

Youth Behavioral Health Services in Colorado School Districts

Prepared for the Colorado Health Foundation

Education Policy Project
Colorado School Finance Project

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Introduction

The Education Policy Project (EPP) and Colorado School Finance Project (CSFP) were hired by the Colorado Health Foundation (CHF) to undertake a scan of the resources available for youth behavioral health services for students in Colorado school districts.

In this report, the study team first examines how school districts in Colorado are funded and how those sources of revenues can be utilized to provide youth behavioral health services for students. This includes understanding some of the inherent equity issues found in the funding system and examining how some districts have leverage utilizing the Mill Levy Override (MLO) system to acquire revenues for youth behavioral health services. The study team further examines additional available resources¹ for school districts including county and municipal elections and resources available from Colorado's philanthropic community. Though philanthropy does not have the scale to solve the youth behavioral health services gaps, it currently provides a key area of support for districts.

Following the discussion of potential funding sources for youth behavioral health services, the study team reviews current district implementation in two ways. First, the study team uses Colorado Department of Education (CDE) school district personnel data to see if districts are allocating more resources to the type of personnel needed to provide youth behavioral health services. The analysis provides information on how growth in these personnel compares to growth in all other personnel.

Second, the study team delves into the local context for youth behavioral health service implementation through interviews in 10 Colorado school districts. In these interviews, district staff discussed available revenue sources, service implementation and sustainability, and community partnerships. Further these interviews highlighted successes and challenges with implementation of youth behavioral health services in school districts.

The report concludes with a set of conclusions and recommendations for possible next steps.

Available Revenue Sources for Youth Behavioral Health Services

Overview of Current Funding Formula

Most funding for districts in Colorado comes through the state's school funding formula, which is set by Colorado's school finance act. This formula provides districts with differentiated funding based on district size, cost-of-living differences, and the number

¹ Note, the study team intentionally did not focus on state grant funds as an additional revenue source. During the study period, the Colorado Health Institute was working on behalf the state's Behavioral Health Task Force to take a deeper look at the state grant funding streams. With knowledge of this work, the study team eliminated the state grant analysis from this study's original scope of work to avoid a duplication of effort.

of students eligible for free price lunches. This funding is adjusted by the budget stabilization factor, which reduces funding for each school district. After the application of the stabilization factor, a targeted level of funding is set for each district and the formula determines the appropriate state and local funding level for each district based on a combination of required tax effort and property values. These formula-generated revenues are not restricted in how they can be spent.

The formula itself, and really no aspect of the state's funding system, is not based on the actual costs districts face to provide students with a set of specific programs or services. It is instead based on funding levels from decades prior, simply adjusted for inflation. This means districts receive funding through a system that has no specific recognition for many of the challenges students face, including youth behavioral health.

In addition to the funding formula, districts receive categorical funding from the state for areas such as special education, English Language Learners (ELL), Gifted and Talented, Career and Technical Education, and transportation. Categorical funds are state dollars meant to serve specific student populations or service areas. Federal funding provides additional funding for many of the same specific student populations as categorical funding, such as special education and low-income pupils. Many districts also apply for grant funding from state, federal or private groups to additionally enhance resources. Districts stack these various funding streams in many cases to serve student groups, but typically need to rely on general fund dollars to make up for funding gaps.

One local revenue stream districts have available to them are mill levy overrides (MLOs). MLOs are locally authorized funding streams only available to the students in the district and are often reserved for specific programs or purposes as described in the ballot language. The preparation a district goes through to ask for an MLO is typically a year's engagement process with the school board and its community. There needs to be a group of citizens that are willing to be the face of the election. Once the school board authorizes the language for the election, then the citizens must do the campaigning, no district dollars may be used for this effort.

In the 2017-18 school year, the most recent year for which fiscal data is available, Colorado school districts had total operating revenues of \$11.1 billion². Of this total, 41.8 percent of dollars came from state funding, 52.0 percent from local sources, and 6.2 percent from the federal government. Of the \$5.7 billion raised locally, nearly \$1.1 billion was raised outside the funding formula through MLOs – about 18 percent of local dollars or about 9 percent of all funding is raised through MLO's above the state's funding system. Of the \$1.1 billion raised by 112 districts, over 85 percent was raised by just 18 districts.³ Sixty-six districts have no mill levy overrides and the amount of revenue raised per student by overrides varies dramatically by district. There is no database that

² Data from the Colorado Department of Education's Comparison of Revenues and Other Sources 2017-18. <https://www.cde.state.co.us/cdefinance/fy1718revexp>

³ MLO data from the Colorado School Finance Projects 2017-18 State Profile. <https://cosfp.org/wp-content/uploads/State-Profile-Tables-2019.pdf>

allows the study team to identify districts that have never gone for an MLO, but it is believed that some districts have not asked the community for these additional dollars. Appendix A shows the distribution of MLOs across the 178 Colorado districts.

Since the great economic downturn, Colorado's K-12 system has a cumulative loss of revenue of \$8.1 billion; this has been referenced as the budget stabilization factor or the negative factor. The current funding year debt outstanding to K-12 is \$562 million. This ongoing shortfall has created many issues for school districts with loss of teachers and programs, reduced pay for educators and reduced maintenance and repair of facilities. One of the challenges during this time has been to deliver services around special education, as the severity of student needs has increased. Some of these special education students receive mental or behavioral health services that are directed by their IEP (Individual Educational Plan). For many school districts the only way to serve that child is through a contracted service provider, a non-K-12 employee. The cost of these external providers can be twice the cost of the average teacher in that district. During a time of reduced funding, the impact results in approximately \$1,000 of the per pupil funding a district receives for each student going towards special education. This impacts all other programs and services a school district can offer.

District Mill Levy Overrides

Ballot language for MLOs can be written to generate a constant dollar amount annually or an amount that can adjust as inflation or assessed valuation increases. The language typically reflects numerous areas where a school district will spend this new revenue but does not typically specify dollar amounts for each item listed. Districts need some flexibility in managing these dollars for the following reasons. First, a levy designed to raise a constant dollar amount over time loses value when it doesn't adjust for inflation, growth and cost pressures. Secondly, if economic conditions change and the state reduces general fund dollars, then MLO dollars may need to be adjusted to compensate. Third, prescriptive MLOs can be problematic for districts with declining student enrollment, as the MLO dollars are expanding programs in some areas, while the district may also be cutting teachers and programs in other areas due to reduced overall per pupil funding. The majority of districts in the state are currently facing declining enrollment.

MLOs are locally raised funds dependent on districts' and taxpayers' willingness to pass additional local taxes and capacity to raise funds. Sixty-three percent of districts currently have some MLO in place, which means that 37 percent of districts are operating without these additional resources available. It is often believed that certain communities simply refuse to pass additional taxes. Understanding the differences in current tax rates for the overall system and capacity to raise dollars provides more context on why some communities may not have MLOs.

Current Effort

Though Colorado's school finance act was designed in 1994 to have a level of taxpayer equity, the impacts of the Gallagher and TABOR constitutional amendments have created large variation in the local tax effort expected by communities that often

has little to do with characteristics such as wealth⁴. Table 1 shows the range in tax rates levied by districts for the school finance act, bonds (dollars for capital construction), MLOs, and total.

Table 1				
2019-20 SCHOOL YEAR DISTRICT MILLS				
	Total Program Mills	Total Bond Mills	Total Override Mills	Total Mills
Average	19.65	6.65	4.83	31.59
Median	21.60	6.15	15	29.73
Min	1.68	-	-	3.30
Max	27.00	24.00	31.90	81.27

On average, districts levy a little under 20 mills to fully participate in the state school finance act. But the range is from 1.68 to 27 mills, based on current statute⁵. A district's total program mills are set by the state and are not controlled locally. Each district's total program mills reflect historical economic and local property wealth that has been locked in due to the impacts of TABOR and Gallagher. School districts can ask community members to provide additional local effort through MLOs. With the wide variation in effort required for total program, districts have very different tax effort starting points, which helps explain why the level of success for these additional tax efforts can vary dramatically. These disparities are further exacerbated when bond mills for maintenance or construction of facilities are included. The table shows that once all local effort is calculated, the average district has total mills of 31.59, with a low of just 3.30 mills and a high of over 81 mills, a nearly 25-fold difference in tax effort for schools.

Capacity

When asking communities members to increase tax effort, districts must understand the revenue generation capacity of each mill. MLOs are fully funded locally and as Table 2 shows, the range in revenue generation across districts is large when looking at how much a single mill raises in each community. In total, the district with the most taxing capacity can raise over \$20 million dollars per mill, while the lowest capacity district raises just under \$6,000 per mill. Since districts vary in size, it is important to understand the differences per pupil. The highest capacity per student is nearly \$7,000 per student per mill, while the lowest is just over \$20 per student per mill. This means the highest capacity district has over 300 times the revenue generation capacity of the lowest. The average district can raise \$302 per student, but half of all district raise \$154 per student or less.

⁴ Wealth is measured only by the amount of assessed property value available in a community for the purposes of school finance.

⁵ In 1994 school districts were on average at 38 mills, creating much more local capacity for total program funding.

Table 2		
2019-20 SCHOOL YEAR CAPACITY PER 1 MILL		
	Total	Per Funded Student
Average	\$740,539	\$302
Median	\$106,567	\$154
Min	\$5,852	\$21
Max	\$20,722,174	\$6,991

There are 66 school districts out of 178 that have no MLOs. This creates wide variance across districts and raises equity concerns in a “thorough and uniform” education system. These 66 districts have unique stories, and there are two basic reasons they have no MLOs. First, district revenue generation capacity as shown above is so low that virtually no dollars are raised and the cost of running the election may be more than what they can generate from their community. The second reason why a district may not have an override is the lack of political will to raise taxes. Both situations create the conditions of inequity across school districts, which impacts students.

MLOs for Youth and Behavioral Health Services

Some districts have set aside part of MLOs to fund youth behavioral health services. Statewide MLOs account for nearly 20 percent of all local revenues, though the availability of overrides varies greatly across the state. To understand the reliance on MLOs for providing youth behavioral health, the study team examined the MLO elections for the past five years, 2015 through 2019. The analysis examined the total number of MLOs put forth by districts, the number that specifically included funding for youth behavioral health services, and how successful these elections were.

To examine school district MLOs that provided resources for youth behavioral health services, the study team relied on a database created by the CSFP each year which identifies all district MLOs on the ballot, the size of the financial ask, a description of the resources the MLO would be used for, and if the MLO passed or failed. To identify those MLOs with resources for behavioral or mental health services the study team used a two-step approach. It first ran a number of word searches through the descriptions utilizing key terms. The terms included:

- Health
- Behavior
- Mental
- Suicide
- Social
- Emotional

For any MLO that was identified including these terms, the study team examined the description to confirm resources could be related to behavioral and mental health. Table 3 shows the results of the study teams' analysis. The table shows that no MLOs were identified as including resources for youth behavioral health services in 2015 and just one in 2016, which did not pass. A little over 10 percent (2) of the MLOs put forward in 2017 included resources for youth behavioral health services and both passed. MLOs with youth behavioral health services made up larger percentages in 2018 and 2019, with nearly 25 percent and 33 percent of all MLOs including such services respectively. In both 2018 and 2019, all but one of the MLOs with youth behavioral health services passed.

Election Year	On Ballot	Youth Behavioral Health Component	Passed	Amount Passed
2015	12	0	0	\$0
2016	25	1	0	\$0
2017	19	2	2	\$42,300,000
2018	21	5	4	\$79,490,000
2019	12	4	3	\$20,450,000

It is important to note that the amount of funding passed is not exclusively for youth behavioral health services in any instance. District MLOs include a number of programs and services and youth behavioral health services make up just a portion of each passed MLO. The study team is not able to identify the specific percentage of funding, or even the specific services, that will be used to provide youth behavioral health services through each MLO based on the ballot language provided by districts.

Due to the small sample size, the study team does not think any conclusions can be drawn, but the recent trend is an increase in the number of MLOs with youth behavioral health services included, and those MLOs pass at a high rate. The districts putting forth MLOs with youth behavioral health services and passing those MLOs ranged in size across 2017-2019, with smaller districts such as Ouray and Eaton passing MLOs along with large districts such as Jefferson County Public Schools and Aurora Public Schools.

County and Municipal Elections

In addition to dollars generated through MLOs, district may also have access to resources raised by other local municipalities such as cities or counties. The study team did not have a readily accessible database with all of the elections for counties and cities to analyze. Instead, the study team reviewed the county clerk and recorder website for each of the 64 counties in Colorado and the Secretary of State's Election website to identify successful ballot measures that provided possible resources for youth behavioral health services at the city and county level. Again, the 2015 through 2019

ballot measures were examined. Table 4 shows the number of ballot measures by year across the 64 counties, school district elections are excluded from these figures.

Table 4		
Municipal Ballot Measures for 2015 through 2019 Elections		
Election Year	County	City/Town
2015	0	0
2016	0	0
2017	2	1
2018	5	0
2019	2	3

It is difficult to identify the exact resources that may be available to students through the ballot language for most of the measures. Most of the ballot measures do specifically mention “mental health,” but not how those services would be provided to students. Some ballot measures simply mentioned “community health” or similar services. Like the school district MLOs, there was an increase in the frequency of ballot measures related to youth behavioral health services in the most recent election years, with no measures in 2015 or 2016 that the study team could identify.

Though most ballot language was not specific, the San Miguel County 2018 measure specifically identifies “...mental health counselors and programs in school,” a clear opportunity for outside funding for services provided to K-12 students. The November 2018 Denver election funding Caring for Denver is another example of another possible opportunity for municipal funding for youth behavioral services.

Philanthropy

Districts often rely on philanthropic support in building the youth behavioral health services available for students. To understand the availability of philanthropic dollars for these services, the study team examined the websites of five Colorado philanthropic organizations. While the scan is not a full accounting of all dollars available for youth behavioral health services from philanthropy in the state, it does provide context for the level of resources available from this funding stream. It is important to remember that philanthropic funding is generally grant funding and carries the issues districts face with other grant funding discussed with more detail later in the report. These issues include restrictions on the use of funds, timelines when funding runs out, and needing the capacity at the district level to apply for the funds.

The Colorado Health Foundation

The study team reviewed the Colorado Health Foundation (CHF) website to determine funding opportunities available through CHF to address students' behavioral and mental health needs. CHF runs three funding cycles per year, in February, June, and

October. According to CHF's Funding At A Glance⁶ document and the Open Funding webpage,⁷ three potential CHF funding areas that could address student behavioral and mental health were identified:

- Youth and Young Adult Resiliency (Nurture Healthy Minds focus area),
- Community-initiated Solutions (Strengthen Community Health focus area), and
- Healthy Schools (Cross-Cutting Efforts focus area).

The study team also analyzed a spreadsheet of about 1,400 recent grant awards⁸ on the CHF site to identify previously funded CHF grants that address youth behavioral health needs. For consistency with the time period examined for school district and county or municipal ballot initiatives, the study team focused on grant awards made since November 2015 (reducing the number of grants to 960), then filtering awards based upon the terms “behavior,” “mental,” and “suicide.” About 50 awards included the term behavior or mental and just three included the term suicide.

The study team then reviewed the description of each of those awards to see if it could determine whether those grants served school aged children, and emerged with two categories of funding: those that clearly identified serving a school age population, and those that possibly served a school aged population. Some descriptions were not specific enough to determine whether the grant served school aged children – in that case, the grant was included in the “Possibly Serving School Aged Population” category. The study team excluded grants that appeared to be solely for capital construction improvements, and those serving individuals in or recently released from the criminal justice system. The following table shows the total awards since November 2015 and the funding areas in which grants were awarded.

Focus Area	Identified as Serving School Aged Population	Possibly Serving School Aged Population
Access to Care		\$21,000
Champion Health Equity	\$250,000	
Healthy Schools	\$150,000	
Maintain Healthy Bodies	\$742,197	\$7,814,220
Mental and Behavioral Health		\$41,025
Nurture Healthy Minds	\$878,966	\$4,281,000
Other Program	\$1,992,448	\$4,581,990
TOTAL	\$4,013,611	\$16,739,235

⁶ https://coloradohealth.org/sites/default/files/documents/2019-06/CHF_Funding_At_Glance.pdf

⁷ <https://www.coloradohealth.org/open-funding>

⁸ <https://coloradohealth.org/sites/default/files/documents/2018-12/TCHF%20Grants%202013-2018.xlsx>

Second Wind Fund

As a direct service provider, The Second Wind Fund⁹ provides treatment services to services to at-risk children and youth. It matches youth at risk of suicide (ages 19 and younger) with a licensed therapist in their community. Youth are generally referred for services by school-based mental health staff. If referred youth do not have adequate insurance or means to pay for treatment, Second Wind Fund covers the cost of therapy. As such, Second Wind Fund's focus is not grantmaking to other organizations or school districts.

Kaiser Permanente Colorado

Kaiser Permanente Colorado invested more than \$141 million in 2018 for community health support, partnerships, and programs. Three areas guide its community health efforts: ensure health access; improve conditions for health and equity; and advance the future of community health. While the website does not contain a complete list of each grant it had provided, its Community Health Snapshot provides a summary of Kaiser Permanente Colorado's outreach and strategies from 2018.

One component of the community health focus area addresses social/emotional wellness and behavioral health. In 2017, Kaiser Permanente Colorado began a 3-year, \$1.5 million wellness initiative to advance social/emotional wellness and behavioral health in five school districts. The initiative includes a focus on providing appropriate counseling, psychological and social services; creating a healthy and safe school environment, prompting family, community and student involvement; and increase staff health promotion.¹⁰

Kaiser Permanent Colorado is also one of eight Colorado-based foundations that joined together with five counties and the Butler Institute for Families to create the LAUNCH Together¹¹ initiative, a 5-year, \$11.2 million¹² initiative designed to improve social-emotional and developmental outcomes for Colorado's young children and their families. The five key strategies of the initiatives are behavioral health in primary care, mental health consultation in early care and education, enhanced home visiting, family strengthening, and screening and assessment. For the first part of this 5-year process, seven Colorado communities were each awarded a grant of up to \$55,000 for strategic planning. Four of those seven were selected to receive \$2 million each to implement their plans to expand evidence-based prevention and promotion practices and enhance coordinated community systems.

Caring for Colorado Foundation

The Caring for Colorado Foundation has four key focus areas: Healthy Beginnings, Healthy Youth, Strong and Resilient Families, and Public Policy Advocacy. Within the

⁹ <https://www.thesecondwindfund.org/>

¹⁰ https://about.kaiserpermanente.org/content/dam/internet/kp/comms/import/uploads/2019/08/KPCO_CommunityHealthSnapshot2018_webspread.pdf

¹¹ <https://earlymilestones.org/project/launch-together/>

¹² <https://about.kaiserpermanente.org/community-health/communities-we-serve/colorado-community/community-health-impact>

Healthy Youth focus area, its strategies are focused on behaviors that promote health and wellbeing in youth ages 10 to 25¹³. Among the priorities it funds in this area are youth friendly health services, including the integration or co-location of youth-friendly behavioral health and reproductive and sexual health services in school- and community-based settings, other focused programs for specific groups of youths experiencing challenges to health and well-being, and out-of-school time that include a focus on addressing emotional and mental wellness.

Caring for Colorado is also one of the eight foundations funding the LAUNCH Together initiative, described in the Kaiser Permanent Colorado summary above. Caring for Colorado maintains a grants database¹⁴ that includes details on grants awarded since 1999. The study team searched the grants database for all grants awarded from 2016 to date and identified any of the grants with keywords behavioral, mental, and suicide in the project description. Each grant description was reviewed to ensure the behavioral health services were provided and then identified as serving school aged population or possibly serving school aged population. The following chart summarizes grantmaking total by year for those serving or possibly serving school aged population.

Year	Serving School Aged Population	Possibly Serving School Aged Population
2016	\$887,485	\$664,375
2017	\$680,815	\$709,374
2018	\$1,571,955	\$1,126,955
2019	\$518,359	\$819,406
TOTAL	\$3,658,614	\$3,320,110

Rose Community Foundation

The Rose Community Foundation typically funds programs that serve the seven-county Greater Denver community of Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas and Jefferson Counties. At the time of this study, it does not include a comprehensive list of its current or past grant awards on its website. Following a year-long strategic planning process, it released its 2020-25 Strategic Plan¹⁵ early this year. It is currently in a transition year and is not accepting any new grant applications during the first two quarters of 2020. During this transition time, Rose Community Foundation will be developing its specific priorities and parameters to guide its grantmaking beginning in the third quarter of 2020.¹⁶

¹³ https://caringforcolorado.org/wp-content/uploads/2019/11/Healthy-Youth_Brief_10-2019.pdf

¹⁴ <https://caringforcolorado.org/grants/grants-database/>

¹⁵ https://rcfdenver.org/wp-content/uploads/2020/01/ROSE-strategic-plan_c9.pdf

¹⁶ <https://rcfdenver.org/nonprofits-and-grants/>

A search of the Strategic Plan did not reveal any occurrence of the terms behavioral, mental, or suicide, but the plan lays out the very broad goals of the Foundation, and specific priority areas and strategies will likely be identified later this year. Its historic grantmaking areas¹⁷ include Aging, Child and Family Development, Education, Health, Jewish Life, and Community Action.

Reviewing the five organizations shows that there are millions of dollars in support available for youth behavioral mental health services in the state for organizations that provide direct services for students.

Implementation Context for Youth Behavioral Health Services in Colorado School Districts

District Personnel Data

The study team first examined if districts have increased spending for youth behavioral health services by examining increases in spending on personnel that would be most likely to provide youth behavioral health services to students. This might include personnel such as counselors, behavior specialists, psychologists, and social workers. At this time, the CDE does not provide a readily available database with personnel by specific job type. The study team was able to find data, contained in a turnover analysis, that groups all personnel in schools into nine categories, which include instructional support and other support¹⁸. The instructional support category includes counselors and behavior specialists, but it also includes personnel focused on reading/math interventions and even deans. The other support category includes psychologists and social workers, but also nurses and occupational and physical therapists. Appendix B shows the full classifications for the CDE report.

The study team felt it would still be helpful to see if the rate of growth in the instructional support and other support categories was outpacing that of other personnel. Table 5 examines the rates of growth for those two personnel categories versus all other categories year to year, from 2014-15 through 2018-19, and between 2014-15 and 2018-19. Instructional Support and Other Support increase more rapidly in each year and over time than other personnel positions, with instructional support growing six times faster than other job classifications. Again, this does not mean supports for youth behavioral health services grew at this rate, but the general areas in which these personnel are classified did grow.

¹⁷ <https://rcfdenver.org/nonprofits-and-grants/focus-areas/>

¹⁸ CDE Personnel Turnover Rate by District and Position Category 2017-18.
<https://www.cde.state.co.us/cdereval/fall2017staffdata>

Table 5					
Percentage Change in Head Count for CDE Job Classifications by Year and between 2014-15 and 2018-19					
Job Classification	2014-15 to 2015-16	2015-16 to 2016-17	2016-17 to 2017-18	2017-18 to 2018-19	2014-15 to 2018-19
Instructional Support	12%	4%	10%	6%	36%
Other Support	5%	4%	5%	5%	20%
Total (All Job Classifications)	3%	1%	2%	2%	8%
Total Less Instructional and Other Support	2%	1%	1%	2%	6%

Many of the personnel job classifications identified by the study team that might serve youth behavioral health needs likely also serve students in special education. Services for special education students are prescribed by each student's IEP and the services are mandated by federal law. Though some of the youth behavioral health services districts provide may be part of an IEP, many other students also require these services outside of any specific special education needs. Knowing that special education services are growing statewide, the study team is very careful in making any specific conclusions based on this analysis.

District Interviews

The study team also conducted 10 phone interviews with school districts to further understand the context of youth behavioral health services implementation. Districts were not selected to be a representative sample of the state, but instead were identified as having put an MLO up for vote that included resources for youth behavioral health services or having an incident in the district that had likely led to changes in how the district implemented youth behavioral health services. Districts ranged in size from 168 to 82,205 students and were located around the state, including in rural and urban settings. In addition, the study team spoke with a CDE representative that works with rural districts to understand the challenges faced by rural districts and how districts are attempting to address these challenges.

Districts were asked to participate in a short phone interview addressing the following areas:

- Revenues - What revenue streams are available for youth behavioral health services?
- Services - What services, personnel, or programs has the district implemented?
- Sustainability - What is the level of sustainability of current programming based on available revenue and personnel?
- Partnerships - Are there other entities outside of K-12 that you are partnering with to deliver services to students?

Interviewees included superintendents, chief financial officers, and behavioral or mental health program personnel. The interviews addressed the questions above and where possible, identified the specific types of services the districts were providing.

The challenges and successes for school districts are reflected through a synopsis of the phone interviews. Some of the smaller rural communities may have a nurse in their district one day a week and the remaining time utilize tele commute therapy that is funded through an intergovernmental grant. This service will be offered for the entire community, but the school becomes the hub for programs that are offered for parents and community members. Whereas in the classroom, teachers and counselors (at the upper grades) try to embed programs in curriculum.

Larger school districts that have a demographic that qualifies for Medicaid have been able to utilize those funds, along with grants and general fund dollars to expand services by adding counselors or a health center that can be used by other students in the district that can include mental and behavioral health. Having this health center on site can be easier access for parents and students, is a less threatening environment, which creates an ease of use for working families, and it removes transportation barriers.

The shortage of qualified staff, the cost constraints that arise from specialized service deliverers and the lack of consistent sustainable funds create challenges everywhere across the state. The goal for school districts is to provide more counselors or specialists but obtaining the correct ratios for those staff student supports may be unknown for the medical treatment a student needs. If a district partners with medical providers, they have found that there are compatibility issues with technology and that the medical systems are much more advanced than what K-12 has. This then becomes another area that school districts must have resources for.

Revenues

It was clear that districts are struggling to identify an adequate level of revenues to provide the youth behavioral health services they feel they need, regardless of the availability of MLO dollars in a district or not. District staff expressed that they know they need to do more in the area, but have many other areas of concerns within districts that also require resources within the limited funding environment faced by all districts.

A number of equity issues became apparent when looking at available revenues. Those districts that have been able to tap MLOs clearly have an advantage over other districts in implementing youth behavioral health services. Districts are still not doing everything they would like but, have begun to implement services across the state. The challenge and the consistency of programs are all tied to the lack of sustainable funding.

It was also clear that districts rely heavily on grants to provide youth behavioral health services, even districts with access to MLOs. Although these revenue streams are appreciated, they create issues relating to equity and sustainability, but also around program delivery. Districts mentioned that grants are restrictive in the types of services that can be provided and limited in the length for which they are provided. This can lead to districts implementing programs that may not be exactly what they would choose, knowing they can only sustain the program for a limited time.

Many districts mentioned Colorado's School Counselor Corps Grant Program¹⁹ grant as a specific funding stream they rely on for youth behavioral health services. The grant is a long-standing public source, starting in 2008, whose goal is to provide effective school-based counseling in secondary schools. Districts really appreciated the funding but have had to reapply and worry that if the funding goes away, that personnel will be lost. The lack of stable funding is costly for school districts when budget pressures are so great. Even when grants are extended, they may change program requirements, so the initial investment may be very short lived and create implementation of new programs every few years. To get any of these grants, districts must rely on staff to apply. Many, rural or smaller, districts do not have specific staff for this process, making it harder for them to compete for funds.

Services

Behavioral health services can be categorized into one of three tiers of service including:

- Tier 1- Universal Prevention,
- Tier 2 - Targeted Prevention, and
- Tier 3 – Intensive, Individualized Prevention²⁰.

Tier 1 includes services for all students, while Tier 3 services are targeted to just a few students. The remainder of this section discusses the general themes heard from districts regarding the three questions and a discussion of the types of services districts are providing within each of the three tiers. Appendix C provides detail on each of the districts and the services that they are providing.

Districts are working hard to create the best approach for implementing youth behavioral health services. It was clear that access to revenues and partnerships impact each district's ability to provide services. Additionally, the study team learned that districts are beginning at very different places in this work. Some districts have faced specific events, such as suicides or school shootings, that have led to robust planning around youth behavioral health services. Other, often smaller, districts worry they do not have the supports necessary to implement the right plan. One interviewee began the conversation asking the study team how they could even help in the conversation since their district is just starting the conversation and struggling to create the right plan while facing growing needs.

The services a school district can offer are influenced by MLOs, grants, personnel, partnerships and community values. The ultimate desire for school districts is to create a proactive system for students versus a reactive system after an event occurs. This was highlighted in one of the interviews in using the analogy of reading. The state has invested money in early reading identification programs for all students who enter preschool, kindergarten or first grade. This support and assessment system has multiple components, but the underlying desire is to be proactive, not wait until a child is

¹⁹ <https://www.cde.state.co.us/postsecondary/schoolcounselorcorps>

²⁰ <https://www.pbis.org/pbis/tiered-framework>

struggling with reading. This would be the ideal model for mental and behavioral health as well, although this type of model is costly and needs sustainable funding. A program offered in one grade, one time, does not have impact; it must be embedded ongoing supports in order to benefit students.

An example that further emphasizes the need for ongoing, embedded services is third-grade reading requirements. Emphasis has been placed on ensuring that preschool and kindergarten classrooms have low class sizes and extra support. However, results have shown that this is not enough to improve reading success unless there is same support and staffing structure 1st through 3rd grade and then embedded support in grades 4-12 for those students that need it. The lack of continuity means that the impacts of the early interventions dissipate without the resources in the later grades.

Tier 1

Districts reported on being focused on a few areas in regard to Tier 1 services. They include creating districtwide curriculum or programs for students, including focusing on bullying prevention and social emotional learning curriculum. To implement these curriculum or programs, districts rely on knowledgeable staff. Often a counselor, or for one district a whole social emotional department at the central office, leads the implementation of these curriculum and programs. Additionally, districts are trying to create a baseline level of service available to all students which include social workers, nurses, counselors, and behavioral specialists. Districts know they need this proactive system mentioned above and baseline levels of resources are key to creating this environment.

Another area mentioned by many districts are the social and mental health of teachers. This includes training staff through rigorous professional development in youth behavioral health, so they are prepared to serve students. Also important is providing staff team building, opportunities to use collaborative time to address needs of specific students and ensuring opportunities for staff to address health and mental health of themselves, given the demands in the classroom. Beyond students and staff, some districts are providing some parent programming, though it is not as frequent due to a lack of funding.

Tier 2

Districts rely on highly educated/trained staff or outside partnerships to provide the small group interventions. These services work on top of the early identification to provide support when specific youth behavioral health issues are identified. Partners are provided space within the school or district to deliver supports to the students. The availability of well trained and funded partners varied widely across districts. Some interviewees were surprised when we dug deeper into where/how the district was able to access a specific resource. The district staff just assumed something similar existed across the state, and many had little knowledge on the specific funding streams for the partners, though Medicaid reimbursement was part of the equation for most.

Tier 3

Tier 3 services are services for specific students, and districts mentioned that they are often emergent issues. Districts work with trained staff in schools and partners to address the specific needs of students. Unfortunately, access to the “right” staff is not always available when needed. This can be especially true for smaller and more remote settings. Staff are available only on specific times or days and students can’t wait to have a problem until they are available. More generally, highly trained staff are more difficult to find in these settings.

Sustainability

Districts face sustainability issues in relationship to youth behavioral health services for a number of reasons. In regard to funding, all districts worry about an economic downturn and what that would mean for overall school funding in the state. If overall funding is cut, districts find it difficult to make cuts in the classroom, leading to cutting service outside of a classroom such as youth behavioral health services. This means any larger scale funding downturn will likely lead to cuts in current youth behavioral health services.

For districts that are relying heavily on grants, any expiration of the grants or changes in how the grants can be used will impact the districts. With many of the districts the study team spoke to relying heavily on grants, it is clear that changes to this funding stream will heavily impact students.

With the needs of students growing and districts trying to expand youth behavioral health services, there will be a need for more specialized personnel around the state. Districts expressed a lack of personnel available currently and this gap will only grow over time. For some districts, there are simply not the types of people available in the community. Especially for rural districts, the trained staff just do not exist. For both rural and other districts, even when the staff do exist, the price of the staff can be prohibitive. The uniqueness of their skills means they are priced out of what districts can afford.

Community Partnerships

School districts all recognize and value the outside partnerships that can be created and rely on these partners for Tier 2 and 3 services. Districts with a hospital, county or city-based programs, private contractors, etc., have far more robust access to services for students, creating clear equity issues across the state. Some school districts have space in facilities to entice a partner to create a center-based program. Other communities may be limited to tele help, or a provider one day a week, which creates significant differences in services.

If a school district serves a population that qualifies for Medicaid reimbursement, programs may have opportunities to be more robust. Unfortunately, the services can only be targeted to eligible students, not allowing for service to other students with behavioral health needs. Another challenge is that detailed records must be kept, and school district data systems are not typically at the same caliber as the medical

community, so the costs of making them compatible can be unrealistic due to financial constraints.

Districts also face some limitations on the amount of services they can provide students. During the district interviews, districts referenced caps on the number of interventions they could provide. This seems to be a combination of billing requirements and rules within different partnership agreements. When these occur, the district must rely on outside professionals to provide additional support. This means to adequately serve students districts must have partnerships with outside organizations.

An example of a county-wide partnership comes out of Pitkin county. Funding from the school district, city of Aspen, Aspen Valley Hospital, and the county help to provide services mental health services for all citizens. The partnership includes two services providers that have increased services in the county and include services for students in the local school districts. The partnership is somewhat unique in that it is funded through current, reallocated, sources.

Conclusion

This study showed that youth behavioral health services for students are highly important and that districts are currently struggling to find the revenues and personnel they need to implement them successfully. Within a limited resource funding environment, districts are often turning to funding streams such as MLOs and grants to gain the resources necessary to serve students. Other communities are passing revenues at the municipal or county level to support youth behavioral health services. Each of these approaches ensures that youth behavioral health services will not be available equitably across the state for students. Those communities with the ability to raise these revenues will be able to provide services for students, while those unable will struggle to adequately support students' youth behavioral health needs. The state will be left with a set of haves and have nots.

A number of next steps could be taken to further understand the youth behavioral health landscape in districts, including:

- Conduct additional interviews with districts that have had events or circumstances that would create the need for additional youth behavioral health services, but who do not have MLOs.
- Work with districts to get a more detailed understanding on how MLO dollars are being used to implement youth behavioral health services.
- Work with CDE to collect personnel data at the job code level, and if possible linked to revenue sources, to better understand the changes in youth behavioral health personnel in districts over the past years.
- Create an expert panel to discuss/design a "model" quality delivery program for Colorado school districts that will allow for an analysis on the impacts for staff ratios, partnerships and program offerings.
- Utilizing the model, survey all school districts to understand the ability to meet the youth behavioral health standards, the revenue streams utilized, and the barriers

for districts. Use the survey to identify the highest gap areas of youth behavioral health services across the state.

- Begin exploring what these findings equate to from a revenue standpoint and explore implications for school finance, including the issue of local control and state assurances of dollars going to specific entities.
- Take a deeper look at the distribution of philanthropic dollars across the state to understand the equitable distribution of these funds.
- Identify specific philanthropic funding opportunities to better understand how dollars are flowing to school-aged populations.

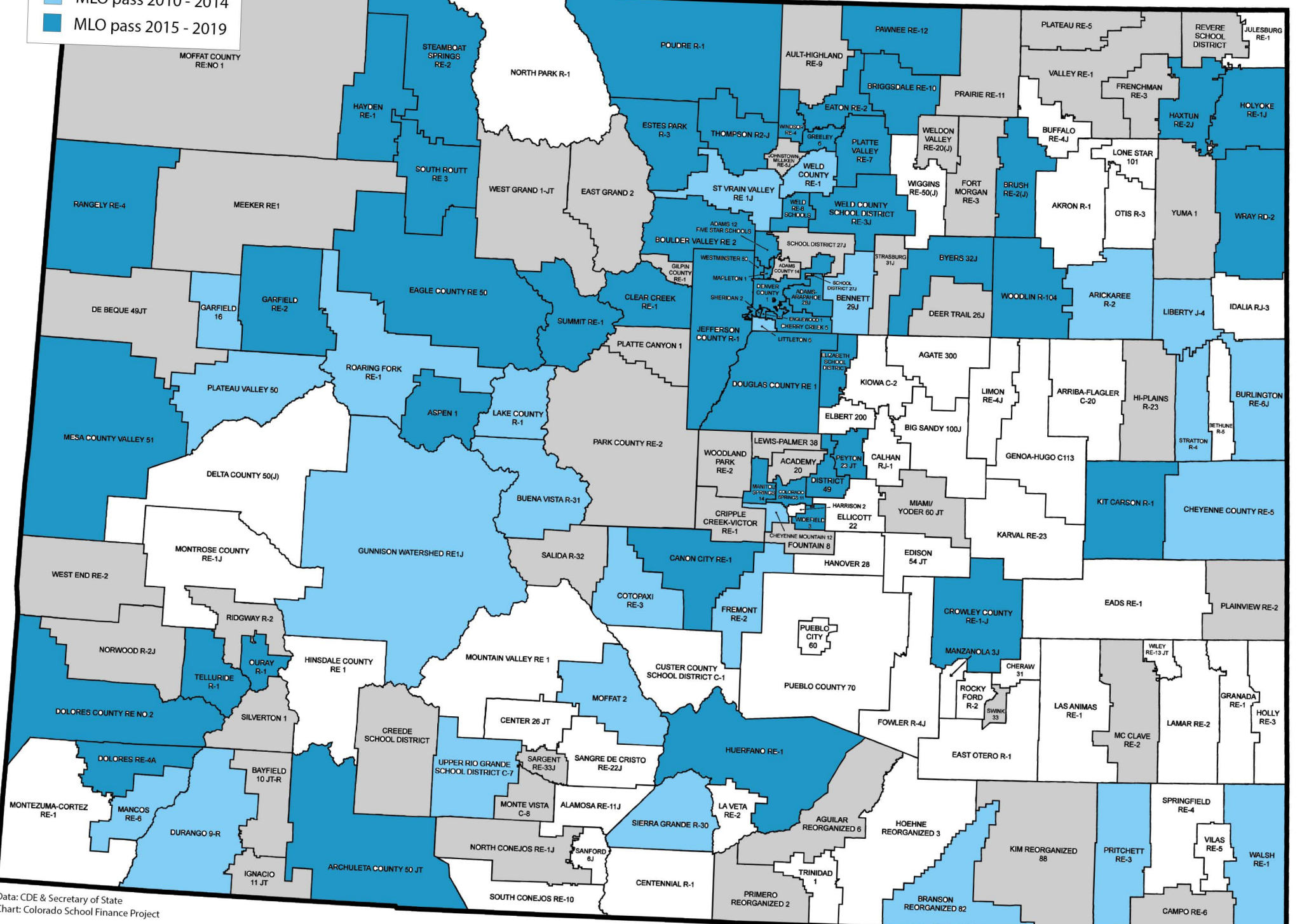
These additional steps will provide a deeper understanding of the resources available for youth behavioral health services across the state.

Appendix A

Colorado School Finance Project

Most Recent Mill Levy Override (MLO) Passed by Voters in Colorado School Districts - November 2019

- No MLO
- MLO pass 1988 - 2009
- MLO pass 2010 - 2014
- MLO pass 2015 - 2019



Data: CDE & Secretary of State
 Chart: Colorado School Finance Project

Tax Effort and Fiscal Capacity –2019-20

The data on the following pages shows various tax effort and capacity information for each district in the state. The per student figures are calculated using the funded pupil counts (FPC) without Charter School Institute students.

The tax effort information includes the Total Program Mills, Bond Mills, Total Override Mills, and Total Mills. Total Program Mills is the number of mills each district levies as part of the school finance act.

Type of Mill	Average	Median	Range
Total Program Mills	19.646	21.600	1.680 to 27.0
Bond Mills	6.65	6.1	0 to 24.0
Total Override Mills	5.74	4.06	0.000 to 31.904
Total Mills	31.59	29.7	3.30 to 81.27

The last two columns look at each district's fiscal capacity. The fiscal capacity is the amount of dollars each mill can raise against the assessed value of the district.

The "Amount Raised by 1 Mill" column examines how much a district can raise levying one mill against the assessed value.

	Average	Median	Range
Amount Raised by 1 Mill	\$740,539	\$106,567	\$5,582 to \$20,722,174

The second column, "Amount Raised per Student for 1 Mill", looks at the amount raised per funded pupil count.

	Average	Median	Range
Amount Raised Per Student for 1 Mill	\$302	\$154	\$21 to \$6,991

Total Override Mills include the following Mills: Categorical Buyout, Hold Harmless, Excess Hold Harmless, Voter Approved, Abatement, Transportation, Special Building, Full-Day Kindergarten, and Other.

School districts have no control over the value of one mill.

Tax Effort and Fiscal Capacity – 2019-20

District Code	District Name	Funded Pupil		Total Program Mills	Bond Mills	Voter		Amount Raised by One Mill	Amount Raised by One Mill Per FPC
		Count (FPC) without CSI Students	AV per FPC			Approved Mills	Total Mills		
0010	MAPLETON 1	8,867.5	\$91,048	26.080	15.825	9.5	51.775	\$807,370	\$91
0020	ADAMS 12 FIVE STAR	37,863.7	\$80,751	27.000	21.665	20.647	69.984	\$3,057,520	\$81
0030	ADAMS 14	6,878.4	\$125,781	24.688	7.606	5.652	38.009	\$865,171	\$126
0040	BRIGHTON 27J	18,828.1	\$90,671	26.262	22.069	0.439	48.810	\$1,707,154	\$91
0050	BENNETT 29J	1,082.0	\$221,203	22.285	2.472	0	24.882	\$239,341	\$221
0060	STRASBURG 31J	1,031.0	\$102,637	27.000	7.796	2.835	37.652	\$105,819	\$103
0070	WESTMINSTER 50	9,201.8	\$92,486	27.000	10.159	28.028	65.984	\$851,040	\$92
0100	ALAMOSA RE-11J	2,431.3	\$57,729	27.000	12.349	0	39.354	\$140,355	\$58
0110	SANGRE DE CRISTO RE-22J	290.9	\$144,197	27.000	8.050	0	35.050	\$41,947	\$144
0120	ENGLEWOOD 1	2,622.8	\$241,679	21.895	18.000	9.711	49.852	\$633,876	\$242
0123	SHERIDAN 2	1,354.5	\$174,393	20.947	8.213	0	46.502	\$236,215	\$174
0130	CHERRY CREEK 5	54,539.6	\$129,463	18.756	10.146	16.735	46.997	\$7,060,885	\$129
0140	LITTLETON 6	14,792.1	\$133,537	25.353	19.134	13.415	59.266	\$1,975,289	\$134
0170	DEER TRAIL 26J	223.5	\$208,801	27.000	11.440	0	38.851	\$46,667	\$209
0180	ADAMS-ARAPAHOE 28J	39,585.7	\$80,281	26.010	23.000	31.904	81.275	\$3,177,978	\$80
0190	BYERS 32J	2,144.1	\$32,181	23.909	0.000	0	26.121	\$69,000	\$32
0220	ARCHULETA COUNTY 50 JT	1,716.3	\$187,428	21.014	0.000	4.529	25.585	\$321,683	\$187
0230	WALSH RE-1	148.0	\$186,290	19.301	0.000	6	25.308	\$27,571	\$186
0240	PRITCHETT RE-3	54.5	\$346,326	18.801	0.000	5.298	24.099	\$18,875	\$346
0250	SPRINGFIELD RE-4	293.0	\$102,262	27.000	0.000	0	27.029	\$29,963	\$102
0260	VILAS RE-5	81.7	\$92,457	27.000	0.000	0	27.069	\$7,554	\$92
0270	CAMPO RE-6	50.0	\$299,345	10.756	0.000	10.332	21.088	\$14,967	\$299
0290	LAS ANIMAS RE-1	2,355.8	\$27,734	19.498	0.000	0	19.505	\$65,336	\$28
0310	MCCLAVE RE-2	243.2	\$97,559	18.915	0.000	0	24.216	\$23,726	\$98
0470	ST VRAIN VALLEY RE-1J	31,300.8	\$133,425	24.995	17.550	13.59	57.559	\$4,176,299	\$133
0480	BOULDER VALLEY RE- 2	30,302.4	\$242,030	25.023	7.855	10.107	44.359	\$7,334,080	\$242
0490	BUENA VISTA R-31	1,035.5	\$219,727	15.982	10.730	10.242	36.992	\$227,528	\$220
0500	SALIDA R-32(J)	1,293.0	\$212,669	14.693	7.615	7.236	29.632	\$274,980	\$213
0510	KIT CARSON R-1	108.7	\$407,704	7.814	13.900	7.222	28.937	\$44,317	\$408
0520	CHEYENNE RE-5	185.5	\$457,448	6.674	0.000	8.668	15.342	\$84,857	\$457
0540	CLEAR CREEK RE-1	752.5	\$483,903	12.481	3.125	7.69	23.300	\$364,137	\$484
0550	NORTH CONEJOS RE-1J	1,105.5	\$29,325	17.123	12.750	5.861	36.179	\$32,419	\$29
0560	SANFORD 6J	361.1	\$24,537	27.000	10.158	0	37.203	\$8,860	\$25
0580	SOUTH CONEJOS RE-10	182.6	\$157,757	18.788	14.754	0	33.664	\$28,806	\$158
0640	CENTENNIAL R-1	225.1	\$258,099	16.280	8.066	0	24.422	\$58,098	\$258
0740	SIERRA GRANDE R-30	278.9	\$243,333	27.000	18.000	5.1	50.193	\$67,866	\$243
0770	CROWLEY COUNTY RE-1-J	458.7	\$107,281	16.449	0.000	6	23.048	\$49,210	\$107
0860	CONSOLIDATED C-1	373.5	\$284,771	22.903	5.957	0	28.867	\$106,362	\$285
0870	DELTA COUNTY 50(J)	4,808.8	\$79,815	22.656	4.925	0	27.596	\$383,812	\$80
0880	DENVER COUNTY 1	91,185.2	\$227,254	25.541	9.568	11.014	46.664	\$20,722,174	\$227
0890	DOLORES COUNTY RE-2	239.3	\$524,117	15.559	0.000	0	15.559	\$125,421	\$524
0900	DOUGLAS COUNTY RE-1	65,405.2	\$111,420	25.440	8.054	10.113	43.839	\$7,287,447	\$111
0910	EAGLE COUNTY RE-50	6,731.0	\$470,366	11.618	6.728	5.295	24.240	\$3,166,035	\$470
0920	ELIZABETH C-1	2,310.1	\$106,226	26.714	0.000	6.479	33.267	\$245,392	\$106
0930	KIOWA C-2	254.3	\$181,280	19.188	0.000	0	19.257	\$46,099	\$181
0940	BIG SANDY 100J	320.0	\$69,867	25.359	9.929	0	35.473	\$22,357	\$70
0950	ELBERT 200	232.5	\$110,030	20.596	7.800	0	28.417	\$25,582	\$110
0960	AGATE 300	50.0	\$374,725	16.798	0.000	0	16.798	\$18,736	\$375
0970	CALHAN RJ-1	455.5	\$96,013	27.000	0.000	0	27.083	\$43,734	\$96
0980	HARRISON 2	11,801.5	\$60,595	15.720	21.257	8.041	47.227	\$715,107	\$61
0990	WIDEFIELD 3	9,388.7	\$48,183	21.894	9.632	17.976	56.396	\$452,379	\$48
1000	FOUNTAIN 8	8,313.0	\$20,850	19.684	0.000	5	24.845	\$173,323	\$21
1010	COLORADO SPRINGS 11	26,717.4	\$113,290	20.715	6.616	23.653	51.558	\$3,026,822	\$113
1020	CHEYENNE MOUNTAIN 12	5,175.3	\$80,542	27.000	9.542	18.329	55.000	\$416,828	\$81
1030	MANITOU SPRINGS 14	1,432.5	\$91,964	22.816	4.923	30.843	58.817	\$131,739	\$92
1040	ACADEMY 20	25,613.4	\$71,834	26.952	18.276	14.539	60.216	\$1,839,909	\$72
1050	ELLCOTT 22	1,087.5	\$34,159	27.000	4.667	0	31.921	\$37,148	\$34
1060	PEYTON 23JT	626.9	\$79,908	21.419	3.700	5.3	30.469	\$50,094	\$80
1070	HANOVER 28	252.7	\$154,622	8.433	24.000	0	32.439	\$39,073	\$155
1080	LEWIS-PALMER 38	6,517.2	\$90,503	23.164	11.345	6.782	41.430	\$589,829	\$91
1110	FALCON 49	25,811.4	\$40,647	24.459	0.000	18.5	43.189	\$1,049,145	\$41
1120	EDISON 54JT	207.0	\$28,269	27.000	9.501	0	36.501	\$5,852	\$28
1130	MIAMI-YODER 60	284.8	\$91,766	20.834	6.337	0	29.263	\$26,135	\$92

Tax Effort and Fiscal Capacity – 2019-20

District Code	District Name	Funded Pupil		Total Program Mills	Bond Mills	Voter Approved		Amount Raised by One Mill	Amount Raised by One Mill Per FPC
		Count (FPC) without CSI Students	AV per FPC			Total Mills	Total Mills		
1140	CANON CITY RE-1	3,726.2	\$64,426	27.000	12.115	5.211	44.353	\$240,065	\$64
1150	FLORENCE RE-2	1,374.3	\$112,363	15.203	11.118	2.456	29.379	\$154,421	\$112
1160	COTOPAXI RE-3	218.0	\$273,080	21.702	0.000	2	23.723	\$59,531	\$273
1180	ROARING FORK RE-1	5,643.4	\$204,835	21.759	12.931	7.613	42.903	\$1,155,976	\$205
1195	GARFIELD RE-2	4,837.2	\$166,466	4.700	11.138	11.425	27.384	\$805,230	\$166
1220	GARFIELD 16	1,282.0	\$537,955	2.231	8.015	3.142	13.424	\$689,659	\$538
1330	GILPIN COUNTY RE-1	461.0	\$827,566	4.075	0.000	2.59	7.016	\$381,508	\$828
1340	WEST GRAND 1-JT	445.5	\$267,276	13.811	7.325	4.619	25.777	\$119,072	\$267
1350	EAST GRAND 2	1,330.5	\$515,335	11.775	4.360	1.941	19.668	\$685,653	\$515
1360	GUNNISON WATERSHED RE1-J	2,062.5	\$318,471	15.500	7.580	5.709	28.868	\$656,847	\$318
1380	HINSDALE COUNTY RE-1	88.6	\$622,407	16.599	4.071	0	20.670	\$55,145	\$622
1390	HUERFANO RE-1	529.1	\$177,198	23.781	4.624	3.434	32.080	\$93,755	\$177
1400	LA VETA RE-2	213.4	\$150,497	26.312	13.537	0	39.887	\$32,116	\$150
1410	NORTH PARK R-1	172.2	\$563,932	23.041	0.000	0	23.060	\$97,109	\$564
1420	JEFFERSON COUNTY R-1	82,205.1	\$130,311	26.252	6.741	13.74	47.075	\$10,712,184	\$130
1430	EADS RE-1	178.5	\$125,344	22.199	0.000	0	22.228	\$22,374	\$125
1440	PLAINVIEW RE-2	55.3	\$319,530	19.520	0.000	0	23.173	\$17,670	\$320
1450	ARRIBA-FLAGLER C-20	161.0	\$207,547	27.000	0.000	0	27.000	\$33,415	\$208
1460	HI PLAINS R-23	119.5	\$256,104	22.463	6.419	0	33.441	\$30,604	\$256
1480	STRATTON R-4	220.0	\$111,408	27.000	0.000	7.5	34.511	\$24,510	\$111
1490	BETHUNE R-5	116.5	\$169,285	22.188	0.000	15.2	37.388	\$19,722	\$169
1500	BURLINGTON RE-6J	737.9	\$141,154	24.180	0.000	3.515	27.695	\$104,157	\$141
1510	LAKE COUNTY R-1	1,045.0	\$230,637	23.469	7.900	2.77	34.139	\$241,015	\$231
1520	DURANGO 9-R	5,416.2	\$257,825	6.601	5.776	8.692	21.129	\$1,396,432	\$258
1530	BAYFIELD 10 JT-R	1,404.5	\$163,761	8.229	14.499	8.343	31.272	\$230,003	\$164
1540	IGNACIO 11 JT	874.5	\$300,004	2.274	11.500	4.179	17.954	\$262,354	\$300
1550	POUDRE R-1	29,922.2	\$125,002	27.000	12.473	16.312	56.000	\$3,740,344	\$125
1560	THOMPSON R-2J	15,544.4	\$154,975	22.360	7.944	13.427	43.838	\$2,408,990	\$155
1570	PARK (ESTES PARK) R-3	1,094.1	\$404,394	20.549	3.825	7.024	31.576	\$442,448	\$404
1580	TRINIDAD 1	1,023.3	\$123,888	12.427	4.266	0	16.736	\$126,774	\$124
1590	PRIMERO REORGANIZED 2	190.5	\$560,478	1.680	8.832	3.29	15.658	\$106,771	\$560
1600	HOEHNE REORGANIZED 3	374.0	\$128,755	22.658	5.711	0	28.407	\$48,154	\$129
1620	AGUILAR REORGANIZED 6	117.4	\$348,304	8.520	1.850	0	11.134	\$40,891	\$348
1750	BRANSON REORGANIZED 82	442.2	\$36,968	19.616	0.000	11.011	30.689	\$16,347	\$37
1760	KIM REORGANIZED 88	50.0	\$353,748	10.979	13.000	9.71	35.304	\$17,687	\$354
1780	GENOA-HUGO C113	200.5	\$369,630	17.087	6.719	0	23.806	\$74,111	\$370
1790	LIMON RE-4J	501.2	\$154,229	21.824	2.360	6.944	31.128	\$77,300	\$154
1810	KARVAL RE-23	50.0	\$128,680	27.000	0.000	0	27.053	\$6,434	\$129
1828	VALLEY RE-1	2,188.5	\$97,151	26.651	8.701	2.352	37.750	\$212,614	\$97
1850	FRENCHMAN RE-3	197.5	\$208,816	27.000	0.680	0	28.141	\$41,241	\$209
1860	BUFFALO RE-4	308.9	\$77,484	27.000	6.798	0	33.813	\$23,935	\$77
1870	PLATEAU RE-5	158.0	\$399,129	17.418	0.000	7.057	25.055	\$63,062	\$399
1980	DE BEQUE 49JT	164.3	\$2,075,543	3.430	4.120	0	7.565	\$341,012	\$2,076
1990	PLATEAU VALLEY 50	430.5	\$538,290	11.450	0.000	1.51	12.986	\$231,734	\$538
2000	MESA COUNTY VALLEY 51	21,432.0	\$88,834	24.214	0.000	8.214	32.540	\$1,903,898	\$89
2010	CREEDE CONSOLIDATED 1	92.3	\$516,792	20.453	14.328	1.468	36.249	\$47,700	\$517
2020	MOFFAT COUNTY RE-1	2,141.4	\$192,963	20.516	5.564	4.598	31.372	\$413,210	\$193
2035	MONTEZUMA-CORTEZ RE-1	2,767.0	\$213,069	18.845	2.212	0	21.062	\$589,562	\$213
2055	DOLORES RE-4A	690.1	\$85,811	20.883	4.985	6.586	32.466	\$59,219	\$86
2070	MANCOS RE-6	481.5	\$103,429	15.658	11.546	1.161	28.400	\$49,801	\$103
2180	MONTROSE RE-1J	5,998.9	\$93,226	21.967	3.503	0	25.495	\$559,254	\$93
2190	WEST END RE-2	267.2	\$137,892	19.899	0.000	6.731	26.630	\$36,845	\$138
2395	BRUSH RE-2(J)	1,488.2	\$167,233	27.000	14.616	9.242	50.861	\$248,877	\$167
2405	FT. MORGAN RE-3	3,326.5	\$84,682	27.000	11.273	1.952	40.241	\$281,693	\$85
2505	WELDON VALLEY RE-20(J)	205.4	\$95,305	27.000	3.750	0	31.241	\$19,576	\$95
2515	WIGGINS RE-50(J)	688.0	\$342,812	24.545	13.556	0	38.136	\$235,855	\$343
2520	EAST OTERO R-1	1,475.0	\$49,396	24.417	6.399	0	31.078	\$72,860	\$49
2530	ROCKY FORD R-2	813.9	\$46,020	25.924	0.000	0	25.946	\$37,456	\$46
2535	MANZANOLA 3J	167.0	\$62,752	21.729	0.000	0	21.729	\$10,480	\$63
2540	FOWLER R-4J	391.5	\$65,039	27.000	0.000	0	27.000	\$25,463	\$65
2560	CHERAW 31	222.5	\$33,607	27.000	0.000	0	27.000	\$7,477	\$34
2570	SWINK 33	356.5	\$52,277	21.997	9.938	0.851	32.786	\$18,637	\$52
2580	OURAY R-1	168.3	\$373,768	18.931	3.060	7.782	29.821	\$62,905	\$374

Tax Effort and Fiscal Capacity – 2019-20

District Code	District Name	Funded Pupil		Total Program Mills	Bond Mills	Voter		Amount Raised by One Mill	Amount Raised by One Mill Per FPC
		Count (FPC) without CSI Students	AV per FPC			Approved Mills	Total Mills		
2590	RIDGWAY R-2	336.3	\$325,920	12.928	7.450	6.17	26.583	\$109,607	\$326
2600	PLATTE CANYON R-1	896.8	\$175,392	17.662	5.630	3.821	27.154	\$157,291	\$175
2610	PARK RE-2	650.3	\$497,012	12.173	3.587	0.64	18.205	\$323,207	\$497
2620	HOLYOKE RE-1J	608.5	\$130,455	27.000	1.800	7	35.802	\$79,382	\$130
2630	HAXTUN RE-2J	324.5	\$105,130	26.621	7.100	5	38.722	\$34,115	\$105
2640	ASPEN 1	1,683.0	\$1,906,597	4.412	2.441	2.017	8.880	\$3,208,803	\$1,907
2650	GRANADA RE-1	196.9	\$82,439	27.000	0.000	0	27.016	\$16,232	\$82
2660	LAMAR RE-2	1,536.5	\$57,258	19.595	3.694	0	23.300	\$87,978	\$57
2670	HOLLY RE-3	293.3	\$82,695	26.536	10.427	0	36.969	\$24,254	\$83
2680	WILEY RE-13JT	239.3	\$55,568	25.053	0.000	0	25.053	\$13,297	\$56
2690	PUEBLO CITY SCHOOLS	16,631.3	\$64,962	27.000	18.000	0	45.110	\$1,080,394	\$65
2700	PUEBLO COUNTY 70	10,278.6	\$74,042	27.000	12.963	0	40.063	\$761,052	\$74
2710	MEEKER RE-1	721.8	\$809,338	5.767	7.874	0.692	14.376	\$584,180	\$809
2720	RANGELY RE-4	490.8	\$583,235	2.116	0.000	2.67	7.958	\$286,252	\$583
2730	DEL NORTE C-7	446.6	\$206,183	16.308	14.540	9	39.899	\$92,081	\$206
2740	MONTE VISTA C-8	1,130.1	\$53,684	27.000	9.524	3.214	39.744	\$60,668	\$54
2750	SARGENT RE-33J	385.2	\$115,393	27.000	8.716	1.687	37.403	\$44,449	\$115
2760	HAYDEN RE-1	404.9	\$308,852	20.586	15.553	7.242	44.631	\$125,054	\$309
2770	STEAMBOAT SPRINGS RE-2	2,673.8	\$366,338	9.399	9.042	3.917	23.536	\$979,515	\$366
2780	SOUTH ROUTT RE-3	324.9	\$275,683	21.283	9.111	12.99	43.572	\$89,570	\$276
2790	MOUNTAIN VALLEY RE-1	156.2	\$144,746	23.558	12.826	0	36.393	\$22,609	\$145
2800	MOFFAT 2	226.5	\$101,268	27.000	2.740	5.46	35.200	\$22,937	\$101
2810	CENTER 26JT	643.3	\$54,980	27.000	9.880	0	36.920	\$35,369	\$55
2820	SILVERTON 1	81.0	\$580,414	10.965	0.000	0	11.421	\$47,014	\$580
2830	TELLURIDE R-1	919.3	\$917,033	6.053	2.206	3.834	12.485	\$843,029	\$917
2840	NORWOOD R-2J	219.2	\$203,153	3.910	6.680	8.933	19.568	\$44,531	\$203
2862	JULESBURG RE-1	813.5	\$41,312	27.000	0.000	0	27.019	\$33,607	\$41
2865	PLATTE VALLEY RE-3	148.5	\$174,051	22.942	15.000	0	40.814	\$25,847	\$174
3000	SUMMIT RE-1	3,511.0	\$637,325	10.666	4.550	2.522	20.219	\$2,237,648	\$637
3010	CRIPPLE CREEK RE-1	357.3	\$1,144,259	9.254	2.500	1.429	13.587	\$408,844	\$1,144
3020	WOODLAND PARK RE-2	2,316.0	\$131,380	22.550	0.000	3.615	26.173	\$304,276	\$131
3030	AKRON R-1	384.8	\$109,557	24.438	12.440	0	36.878	\$42,158	\$110
3040	ARICKAREE R-2	107.0	\$318,320	14.181	0.000	7.57	21.751	\$34,060	\$318
3050	OTIS R-3	225.6	\$84,810	27.000	10.640	0	37.640	\$19,133	\$85
3060	LONE STAR 101	128.0	\$99,173	27.000	0.000	0	27.000	\$12,694	\$99
3070	WOODLIN R-104	95.7	\$477,575	19.772	0.000	3.391	24.847	\$45,704	\$478
3080	GILCREST RE-1	1,905.2	\$736,639	6.200	4.271	2.782	13.772	\$1,403,444	\$737
3085	EATON RE-2	2,033.0	\$319,691	19.438	14.866	4.154	38.460	\$649,931	\$320
3090	KEENESBURG RE-3(J)	2,563.0	\$555,605	10.845	4.170	3.159	18.532	\$1,424,015	\$556
3100	WINDSOR RE-4	7,127.0	\$198,581	27.000	7.991	4.377	39.434	\$1,415,284	\$199
3110	JOHNSTOWN-MILLIKEN RE-5J	3,894.5	\$163,933	18.414	4.800	0.783	24.000	\$638,436	\$164
3120	GREELEY RE-6	22,420.3	\$95,226	27.000	13.266	10	50.517	\$2,134,985	\$95
3130	PLATTE VALLEY RE-7	1,152.1	\$2,124,880	4.114	2.700	1.018	9.350	\$2,448,074	\$2,125
3140	FT. LUPTON RE-8	2,337.3	\$696,333	12.143	4.052	1.644	18.313	\$1,627,539	\$696
3145	AULT-HIGHLAND RE-9	962.5	\$206,200	16.880	5.194	4.535	26.630	\$198,467	\$206
3146	BRIGGSDALE RE-10	179.0	\$615,467	11.565	3.290	5	19.855	\$110,169	\$615
3147	PRAIRIE RE-11	216.0	\$2,730,078	4.927	0.442	0.127	5.670	\$589,697	\$2,730
3148	PAWNEE RE-12	78.2	\$6,991,145	2.467	0.000	0.74	3.302	\$546,708	\$6,991
3200	YUMA 1	864.0	\$128,629	18.345	10.965	8.753	38.078	\$111,136	\$129
3210	WRAY RD-2	733.5	\$137,288	15.032	17.151	13.057	45.251	\$100,700	\$137
3220	IDALIA RJ-3	200.9	\$90,923	21.498	16.100	0	37.637	\$18,266	\$91
3230	LIBERTY J-4	62.1	\$286,171	19.675	0.000	19.188	38.873	\$17,771	\$286
Average		4933.87	\$302,494	19.65	6.65	4.79	31.59	\$740,539	\$302
Median		646.8	\$154,426	21.6	6.1	2.8	29.7	\$106,567	\$154
Min		50.00	\$20,850	1.68	0.00	0.00	3.30	\$5,852	\$21
Max		91,185.20	\$6,991,145	27.00	24.00	31.90	81.27	\$20,722,174	\$6,991

Total Override Mills include the following Mills: Categorical Buyout, Hold Harmless, Excess Hold Harmless, Voter Approved, Abatement, Transportation, Special Building, Full-Day Kindergarten, and Other.

Districts have no control over the value of one mill.

Appendix B

Position (Job) Categories	Job Code	Job Classification Code Description
Administrators	101	Superintendent
Administrators	102	Assistant/Deputy/Associate Superintendent, Senior Executive, Executive Director, Director of Special Education
Administrators	103	Non-Instructional Manager, Director, Supervisor
Administrators	104	Instructional Manager, Director, Assistant Director of Special Education, Supervisor
Principals	105	Principal
Principals	106	Assistant/Deputy/Associate Principal
Administrators	107	Instructional Program Coord./Supervisor
Administrators	108	Non-Instructional Program Coordinator/Supervisor
Administrators	120	Board of Cooperative Educational Services Director (BOCES)
Teachers	201	Teacher, Regular
Teachers	202	Teacher, Special Education
Teachers	204	Teacher, Permanent Substitute
Teachers	206	Teacher, Title I
Instructional Support	210	Activities Advisor/Coach
Instructional Support	211	Counselor
Instructional Support	212	Curriculum Specialist Consultant
Instructional Support	213	Dean
Instructional Support	214	Education Diagnostician
Instructional Support	215	Instructional Program Consultant
Instructional Support	216	Librarian/Media Consultant
Instructional Support	218	Teacher Mentor
Instructional Support	219	Instructional Intern
Instructional Support	220	Behavioral Specialist
Instructional Support	221	Autism Specialist
Instructional Support	222	Reading Interventionists
Instructional Support	223	Math Interventionists
Other Support	231	Audiologist
Other Support	232	Licensed Practical Nurse (LPN)
Other Support	233	Registered Nurse
Other Support	234	Occupational Therapist
Other Support	235	Physical Therapist
Other Support	236	Psychologist
Other Support	237	Social Worker
Other Support	238	Speech-Language Pathologist
Other Support	241	Speech-Language Pathology Assistant
Other Support	242	School Orientation and Mobility Specialist
Professional-Other	301	Health Specialists

Position (Job) Categories	Job Code	Job Classification Code Description
Professional-Other	308	Psychiatrist
Professional-Other	309	Psychometrist
Professional-Other	310	Rehabilitation Counselor
Professional-Other	312	Audiometric Technician
Professional-Other	320	Accountant
Professional-Other	322	Administrative/Executive Assistant
Professional-Other	323	Admissions Officer
Professional-Other	324	Analyst
Professional-Other	325	Architect
Professional-Other	326	Athletic Trainer
Professional-Other	327	Attendance Officer
Professional-Other	329	Benefits Specialist
Professional-Other	330	Child Find Coordinator
Professional-Other	331	Dietitian/Nutritionist
Professional-Other	332	Engineer
Professional-Other	333	Environmental/Safety/Energy Specialist
Professional-Other	334	Evaluator
Professional-Other	335	Non Instructional Program Consultant
Professional-Other	337	Grant Developer
Professional-Other	339	Insurance Risk Management Specialist
Professional-Other	340	Internal Auditor
Professional-Other	341	Lawyer
Professional-Other	344	Personnel Officer
Professional-Other	345	Public/Community Relations/Informational Services Officer
Professional-Other	346	Research/Development Specialist
Professional-Other	347	Staff Developer
Professional-Other	348	Statistician
Professional-Other	350	Transition Coordinator
Professional-Other	351	Volunteer Coordinator
Professional-Other	352	Work Study Coordinator
Professional-Other	353	Writer/Editor
Professional-Other	354	School-to-Career Coordinator
Professional-Other	355	SWAP Coor.
Professional-Other	356	Library Cataloger
Professional-Other	357	Crafts/Trades/Food Services Manager
Professional-Other	358	Translator
Professional-Other	364	Drafter

Position (Job) Categories	Job Code	Job Classification Code Description
Professional-Other	366	Graphic Artist
Professional-Other	369	Photographer
Professional-Other	370	Medicaid Specialist
Professional-Other	371	SWAAAC Coordinator
Professional-Other	380	System Administration
Professional-Other	381	System Development
Professional-Other	382	System Support
Paraprofessionals	401	Bilingual Assistant
Paraprofessionals	402	Career Assistant/Job Coach
Paraprofessionals	403	Child Care Provider /Group Leader
Paraprofessionals	405	Community Liaison
Paraprofessionals	406	Counselor Assistant
Paraprofessionals	407	Extra-Curricular Activity/Coach
Paraprofessionals	408	Financial Aid Specialist
Paraprofessionals	409	Health Care Technician
Paraprofessionals	410	Educational Interpreter
Paraprofessionals	411	Library/Media Assistant
Paraprofessionals	414	Student Monitor
Paraprofessionals	415	Teaching Assistant, Regular Education
Paraprofessionals	416	Teaching Assistant, Special Education
Paraprofessionals	417	Teaching/Classroom Technician
Paraprofessionals	418	Tutor
Paraprofessionals	419	Teaching Assistant, Title I
Paraprofessionals	420	Brailist
Paraprofessionals	421	Occupational Therapist Assistant
Paraprofessionals	422	Physical Therapist Assistant
Paraprofessionals	423	SWAP Specialist
Paraprofessionals	424	Health Screener
Office/administrative Support	501	Bookkeeping/Accounting/Auditing/ Cashier/Payroll
Office/administrative Support	502	Human Resources/Personnel
Office/administrative Support	504	Dispatcher
Office/administrative Support	505	Duplicating/Photocopying
Office/administrative Support	506	General Office/Secretary
Office/administrative Support	507	Mail Handler/Messenger
Office/administrative Support	509	Office Manager/Supervisor
Office/administrative Support	510	Purchasing Agent
Office/administrative Support	511	Receptionist/Switchboard Operator

Position (Job) Categories	Job Code	Job Classification Code Description
Office/administrative Support	514	Temporary/Part-time Worker (As Needed)
Office/administrative Support	515	Records Clerk/Data Entry
Office/administrative Support	516	Registrar
Crafts/Trades/Services	601	Brick Mason
Crafts/Trades/Services	602	Bus Driver
Crafts/Trades/Services	603	Carpenter
Crafts/Trades/Services	604	Cement Mason
Crafts/Trades/Services	606	Construction Laborer
Crafts/Trades/Services	607	Cook/Food Preparer/Caterer/Server
Crafts/Trades/Services	608	Custodian
Crafts/Trades/Services	609	Dietary Technician/Coordinator
Crafts/Trades/Services	610	Electrical and Electronic Repairer
Crafts/Trades/Services	611	Electrician
Crafts/Trades/Services	612	Facilities Maintenance Worker
Crafts/Trades/Services	613	Foreman/Group Leader/Lead Worker/ Food Service Head Cook
Crafts/Trades/Services	616	Freight, Stock, and Materials Handler
Crafts/Trades/Services	617	Garage Worker
Crafts/Trades/Services	619	Grounds keeper
Crafts/Trades/Services	620	Heating, Ventilating, and Air Conditioning Specialist (HVAC)
Crafts/Trades/Services	621	Inspector
Crafts/Trades/Services	622	Locksmith
Crafts/Trades/Services	623	Maintenance Repairer/General Utility Worker
Crafts/Trades/Services	624	Painter/Paperhanger
Crafts/Trades/Services	625	Parking-Lot Attendant
Crafts/Trades/Services	626	Plumber
Crafts/Trades/Services	627	Printer
Crafts/Trades/Services	629	Service Technician (Vehicle Mechanic)
Crafts/Trades/Services	630	Vehicle Operator
Crafts/Trades/Services	632	Temporary/Part-time Worker (As Needed)
Crafts/Trades/Services	633	Temporary/Part-time Worker (Regularly Scheduled)
Crafts/Trades/Services	634	Student Worker
Crafts/Trades/Services	635	Armed Security Guard
Crafts/Trades/Services	636	Unarmed Security Guard

Appendix C

District	Size	Interviewed Districts and Types of Tiered Services			
		MLO	Tier 1	Tier 2	Tier 3
Ouray	168	\$300,000 - 2017	Have various programs run by the counselor hired with MLO dollars that provides bullying prevention across the district.	Counselor provides targeted support to 15-20 students a week. Increased counselors and intervention teams. Have additional targeted interventions	Have an intergovernmental agreement to bring in targeted services when needed. Have partnerships to leverage highly trained personnel when needed.
Littleton	14,792		Provide general support for students and training for staff Have 38 psychologists in 18 schools and trying to get expand counselors into all schools. Started social/emotional learning department at district level.	School based therapists through a community partnership in elementary school	Have services for severe needs in instructional service center.
Westminster	9,202	\$9,900,000 - 2018		Want at least a full-time team that floats between 1 high school and middle schools.	Want at least a full-time team that floats between 1 high school and middle schools.
Poudre	29,922	\$18,000,000 - 2019			
Jeffco	82,205	\$33,000,000 - 2018	Staff professional development in behavioral health. 1/2 time social emotional learning specialist in each elementary school and full time nurse in all middle and high schools.	Onsite therapy provided through a local partnership with two therapists at the middle and high school which can be accessed by the elementary	Have Jefferson County mental health providers in schools. Onsite therapy provided through a local partnership with two therapists at the middle and high school which can be accessed by the elementary
Eaton	2,033	\$1,500,000 - 2019	Staff training using health educator across elementary schools.		

District	Size	MLO	Tier 1	Tier 2	Tier 3
Aurora	39,586	\$35,000,000 - 2018	Increased staffing in schools by \$9 million dollars to greatly improve student to staff ratios. Training for teachers around identification of students.	Have partnerships for these services. Have additional dollars available in the community for school based health centers.	Have partnerships for these services. Have additional dollars available in the community for school based health centers.
Summit	3,511	\$950,000 - 2019	Creation of curricular materials and training for staff. Increased number of staff in schools across the district.	District only has to provide space. Use a partnership for onsite group counseling. Used counselor core grant to get additional counselors to help with suicide prevention.	District only has to provide space. Have a partnership for targeted services.
Pueblo City	16,631		Developed a social emotional curriculum across all grades.	Working to implement a community clinic in Mitchel High School, a highly impacted community.	
Colorado Springs	26,717	\$42,000,000 - 2017	Increase social staffing across all schools.		Have partnerships with outside agencies to provide supports.