Content of Training**




Note: The number of staff trained by content area does not sum to the total number of people trained as trainings could cover more than one content area.

Additionally, grantees indicated whether they had provided training across several different roles within the school. Teaching staff were the most common recipient of training for both Cohort 5 and Cohort 6, followed by school administrators. Grantees could also write in 'other' training participants; the most common write-in response was parents/caregivers; nine grantees reported having provided training to parents/caregivers. See Figure 10 for complete information.

**Figure 10. Percentage of Grantees Reporting Training was Provided to Each School Staff Role**



Finally, grantees were asked to indicate which trainings they found most influential over the course of their SHPG funding. Responses provided by multiple grantees, which fell into the general areas of topic-based training, training on a particular curriculum, or training provided by a state agency, are reported below.

**SHPG Grantee-Reported Most Influential Trainings**

| Topic Areas | Curricula | | Organizations |
|---|---|---|---|
| Bullying prevention* | 7 Mindsets | Safe TALK | CDE: Fall Conference/Nurse webinars* |
| Dialectical Behavior Therapy Skills* | Classroom 180 | The Screening, Brief Intervention, Referral to Treatment and Other Services (SBIRT) | |
| | Conscious Discipline | | |
| Motivational Interviewing* | Applied Suicide Intervention Skills Training (ASIST) | Signs of Suicide | Colorado School Safety Resource Center: School Safety Conference; Suicide Risk and Threat Assessment Training* |
| | | Second Step | |
| Mindfulness | Neurosequential Model in Education (NME)* | Sources of Strength* | |
| Race and Equity* | | Teen Intervene | |
| Restorative Practices* | Love and Logic | Trust Based Relational Intervention | |
| Suicide Risk/Prevention* | Leader in Me | | |
| | Mental Health First Aid (Youth) - Question Persuade Refer | | |
| Trauma/Trauma Informed Practices* | | | |

*Mentioned by more than 3 grantees

"Our staff eagerly wants to support students' behavioral health needs. School administration incorporated mental health awareness/coping activities into staff meetings to support teachers. The positive contributing factor in reaching this goal was the school health professional. He built solid relationships with staff and students and shared the good work he did and saw in the school."
-Delta County 50J

SHP at North High School Leading a Fentanyl Awareness Training

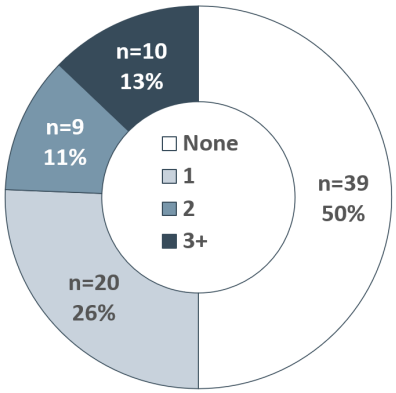
## SHPG Goal 3: Coordination of Student Mental Health Supports

Grantees reported on several aspects of coordination of mental and behavioral health supports for students including: mental and behavioral health-related screening, community partnerships, efforts to support school climate, and supports for families and caregivers.

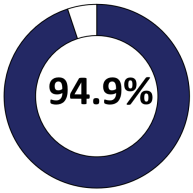
### Mental and Behavioral Health Screening

Half of the SHPG grantees reported that they used a mental or behavioral health screening survey. Figure 11 provides information on the number and percentage of grantees reporting use of 0, 1, 2, and 3+ surveys. See Appendix E for a full list of the 24 screening surveys that grantees reported using, along with the number of grantees reporting use of each survey.

**Figure 11. Numbers and Percentages of Grantees Using 0 to 3+ Mental or Behavioral Health Screening Surveys**

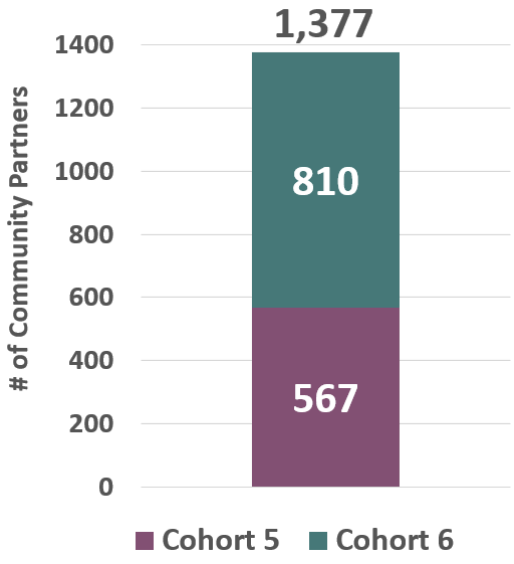



### Community Partnerships

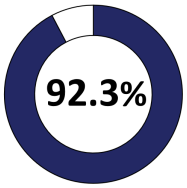



Ninety-five percent (all but 4) of grantees reported they had worked with at least one community partner in support of student mental and behavioral health. Grantees reported a total of 1,377 community partners; numbers for each cohort are provided in Figure 12.

**Figure 12. Number of Community Partners Reported Overall and by Cohort**

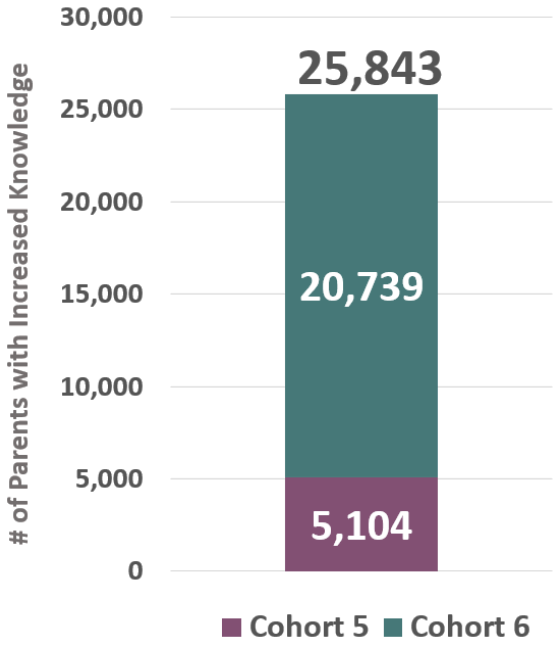


**Support for Families/Caregivers**




Grantees were asked how many parents they believed had increased knowledge of mental/behavioral health as a result of grant activities. Ninety-two percent of grantees provided supports they believed led to increased knowledge. Figure 13 provides the total number of parents reported and the breakdown by cohort.

**Figure 13. Number of Parents with Increased Knowledge Reported Overall and by Cohort**

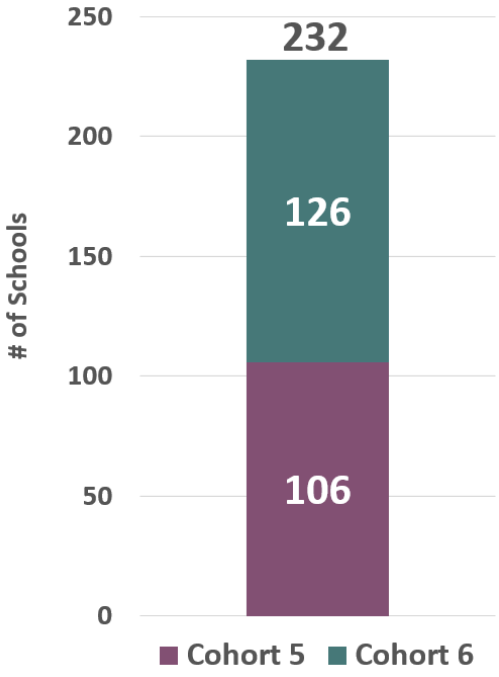



Multicultural Night Flier from The New America School

**School Climate Efforts**

Grantees reported that 232 schools were able to use grant funding to engage in evidence-based programming that supported a positive school climate. Numbers by cohort are reported in Figure 14.

Figure 14. Number of Schools Engaging in Evidence-Based Programming in Support of Positive School Climate Reported Overall and by Cohort




A Welcoming Environment in Clear Creek School District

Kindness Club at Doral Academy of Colorado

**Mental Health Systems as Rated by Tiered Fidelity Inventory Questions**

In order to provide impactful mental and behavioral health supports to students, schools must have in place effective systems (e.g., for identifying and referring students) and structures (e.g., teams that plan for and implement mental health programming)[7]. Because of this, grantees were also asked to rate whether they had fully, partially, or not at all implemented several components of school-based mental and behavioral health systems/structures. The 14 items were taken from the PBIS Tiered Fidelity Inventory[8] and included factors such as the presence of a team that supports student behavioral health, use of data to identify students with behavioral health needs and make decisions regarding school-wide supports, and means of gathering feedback from students, families, and the broader community. In general, all components were rated by the vast majority of grantees (77% or more) as being at least partially in place. Even so, only a third to half of grantees (depending on the component) described most of the components as being fully in place. This reflects broad efforts to begin to create these systems and structures, with room for improved implementation in many areas. See Appendix F for additional details.

Coordination of Student Supports:

"I just want to say that I believe the biggest part of this role to me is the ability to help bridge the gap between schools and outside support. I have been able to work directly with parole officers, pre-trial lawyers, CPS caseworkers, police officers, outside case managers, GAL's therapists, etc to create a team and more efficient level of support. I have found that the most impactful part of this work is getting the opportunity to meet families where they are at and directly support them in accessing community resources. By having the ability to leave school and support families off-grounds, I have been able to develop a deeper understanding of the unintended barriers our families encounter everyday. I have had the opportunity to attend court with students and families to testify against abusers, file protection orders, conduct home visits, meet families at outside agencies and food banks. Every year I have learned so much within this role, however, I continually feel I learn the most by directly understanding how these systems work and how much our families have to go through to truly access services. I am thankful for this role and the way it continually challenges me and allows me to grow!"

-Adams 12 SHP

[7] Hoover, S., Lever, N., Sachdev, N., Bravo, N., Schlitt, J., Acosta Price, O., Sheriff, L. & Cashman, J. (2019). Advancing Comprehensive School Mental Health: Guidance From the Field. Baltimore, MD: National Center for School Mental Health. University of Maryland School of Medicine.

[8] Algozzine, B., Barrett, S., Eber, L., George, H., Horner, R., Lewis, T., Putnam, B., Swain-Bradway, J., McIntosh, K., & Sugai, G (2019). School-wide PBIS Tiered Fidelity Inventory. OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. www.pbis.org.

## Connection of Individual Grantee Goals to School Health Professional Grant Goals

Grantees complete an annual work plan to delineate their Strategic Measurable Achievable Relevant Time-bound Inclusive Equitable (SMARTIE) goals for the year, with direct connections between their goals and the SHPG grant goals outlined above. A total of 73 of the 78 possible work plans were submitted in 2022-23. A review of these 73 work plans (representing 94% of all grantees) revealed the following information.

- Over 90% of grantees set goals related to both:
    - **SHPG Goal 1**: Providing services and supports to students including
        - Implementing evidence-based programming to educate students on mental and behavioral health (Tier 1)
        - Providing mental and behavioral health intervention to students with substance abuse and/or behavioral health needs (Tier 2/3)
    - **SHPG Goal 2**: Providing training and resources to staff on implementation of evidence-based programming, substance use prevention, and behavioral and mental health promotion
- Over 80% of grantees set goals related to **SHPG Goal 3**:
    - Education and support for families or caregivers
    - Connecting students to services that are provided by community-based organizations

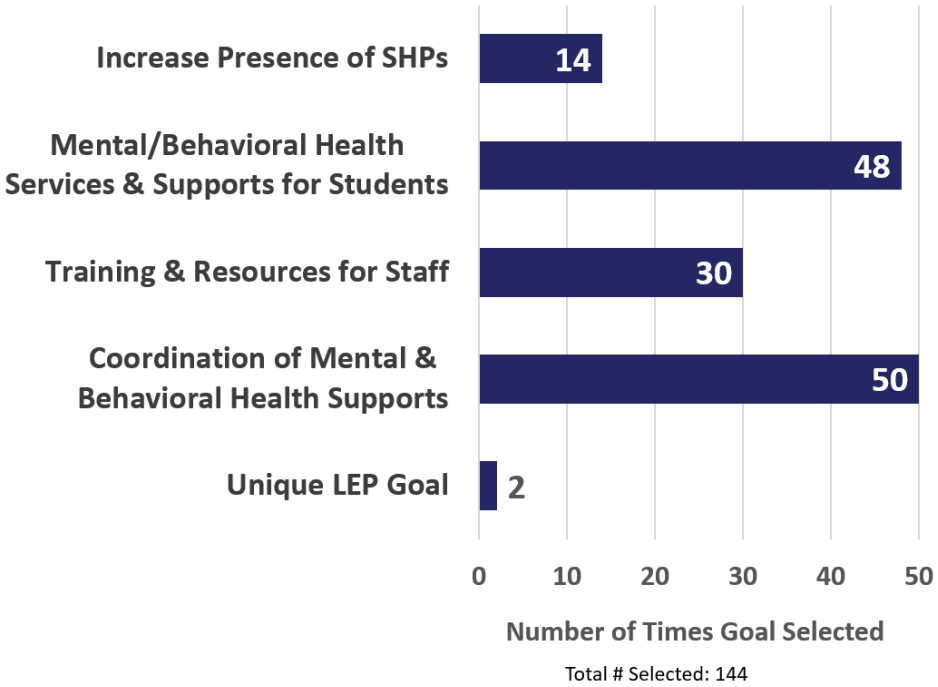
Other common goal areas focused on building school-wide mental health systems and engaging in screening to identify student mental/behavioral health needs.

In addition to submitting an annual work plan, grantees are asked at mid-year to select two Turn the Curve Thinking Goals[9]. "Turning the curve" refers to engaging in creative problem solving around goal achievement. The purpose is for grantees to identify data points that track an important indicator of successful implementation of their SHPG goals and to then reflect on factors that contributed to their outcome. This process prompts grantees to consider facilitators, barriers, and implementable action steps to either maintain success or be more successful in the future. Possible data points come from the SHPG performance measures (which are aligned with the overall SHPG grant goals) and grantees are also able to select a unique data point as relevant for information they may already be collecting. See Appendix G for descriptions of the Turn the Curve Thinking data points selected by LEPs in 2022-23.

Each of the 78 grantees was expected to select two Turn the Curve Thinking goals, resulting in a total of 156 possible goals. However, not all grantees submitted their selected goals, one grantee was excluded because their goal outcomes were unknown, and a small subset of grantees that were a part of both Cohorts 5 and 6 did not submit unique goals for each cohort, so the final total of submitted goals was 144. Figure 15 illustrates the number of times each type of goal was selected by grantees and Figure 16 shows a breakdown of the percentage of grantees that met both of their goals, one of their goals, or neither of their goals. Of the 144 goals set, 77 were achieved by the end of the school year, equating to an overall 53.5% achievement rate.

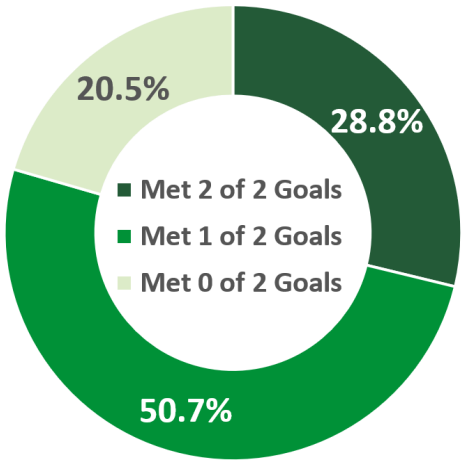
[9] Information about Clear Impact, Turn the Curve Thinking is available here https://clearimpact.com/results-based-accountability/turn-the-curve-thinking/

Figure 15. SHPG Goals Selected by Grantees




Total # Selected: 144

Figure 16. Percentage of Grantees Meeting Each Number of 2 Possible Goals




School Climate & Coordination With Community Partners:

"We had an away junior high track meet in April, which ended early due to a possible gunman in the parking lot. We provided time for students to debrief with counselors after they returned to school. Later, several students got together and emailed administration, asking for more training in case a school shooter or other emergency event. We were able to get Sheriff Wallace to come speak to our 7th-12th grade students in response to their request. Along with that, we had Arkansas Valley Resource Center (AVRC) come speak to our 7th-8th graders as well. They were able to talk about creating a more positive school climate by reducing bullying and harassment issues, which keeps everyone feeling more safe. The students were able to ask questions and voice concerns. These opportunities helped students have a voice and the response was positive to these presentations.

-Feeling Safe in Swink

The tables below provide information on factors grantees believed were helpful in achieving their goals as well as factors they believed served as barriers.

<table>
<tr><th colspan="4">Factors Grantees Indicated <u>Helped to Achieve</u> Their Goals</th></tr>
<tr><th>Hiring SHPs</th><th>Retaining SHPs</th><th>Collaboration</th><th>Data Collection</th></tr>
<tr><td>● Ability to hire SHPs who can be fully dedicated to the work positively impacts progress towards all goals</td><td>● Strong mentoring program with consistent communication and ongoing team support<br>● Investing in their PD<br>● Hiring locally</td><td>● Working collaboratively within the LEP across departments to comprehensively assess needs, identify plans to fill gaps, and ensure all are in agreement</td><td>● Developing an improved data collection system for identifying student needs and tracking level of support needed within the MTSS</td></tr>
<tr><th colspan="2">Expanding & Utilizing Community Partners</th><th colspan="2">Parent Engagement/Education</th></tr>
<tr><td colspan="2">● Contracting with community partners to which students can be referred for Tier 2/3 services<br>● Collaborating with community partners to host parent education events<br>● Contracting with community partners to train staff and assist with strategic planning for changing LEP systems or processes<br>● Assessing work of community partners to learn from and replicate effective practices/programs</td><td colspan="2">● Being intentional with contacting parents and including them in process of supporting their child's needs<br>● Having SHPs present at school/community events to connect with parents<br>● Collecting parent input: preferred communication methods, availability for attending events, topics of interest<br>● When hosting in-person education events, also providing a virtual option</td></tr>
<tr><th>Student Education</th><th colspan="2">Substance Use</th><th>Training Staff</th></tr>
<tr><td>● Having SHPs educate students using various formats (assemblies, classroom lessons, small groups)</td><td colspan="2">● Adjusting school or district discipline matrix to include a warning if the incident is the student's first drug-related offense<br>● When drug-related behavior incidents occur, having both SHPs and administrators provide 1-on-1 support and education to the student to learn about dangers of drugs, accessing additional resources, and developing plans for moving forward (i.e., restorative practices)</td><td>● Grant funds supported facilitation of staff PD<br>● Leadership buy-in to facilitate PD during mandatory staff events supports attendance<br>● Providing 1-on-1 staff training/support to improve skills</td></tr>
</table>

| Factors Grantees Indicated *Were Barriers to Achieving* Their Goals | | |
|---|---|---|
| **Change in LEP Leadership** | **Difficulty Hiring/Retaining SHPs** | **Substance Use** |
| • Changes to LEP goals, priorities, or philosophies were not always in alignment with SHPG work | • Not having a fully staffed mental health team impacted ability to achieve all other goals | • An increase in student substance use during last couple months of the school year |
| **Training Staff** | **Parent Engagement/Education** | **Impact of COVID-19 Pandemic** |
| • Not enough time to facilitate (capacity issues and competing priorities)<br>• Some staff disengaged, were unwilling to change processes, or were resistant to shift focus away from academics<br>• High staff turnover rates impact ability to have wide-reaching, long-term benefits | • Unable to facilitate the originally planned event(s)<br>• Lack of responses from parents/guardians when attempting outreach<br>• Low attendance #s at events<br>• Participation seemed to decline over course of the school year | • Saw increased need for Tier 2/3 services among students, but did not have capacity to meet needs<br>• Due to focus on making up for lost class/instructional time, it was difficult for SHPs to get time in classrooms for Tier 1 programming<br>• Attendance at in-person events declined |
| **Impact of Rural Community Setting** | | |
| • Mental/behavioral health is often politicized and is not always supported by all relevant stakeholders that would need to be engaged for effective implementation<br>• Having limited access to community partners/resources that serve the area<br>• Existing community partners are also experiencing staff shortages and often do not have the capacity to provide the desired/needed level of support | | |

## Conclusion

In the 2022-23 school year, SHPG grantees hired 192 School Health Professionals with the grant funds. Through the concerted efforts of educators and mental health providers, a wide variety of supports and services were implemented in order to address the multifaceted needs of students, educators, and families.

The demand for mental health support within educational settings continues. However, challenges in maintaining full staffing persisted, with only 58% of grantees reporting full staffing throughout the academic year.

In response to the difficulties in hiring school-based mental health professionals, innovative approaches emerged, such as leveraging SHPG funding to contract with community-based mental health professionals. This proactive measure ensured the delivery of mental health services for students despite staffing constraints.

The impact of SHPG initiatives extended beyond direct services to students, encompassing comprehensive training for staff, engagement with community partners, and the implementation of evidence-based programs to foster positive school climates.

# Appendix A: School Health Professional and 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.

The licensure definitions below are available on the CDE website.

**School Counselor (PreK-12):**

- Master's or higher degree in School Counseling as defined by accreditation by the Council for Accreditation of Counseling for Related Educational Programs (view information about CACREP Accreditation)
    - Don't hold a master's degree from a CACREP-accredited program? Contact CCE-Global to request an evaluation for equivalency.
- Minimum of 100 clock-hour practicum
- Minimum of 600 clock-hour internship, with multiple grade levels of students under the supervision of a licensed school counselor
- PRAXIS 5422 (159) *effective 09.01.2023* [PRAXIS 5421 (156) *if taken between 09.01.2016 and 08.31.2023; accepted through 08.31.2028]*

**School Nurse (0-21):**

- Associate's or higher degree in nursing
- A valid RN license to practice in Colorado pursuant to the Nurse Practice Act (12-255-101, et. seq., C.R.S.) or a valid multi-state license and able to practice in Colorado pursuant to the nurse licensure compact (24-60-3802, C.R.S.)
    - **Important Note:** Registered nurses must maintain an active DORA license to practice nursing in Colorado in addition to the CDE-issued special services license/school nurse. Those holding multi-state licenses issued by another state must apply for a Colorado DORA-issued RN license within 60 days, as per the Nurse License Compact.

**School Psychologist (0-21):**

- Successful completion of an approved specialist-level program from a regionally accredited institution with a minimum of 60 graduate-level semester hours or an approved doctoral program for the preparation of school psychologists, serving children/students ages birth-21, at an accepted institution of higher education
- Successful completion of practicum consisting of a sequence of closely supervised on-campus or field-based activities, designed to develop and evaluate a candidate's mastery of distinct professional skills, consistent with program and/or course goals
- Successful completion of internship consisting of a full-time experience over one year, or half-time over two years with a minimum of 1,200 clock hours, of which 600 must be in a school setting
- The internship may include, beyond the 600 hours in the school setting, other acceptable internship experiences, including in private or state-approved educational programs or in other appropriate mental health or education-related programs.

- PRAXIS 5403 (155) [PRAXIS 5402 (147) also accepted *if taken before 08.31.2023; accepted thru 08.31.2028]*

*Valid Nationally Certified School Psychologist certification satisfies these requirements.*

**School Social Worker (0-21):**

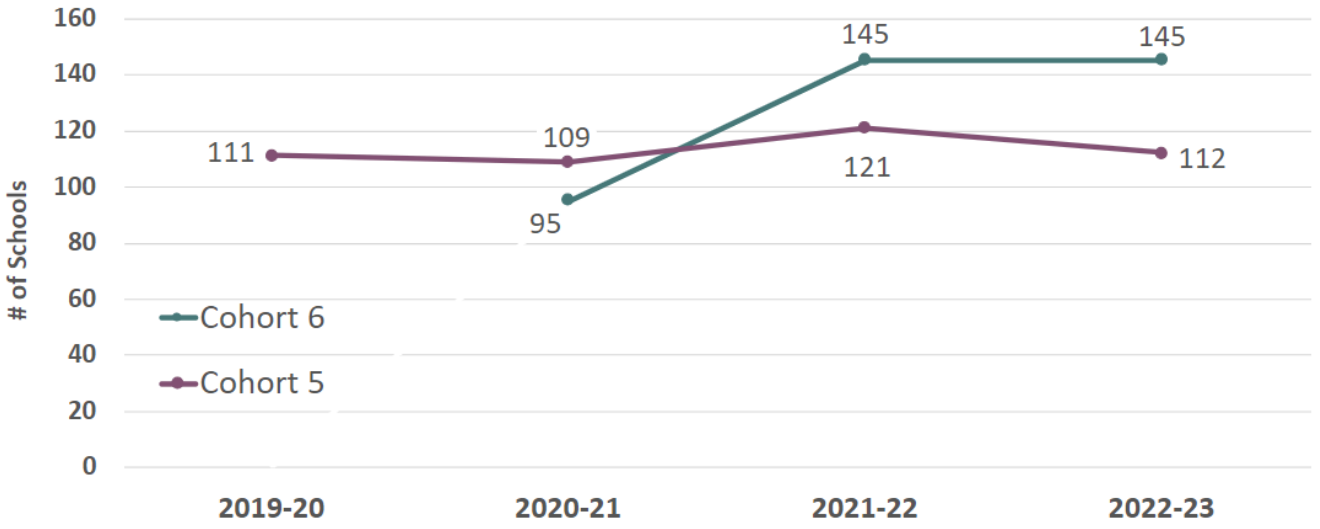
- Master's or higher degree in social work from a regionally accredited institution
- Documented evidence of completion of coursework in the areas of school and special education law, including content covering functional behavior assessment and the development of behavior intervention plans.
    - **Out-of-state applicants**: Please review this addendum to find out how you complete this coursework if you haven't already done so.
- Completion of a supervised 900 clock-hour practicum in the field of social work, which shall have been completed in a school, social service agency, mental health clinic or facility and/or hospital setting
- Completion of at least one field experience with school age children/students

*Valid Certified School Social Work Specialist certification (C-SSWS)* OR *valid Colorado DORA-issued LSW or LCSW license and verification of the coursework requirement detailed above satisfies these requirements.*

# Appendix B: Number of Students and School Served by Cohorts 5 and 6 over Time

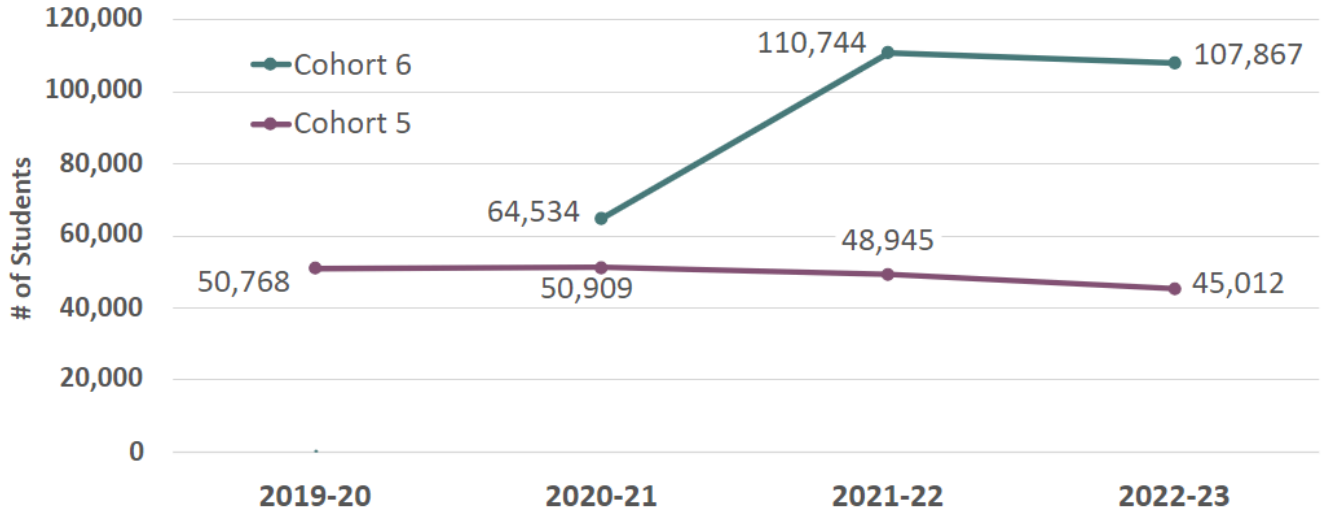
The figures below track the number of schools and students served for each cohort over the entirety of their terms.

**Number of Schools Supported by the SHPG Over Each Year of Cohorts 5 and 6**




Note: 10 grantees were added to Cohort 6 between 2020-21 and 2021-22.

**Number of Students in Schools Supported by the SHPG Over Each Year of Cohorts 5 and 6**




Note: 10 grantees were added to Cohort 6 between 2020-21 and 2021-22.

# Appendix C: Supplemental Information on Grantee Programming

**References for Research on Interventions Used By Grantees**


Check-In/Check-Out
Maggin, D. M., Zurheide, J., Pickett, K. C., & Baillie, S. J. (2015). A Systematic Evidence Review of the Check-In/Check-Out Program for Reducing Student Challenging Behaviors. *Journal of Positive Behavior Interventions*, *17(4)*, 197-208. https://doi.org/10.1177/1098300715573630

Cognitive Behavioral Intervention for Trauma in Schools
A listing of research on CBITS can be found at
https://www.rand.org/well-being/social-and-behavioral-policy/projects/cbits/publications.html

Dialectical Behavior Therapy
Zapolski T.C.B., Smith, G.T. (2017). Pilot study: Implementing a brief DBT skills program in schools to reduce health risk behaviors among early adolescence. *Journal of School Nursing*, *33(3)*, 198-204. doi: 10.1177/1059840516673188. Epub 2016 Oct 14. PMID: 27742897; PMCID: PMC6263959.

Life Skills
For a listing of peer reviewed research on Life Skills see https://www.lifeskillstraining.com/evaluation-studies/

Marijuana Education Initiative
Washington State Institute for Public Policy (2023). Marijuana Education Initiative Impact Awareness Curriculum. Retrieved from
https://www.wsipp.wa.gov/BenefitCost/ProgramPdf/934/Marijuana-Education-Initiative-Impact-Awareness-curriculum

Positive Behavioral Interventions and Supports
Positive Behavioral Interventions and Supports (PBIS) an Evidence-Based Practice? Center on PBIS, University of Oregon. www.pbis.org. Retrieved from
https://www.pbis.org/resource/is-school-wide-positive-behavior-support-an-evidence-based-practice

Random Acts of Kindness
Schonert-Reichl, K.A., & Whitehead Arruda, J. (2016). Random Acts of Kindness Foundation UBC Summary Report of Research: Preliminary Findings. Retrieved from
https://www.randomactsofkindness.org/lesson-plans/reports/RAK_UBC_Executive_Summary_Report.pdf

Restorative Practices
University of Chicago Education Lab. (2023). From Retributive to Restorative. Retrieved from
https://educationlab.uchicago.edu/wp-content/uploads/sites/3/2023/09/UChicago-Restorative-Practices-2-pager-09.07.23.pdf

Riding the Waves
Listed among CDE/CSSRC's suicide prevention resources
https://spl.cde.state.co.us/artemis/psserials/ps614internet/ps6142017internet.pdf

Second Chance
RMC Health. Evaluation Results for the Second Chance Online Program retrieved from https://www.rmc.org/wp-content/uploads/2023/09/Second-Chance-Program-Report_Evaluation-Results-for-2022-2023.pdf

Second Step
Moy, G.E., & Hazen, A. (2018). A systematic review of the Second Step program. *Journal of School Psychology*, *71*, 18-41. doi: 10.1016/j.jsp.2018.10.006. Epub 2018 Oct 30. PMID: 30463668.

Signs of Suicide
Volungis, A. M. (2020). The Signs of Suicide (SOS) Prevention Program Pilot Study: High School Implementation Recommendations. *North American Journal of Psychology*, *22(3)*, 455-468. https://digitalcommons.assumption.edu/psychology-faculty/21

Social and Emotional Learning
Cipriano, C., et. al. (2023). The state of evidence for social and emotional learning: A contemporary meta-analysis of universal school-based SEL interventions. *Child Development*, *94(5)*, 1181-1204. doi: 10.1111/cdev.13968. Epub 2023 Jul 13. PMID: 37448158.

Why Try
Why Try is described by its developers as "research informed" – see https://whytry.org/research/

Sources of Strength
Wyman, P., Cero, I., Brown, C.H., Espelage, D., Pisani, A., Kuehl, T., & Schmeelk-Cone, K.. (2023). Impact of Sources of Strength on adolescent suicide deaths across three randomized trials. *Injury Prevention*, *29(5)*, 442-445. doi: 10.1136/ip-2023-044944. Epub 2023 Jul 28. PMID: 37507212; PMCID: PMC10579464.

Zones of Regulation
Mason, B. K., Leaf, J. B., & Gerhardt, P. F. (2024). A Research Review of the Zones of Regulation Program. *The Journal of Special Education*, *57(4)*, 219-229. https://doi.org/10.1177/00224669231170202

**Grantee Programming Write-In Responses**

## Tier 1 Supports

Write-in responses: Ask Listen Learn; back to school night; Blue Bench; BrainWise; career and college readiness course; Capturing Kids' Hearts; CATCH My Breath; character education; Classroom180; classroom/grade-level meetings; cyberbullying/upstander lessons; guest speaker; GSA; Harmony SEL; health curriculum; iMatter education; internet safety presentations; Jeff Veley anti-aggression; Kelso's Choice; Kognito staff training; LINK Crew; PurposeFull People; Question-Persuade-Refer (QPR); Rachel's Choice; Resilience in Schools and Educators; RULER Approach; School Connect SEL; school-wide crisis response; SEL within ICAP lessons; Student Attendance Review Board; Students Working Against Tobacco; Too Good for Drugs; WeldWAITS; wellness day/team; Teen Mental Health First Aid; school resource room; xSEL Labs; You and Me Together Vape Free; Youth Connections; 7 Mindsets

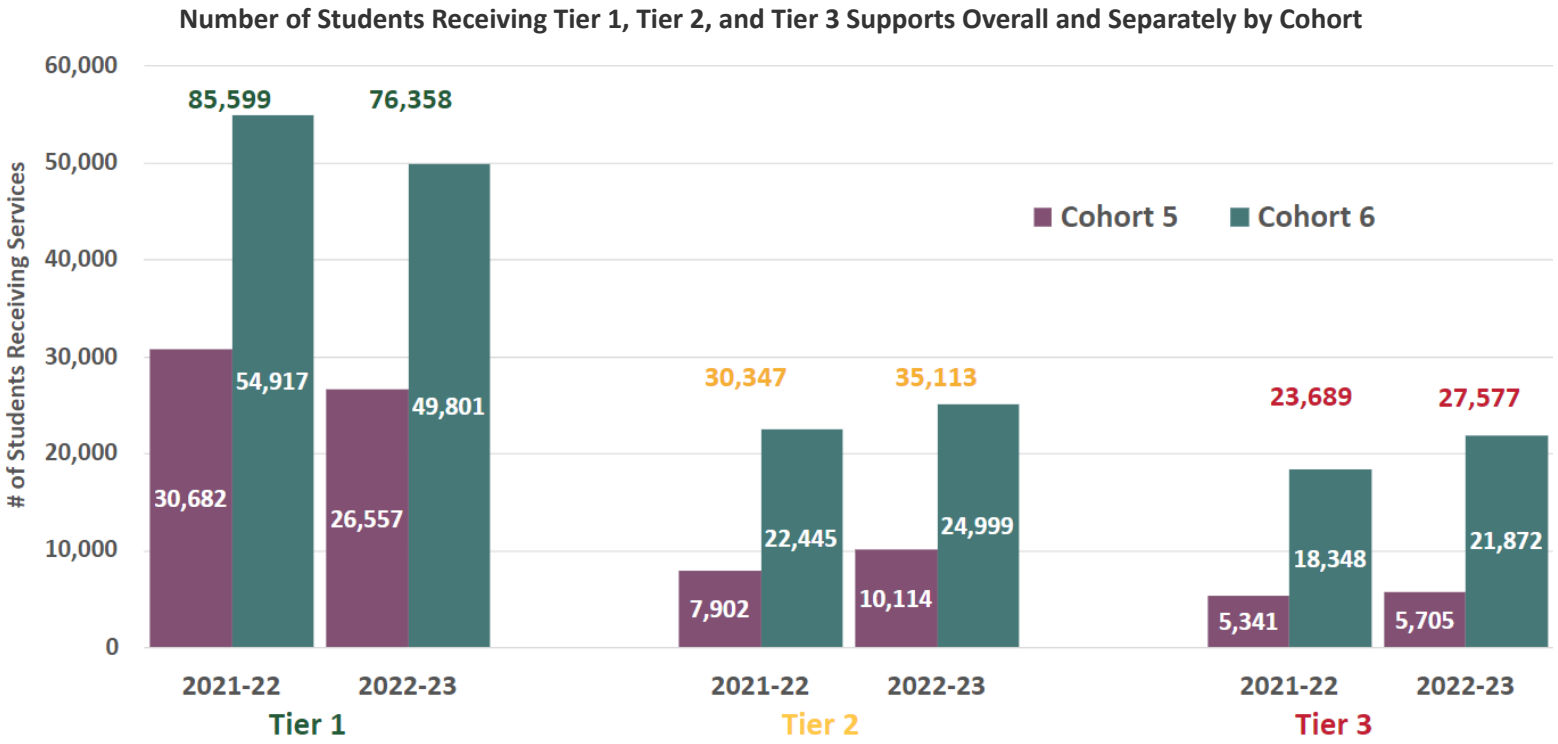
## Tier 2 Supports

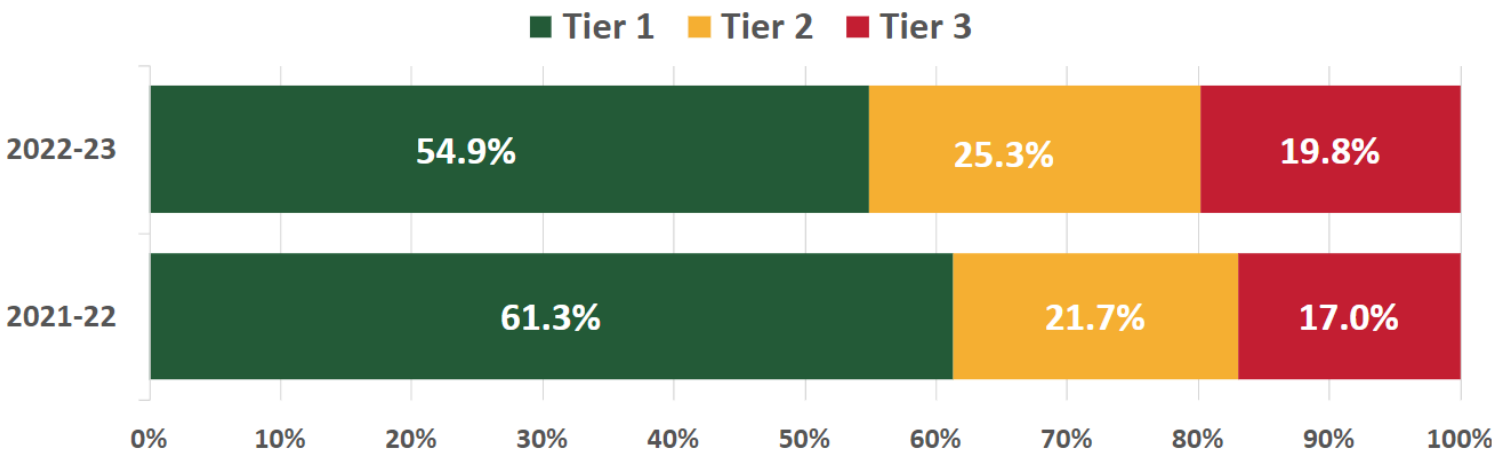
Write-in Responses: academic tutoring; Aggression Replacement Therapy; Alateen; assessment and monitoring; attendance support; BrainWise; bullying prevention; CATCH My Breath; community mentors; community referrals; Conscious Discipline; Coping Cat; Dove Self-Esteem Project; enrichment/clubs; EVERFI; executive functioning instruction; Flying Pig Farm (SEL); grief and loss group; Harmony SEL; individual social skills/therapy; Learning to BREATHE; LifeSkills; Love and Logic; Medicine Horse; Mightier; MindUP; motivational interviewing; Neurosequential Model in Education; Not on Tobacco (N-O-T); Ophelia Project; parent support/meetings and outside referrals; peer mentoring/support; Positive Action; school-specific programming; Signs of Suicide; SBIRT; Sources of Strength; Strengthening Families; Superflex; targeted actions toward graduation; Teen Intervene; Think Social?; trauma informed interventions; Unstuck and On Target; Vaping: Know the Truth; You and Me Together Vape Free

## Tier 3 Supports

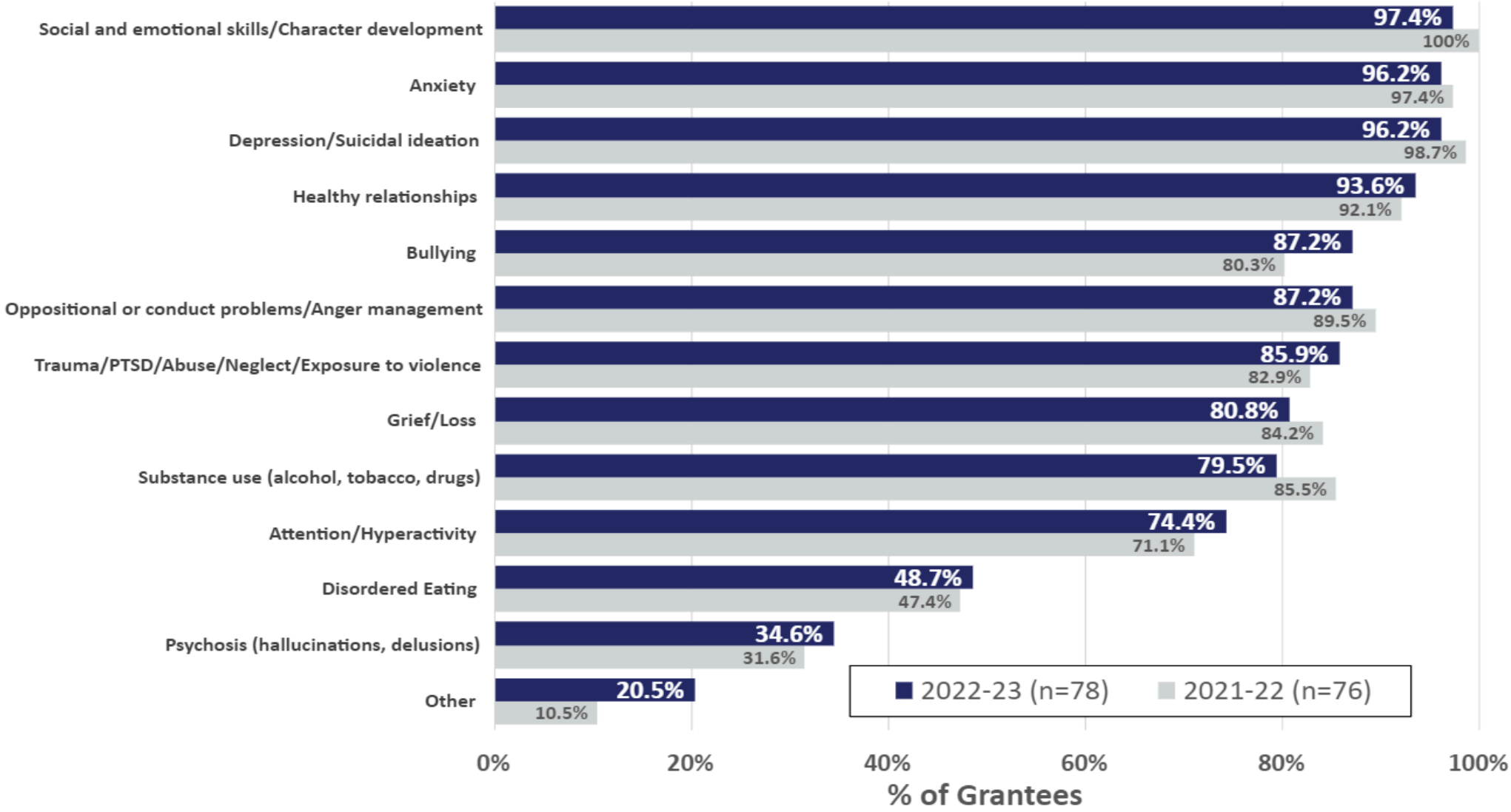
Write-in Responses: academic support; behavioral health services; crisis response/intervention; equine support therapy; family counseling/therapy/meetings; grief and loss support; home visits; IEP meetings; individualized assessment/monitoring; LifeSkills; outside agency referrals/collaboration/consultation; peer counseling; re-entry meetings; restorative practice meetings; sensory room; small group intervention; social skills/social-emotional learning support; substance use intervention/suspension reduction; threat assessments/safety plan meetings; visual schedule; work completion tracker; Why Try; 504 evaluations

# Appendix D: Comparison of Student Supports Provided in 2021-22 vs 2022-23



**Percentage of Grantees Addressing Each Type of Mental and Behavioral Health Concern**



## Appendix E: Mental & Behavioral Health Screening Tools Used By Grantees

| Mental and Behavioral Health Screening Tools Used By Grantees | # of Grantees Reporting |
|---|---|
| Signs of Suicide Screener | **12** |
| BASC-3 Behavioral and Emotional Screening System (BESS) | **8** |
| Behavior Intervention Monitoring Assessment System (BIMAS-2) | **5** |
| CRAFFT (Car, Relax, Forget, Friends, Trouble) | **5** |
| Panorama SEL Screening | **5** |
| Devereux Student Strengths Assessment-Screener (DESSA-Mini) | **4** |
| Strengths and Difficulties Questionnaire (SDQ) | **4** |
| Bloomsights | **3** |
| District-Created Survey | **3** |
| Youth Truth Survey | **3** |
| Baseline Survey | **2** |
| Child and Adolescent Needs and Strengths: An Information Integration Tool for Children and Adolescents with Mental Health Challenges (CANS-MH) | **2** |
| Pupil Attitudes to Self and School (PASS) | **2** |
| Universal Behavior Screener (UBS) | **2** |
| Healthy Kids Colorado Survey | **1** |
| Individual Protective Factors Index | **1** |
| MTSS Protocol Questionnaire | **1** |
| Resiliency Survey | **1** |
| Second Step Classroom Survey | **1** |
| Squabbles | **1** |
| xSEL Labs | **1** |
| Social Skills Improvement System - SEL Screener (SSIS-SEL) | **1** |
| Pediatric Symptom Checklist (PSC & Y-PSC) | **1** |
| Brief Anxiety and Depression Scale (BADS) | **1** |

# Appendix F: LEP Ratings of their Mental and Behavioral Health Systems

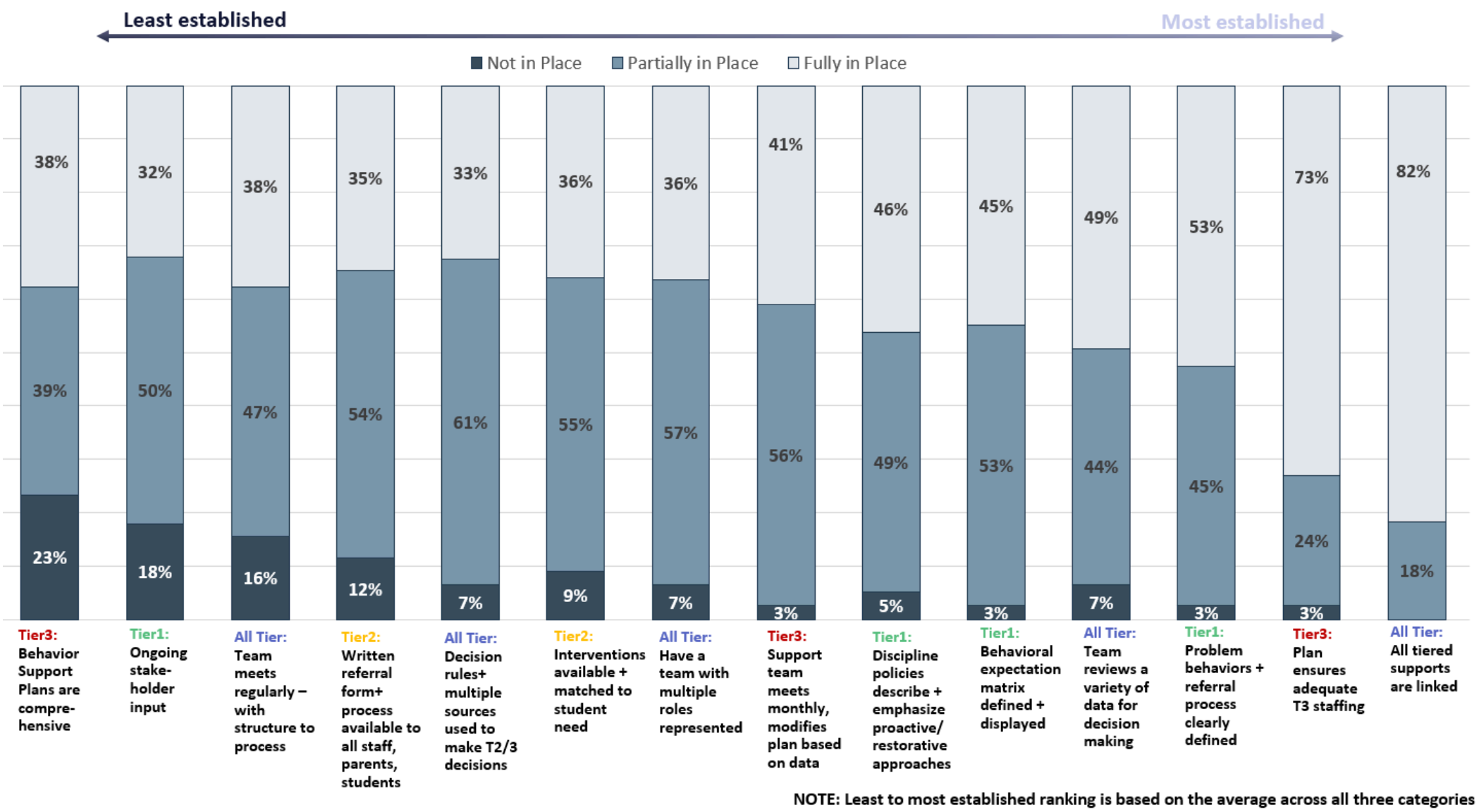
LEPs were asked to respond to 14 items taken from the PBIS Tiered Fidelity Inventory in order to provide information on fidelity of LEP mental health systems implementation. For each item, LEPs were provided with three different possible descriptions of their degree implementation, generally: not having the component in place, having the component partially in place, and having the component fully in place.

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

The item that is least-well implemented across LEPs is, at the Tier 3 level, having comprehensive behavior support plans, with 23% of LEPs indicating they do not have these plans in place for their students. Similarly, at the Tier 1 level, 18% of LEPs indicated they do not have means of gathering input from stakeholders on their Tier 1 interventions in an ongoing manner.

On the other end of the spectrum, most LEPs (82%) indicated that their tiered supports were linked and a majority (73%) indicated that their plan for Tier 3 ensures adequate staffing to support these services. LEP responses do not indicate a pattern showing implementation is more or less likely at any particular tier.

**Percentage of LEPs Describing The Degree to Which Each of 14 Components of School-based Mental Systems Were in Place**




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

## Appendix G: Turn the Curve Goals

The table below describes the Turn the Curve Thinking data points selected by LEPs in 2022-23.

| Category | Goal Label | Question Wording |
|---|---|---|
| **SHPG Overarching Goal**<br>**Increase Presence of School Health Professionals** | **Increase # of SHPs** | # of School Health Professional staff hired and/or remain on staff |
| **SHPG Goal 1**<br>**Mental/Behavioral Health Care Services & Supports for Students** | **Tier 1 Services** | #/% of students who received Tier 1 services or substance abuse prevention and/or mental/behavioral health instruction |
| | **Student Behavioral Health Knowledge** | #/% of students who increase knowledge of behavioral health |
| | **Tier 2 Services** | #/% of students referred to Tier 2 services/supports |
| | **Tier 3 Services** | #/% of students referred to Tier 3 services/supports |
| **SHPG Goal 2**<br>**Training & Resources for School Behavioral Team Members & Other Staff** | **Staff Training** | # of professional development activities regarding behavioral health and/or substance abuse prevention for all school staff |
| | **Staff Behavioral Health Knowledge** | #/% of school staff that feel more confident to support the behavioral health needs of their students (e.g., signs/symptoms/interventions) |
| **SHPG Goal 3**<br>**Coordination of Mental & Behavioral Health Supports for Students** | **Evidence-Based Programming** | # of schools adopting evidence-based behavioral health programs |
| | **School Climate Strategies** | # of schools supported by SHP engaging in strategies for evidence-based school climate |
| | **Caregiver Behavioral Health Knowledge** | # of parents who report increase in knowledge or understanding of behavioral health and parenting |
| | **Community Partners** | # of community-based partners/resources |
| | **Drug-Related Behavior Incidents** | #/% of drug-related behavior incidents |
| **Unique LEP Goal** | **Other** | Data-based decision making |
| | | Research tools for universal mental/behavioral health screening |