COMMONWEALTH of VIRGINIA

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COMMISSIONER

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September 1, 2023

To: The Honorable Creigh Deeds, Chair, Behavioral Health Commission

From: Nelson Smith, Commissioner, Department of Behavioral Health and Developmental Services

RE: Item 311.HH., 2022 Special Session I Appropriations Act

Item 311.HH. of the 2022 Special Session I Appropriations Act directs the Department of Behavioral Health and Developmental Services to report on the school-based mental health integration pilot by September 1, 2023. The language states:

> *HH. Out of this appropriation, $2,500,000 the first year from the general fund is provided for: (i) the Department of Behavioral Health and Developmental Services and partners to provide technical assistance to school divisions seeking guidance on integrating mental health services; and (ii) grants to school divisions to contract for community-based mental health services for students from public or private community-based providers. The department shall require the pilot programs to report back to the department on the success factors for integrating behavioral health in education settings and identify funding recommendations and resources needed to continue these efforts. The department shall report such information to the Behavioral Health Commission by September 1, 2023.*

Please find enclosed the report in accordance with Item 311.HH. DBHDS staff are available should you wish to discuss this request.

cc: Secretary John Littel

Virginia Department of Behavioral Health & Developmental Services

Report on Item 311.HH. of the 2022 Special Session I Appropriations Act

Report on Implementation of the School-Based Mental Health Integration Pilot

September 1, 2023

DBHDS Vision: A Life of Possibilities for All Virginians

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Preface

Item 311.HH. of 2022 Special Session I Appropriations Act requires the Department of Behavioral Health and Developmental Services (DBHDS) to submit a report on the School-Based Mental Health Integration Pilot. The language states:

> *HH. Out of this appropriation, $2,500,000 the first year from the general fund is provided for: (i) the Department of Behavioral Health and Developmental Services and partners to provide technical assistance to school divisions seeking guidance on integrating mental health services; and (ii) grants to school divisions to contract for community-based mental health services for students from public or private community-based providers. The department shall require the pilot programs to report back to the department on the success factors for integrating behavioral health in education settings and identify funding recommendations and resources needed to continue these efforts. The department shall report such information to the Behavioral Health Commission by September 1, 2023.*

School-Based Mental Health Integration Pilot

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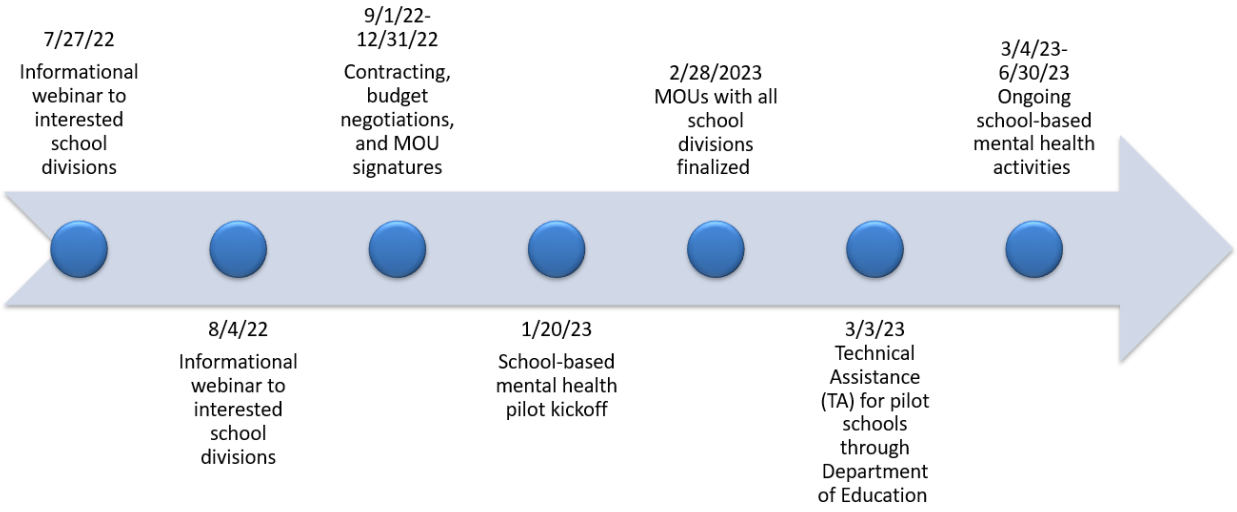
Introduction

In FY 2022, $2.5 million was appropriated by the General Assembly for DBHDS to provide grants to school divisions to implement school-based mental health services with community partners and provide technical assistance to school divisions seeking guidance on integrating mental health services. DBHDS worked with the Virginia Department of Education (DOE) to select school divisions that had interest and capacity to participate in the pilot. In July and August 2022, DBHDS hosted webinars with interested school divisions about the funding and parameters for receiving grants. As a result of this process, the office met with and awarded six school divisions with grants, including:

- Bristol Virginia Public Schools
- Hanover County Public Schools
- Hopewell City Public Schools
- Lunenburg County Public Schools
- Mecklenburg County Public Schools
- Richmond Public Schools

More detailed information regarding school division awards can be found in Appendix A. Figure 1, below, is an activity timeline for school-based mental health implementation.

Figure 1. Timeline of implementation activities for school-based mental health integration pilot.



Due to delays in the budget contract execution with pilot school divisions was not fully finalized with all six divisions until February 2023. School divisions have been providing services since the beginning of 2023. It should be noted that identification of school divisions and awarding of contracts occurred within the same fiscal year. Because of this, school divisions had a limited timeframe to begin implementation of services.

In addition to grants, DBHDS worked closely with DOE to facilitate successful implementation of Technical Assistance. Old Dominion University, Center for Implementation and Evaluation of Education Systems (CIEES) also supported the implementation of technical assistance through

the delivery of pre-implementation and implementation sessions with school divisions. TA was provided in three formats:

- **Universal** – Creation of eight asynchronous video learning modules for school leaders, community mental health providers, and specialized student support personnel to support the implementation of integrated school-based mental health services. These resources are designed for school division and community partner use.
- **Pre-Implementation** – Facilitation of activities with 2-3 school division leadership teams and community partners. TA was focused on providing training to build school divisions' understanding of the resources in place and/or resources needed to implement school-based mental health.
- **Implementation** – Assistance for pilot school divisions currently receiving funding. A Community of Practice model was used for school division providers and the community partners which focused on sharing information and best practices, providing support through building relationships and collaborations to start and sustain learning, and encouraging peer to peer learning.

TA for both pre-implementation and implementation sites began in March 2023. Two school divisions (Amelia County Public Schools and Amherst County Public Schools) received support through pre-implementation TA.

Implementation Success Factors

Upon receiving funding, schools worked to formalize agreements with community partners to begin services in schools. Four (4) school divisions partners with public providers for services and 2 school division contracted with private community partners (see Appendix A). These services ranged from hiring of personnel with community partners to deliver supports, provision of materials to provide calming spaces for students, and training for school staff to support students. Throughout implementation, DBHDS required schools to use the Multi-Tiered Systems of Support (MTSS) to provide services to students. MTSS is a systemic, data-driven approach that allows divisions and schools to provide targeted, evidence-based interventions to meet the needs of their students. The framework has three tiers. Tier 1 provides universal supports to everyone across school settings. Tier 2 provides more targeted secondary intervention in small group which may include family/caregivers. Tier 3 provides intensive support for students either through small group or individualized supports. Appendix D includes a more detailed overview of the model and behavioral health services which fall within each tier. Through partnership with the DOE, TA was provided to school divisions to support their implementation efforts.

In working with school divisions and DOE, the following factors were found to drive implementation success for the school-based mental health integration pilot:

Hiring of Personnel with Community Partners – As a result of funding, several school divisions were able to provide funding to community partners for personnel for services to students and/or training to school staff. Schools were then able to continue existing services (such as Bristol and Hopewell) or hire staff when they were not able to before (such as Hanover and Lunenburg). During the contracting phase with DBHDS, school divisions indicated the desired number of positions needed through community partners to provide services. As

indicated by Table 1, below, schools were able to hire for some of their initially requested staff. Most support personnel hired provided Tiers 2 and 3 services to students within schools.

Table 1. Personnel hired through school-based mental health integration pilot.

School Division	Requested number of positions to be funded through the grant	Hired Personnel with Community Partners
Bristol Virginia Public Schools	5	3 school-based support staff
Hanover county public schools	4	2 Licensed Clinical Social Workers
Hopewell City Public Schools	3	3 school-based clinicians
Lunenburg County Public Schools	3	2 behavioral support interventionists and 1 therapist

Provision of Services to Students in Need – With funding from the pilot, school divisions were able to provide a range of supports to students. Most school divisions used funding to provide Tier 2 and 3 supports to students. Table 2 provides an overview of services that were provided through the school-based mental health pilot. A description of services can be found in Appendix E.

Table 2. Overview of services provided with school-based mental health pilot funding.

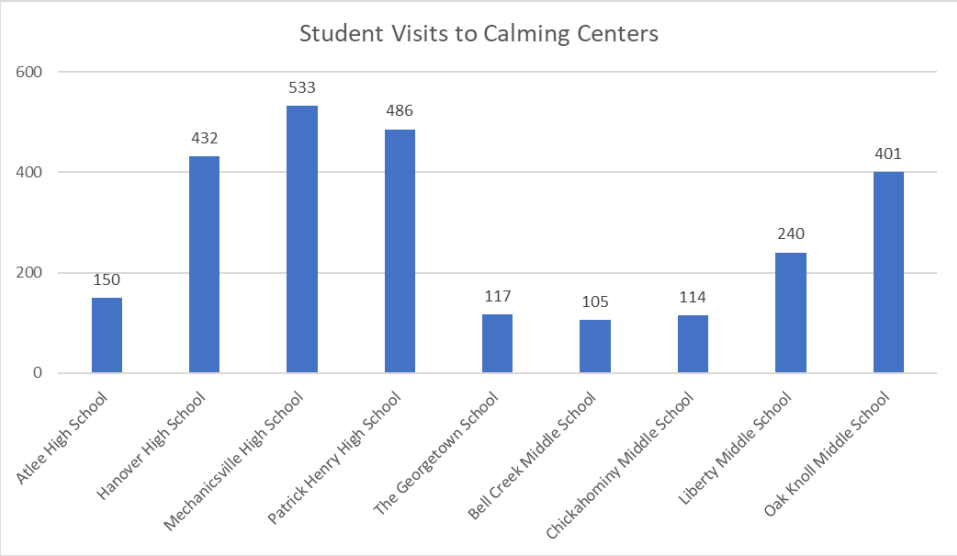
Name of School Division	Children Served	Schools served with funding	MTSS Service Tiers	Type of Services Provided
Bristol Virginia Public Schools	600*	2 (both elementary)	Tier 1	Suicide prevention and mental health awareness Thrive Line), small group interventions, crisis support
Hanover County Public Schools	91	26	All Tiers	Motivational Interviewing, Solutions Focused Brief Therapy, Cognitive Behavioral Therapy (CBT) Assessment, Brief Intervention and Referral Services, calming rooms
Hopewell City Schools	71	3 (1 elementary, 1 middle and 1 high school	2 and 3	Individual, family and group psychotherapy, group therapy
Lunenburg County Public Schools	80	5 (2 elementary, 1 middle and 2 high schools)	2 and 3	Character Strong, TEEN TRUTH Mentoring Program, No Label Mentoring Program, Hidden in Plain Sight Community and Staff support program, Safe TALK suicide prevention

*Work that has been completed using existing school-based staff covering mainly Tier 1 services.

Hanover County used funding from the pilot to support the creation of calming rooms across nine schools. All schools secured a space and provided an environment for students to come and implement calming strategies in a safe and secure room in the school. To facilitate the use of the calming rooms in schools, calming strategies such as room usage were taught in Tier 1 interventions within classrooms. Students were informed of the availability of calming rooms,

and counselors tracked calming room usage (see Figure 2, below). Between November 2022 and May 2023, a total of 2,578 students visited calming rooms across schools.

Figure 2: Student visits to calming rooms.



The calming rooms were a successful implementation of a Tier 1 service for students. However, there were lessons learned during this process which Hanover noted and is using to refine future implementation:

- Some students stayed extended periods in the calming rooms and began missing instruction. To minimize this, Hanover implemented a 10-minute timer for students to set and return to class after time was up.
- Teachers were not fully aware of the purpose of calming rooms and benefits to students. To address this, school administration provided more information at their "Back to School" workshop.
- Hanover is tracking data for students who use the calming rooms multiple times to assess if additional support is needed.

Technical Assistance – Providing Resources and Support to Plan for Current and Future Services – Through the technical assistance efforts provided by DOE, pilot school divisions were able to participate in community learning opportunities. Old Dominion University, Center for Implementation and Evaluation of Education Systems (CIEES) worked collaboratively with DOE to develop and deliver Community of Practice sessions with pilot schools and resource mapping sessions with pre-implementation sites. These sessions allowed an opportunity for them to learn from each other on implementation success. Two school divisions, Amelia and Amherst, were able to work with experts to develop goals for school-based mental health integration and identify resources needed to implement their respective plans.

Between May and June 2023, nine asynchronous modules were created for use by all school division and potential community partners. The modules are available on the Virginia Career and

Learning Center for School Mental Health Professionals for public access and are being shared by DBHDS social media to increase access in Summer 2023. Information on the modules was shared with pilot schools during their Community of Practice sessions.

As of June 2023, there have been a total of 179 views to the modules.

- Module 1: Introduction and Background of Interconnected Systems Framework (ISF)
- Module 2: Key Messages of Interconnected Systems Framework
- Module 3: Division and School Leaders' Roles in Structuring Teaming
- Module 4: School-Based Mental Health Professionals (SMHP)
- Module 5: Community Providers
- Module 6: Division Community Leadership Team: Part 1
- Module 7: Division Community Leadership Team: Part 2
- Module 8: School Leadership Team: Part 1
- Module 9: School Leadership Team: Part 2[1]

TA occurred in two phases:

1. **Pre-Implementation** – Public schools in Amelia County and Amherst County participated in pre-implementation TA. This gave each school division the opportunity to identify the specific resources they needed to reach an initial implementation of integrated school-based mental health supports. During the process, both school divisions created a leadership team which engaged in resource mapping (established goals, determined resources, and engaged in community partnerships to implement school-based mental health integration).

   Table 3, below, outlines Amelia and Amherst County Public Schools' goals for school-based mental health integration and the resources needed for implementation to occur. Goals for both school divisions included integrating a multi-tiered systems framework, connecting with community/family, and promoting wellness for staff. Funding and professional development were noted by both school divisions as resources needed to create successful implementation of school-based mental health programs.

Table 3. Pre-Implementation data for Amelia and Amherst County Public Schools

Vision	Goals	Resources Needed
Amherst County Public Schools		
The Amherst Mental Health Integration Team collaborates with stakeholders to provide a safe and supportive environment where students and staff feel included, have their social and emotional needs met, and use their individual strengths to build skills that are the foundation of a healthy, fulfilling life.	1. Integrate a multi-tiered systems framework for delivering mental health services that will increase the efficiency of systems (policies, regulations, and procedures) to advance collaboration, capacity, integration, and coordination of services for school-aged youth (P-12) by June 2025.	1. Universal Screener 2. Director of Professional Learning and MTSS 3. Team/Coaching Stipends 4. School-Wide information System (SWIS) Program 5. Professional Learning

[1] Source: Learning & Resource Center For School Mental Health Professionals (vastudentservices-clc.org)

Vision	Goals	Resources Needed
	2. Develop a culture of staff wellness by enhancing and promoting staff support and mental health resources by June 2024. 3. Connect community and families with access to promote mental health awareness by June 2025. 4. Expand resources to families on substance abuse and mental health by June 2025.	
Amelia County Public Schools		
The vision of the Amelia County Mental Health Initiative is to encourage overall mental health wellness and continued sustainability by: - providing students with access to resources for success in all aspects of their lives. - empowering students to be thriving citizens who recognize and advocate for their needs; - collaborating with and equipping school staff, community partners, and stakeholders with the necessary tools to be successful; - promote an environment of awareness of mental health impacts and needs in the school community.	1. Integrate a multi-tiered system of support framework for mental health service to increase the efficiency of our systems (policies, regulations, procedures) to advance collaboration, capacity, and integration for school-aged youth by June 2025. 2. Develop a culture of social-emotional wellness by enhancing and promoting support to our students and staff by June 2026. 3. Connect families with professional learning around mental health awareness by June 2025. 4. Expand resources to families, including outside resources that support mental health, by June 2025	1. Universal Screener 2. Team/Coaching Stipends 3. Professional Learning

2. Implementation – Five Community of Practice sessions were held with pilot schools between March and June 2023. There was a total of 13 stakeholders present for all meetings (10 pilot representatives, three community partner representatives). Sessions helped pilot schools gain support to promote implementation and created an opportunity to discuss implementation success and roadblocks through meetings and peer-to-peer learning. Implementation sessions covered the following topics:
    - Breaking down silos and redesigning the system
    - How should systems adapt to support staff's changing role in the current context?
    - Teaming, confidentiality, Memorandum of Understanding, routines, and processes
    - Data-based decision making (screening, connecting to best practice, fidelity, and impact)
    - Establishing a culture of wellness for staff

Recommendations for Continued Implementation of School-Based Mental Health

1. **Continue to build out a comprehensive continuum of mental health care designed specifically for youth that includes prevention, early intervention, and high quality, evidenced based treatment available to all youth in the Commonwealth.**

The success of Virginia School-based Mental Health Integration must be considered in the context of the need for a more comprehensive build out of the children's mental health build out. School-based mental health programs are critically important in addressing youth mental health needs as they overcome many known barriers including access, transportation, missed school days, and also enhance the youth and families' natural supports in school, needs can be identified early, and there are a growing number of known effective interventions implemented in or after school. However, schools also need mental health treatment options available in their local communities to fully support youth and families. Development of services and supports that are designed to meet the needs of youth and families is needed, rather than attempting to serve youth in a system designed for adults.

2. **Community-based partnerships with schools should be enhanced and supported.** Schools provide a significant amount of mental health supports to students but there are limited mental health personnel available to work in schools. Formal community-based partnerships can directly meet needs specified by schools, expand workforce flexibility to serve youth in multiple settings, and optimize the use of a limited workforce capacity. Additionally, schools can look beyond traditional mental health treatment providers to provide supports across the continuum. Faith communities, community organizations, non-profits, and other private and philanthropic entities can be brought together to bring solutions and resources to schools to support mental health wellness, supportive counseling, prevention, and family mental health and substance use supports.

3. **The educational system and mental health system should establish shared outcome measures that reflect both the goals of schools as well as mental health outcomes for youth.** Schools currently conduct school climate surveys and collect educational data that drives decision making for resources needed and other program development. It is well known that youth mental health disorders impact educational success and learning loss, and youth who are mentally well and receive treatment for their mental health conditions more fully participate in school and meet their academic, social, and developmental milestones. Establishing shared outcomes for school based mental health would help inform program development that meets both the goals of education as well as demonstrate improved mental health outcomes for youth.

4. **Develop targeted efforts to expand the behavioral health workforce that serves youth.** Lack of available licensed behavioral health staff statewide negatively impacted the ability of community partners to hire personnel to provide services within schools. As shown in Table 1, community partners were not able to hire for all personnel in which school divisions received funding. As current funding for school-based mental health pilot integration is contingent upon schools contracting with community partners, a licensed behavioral health workforce becomes vital to successful program implementation. This is particularly important in places such as Southwest Virginia where this part of the state faces extreme difficulty in recruiting and retaining licensed mental health providers. Governor Youngkin's Right Help, Right Now, Behavioral Health Transformation Plan, highlights that expanding

the behavioral health workforce is a priority across the system. The school based mental health pilots highlight that while there is a workforce shortage across the system, this disproportionately impacts the youth mental health system. Innovative solutions are needed to incentivize career pathways into youth mental health professions, better utilize the licensed mental health workforce to serve youth with more complex needs, utilize technological enhancements to increase availability of services, train non-mental health providers on prevention, screening, and referral, and fully engage youth and families as peers and family navigators to support each other in their behavioral health journey.

5. **The Secretary of Education (SoE) and the Secretary of Health and Human Resources (SHHR) should make joint allocation decisions related to school based mental health programming.** To fully optimize the resources available for school based mental health programs, SoE and SHHR, should receive data and reports from their respective agencies, the state, federal, and known local funding that includes amounts, intended use of the funds, any restrictions, and actual utilization of the resources. School districts across the Commonwealth are highly dependent on local resources, resulting in high disparities in access and outcomes, and state funds can be better directed to under resourced schools or areas of the Commonwealth with high rates of mental health and substance use needs, and agencies can provide more technical support to schools to better position them to receiving federal funding.

6. **School based mental health pilots should have core components to standardize program delivery.**
The successes and lessons learned from the school-based mental health integration pilot have provided valuable insight into how DBHDS can move forward to provide supports to schools and community partners. Next steps for school-based mental health and TA will include establishing standardized program delivery, implementation guidelines, technical assistance resources, and data/evaluation approach for school-based mental health (SBMH). Specifically, this will include:
   - Developing a model for SBMH that uses a systems of care approach. This approach will include services that can be used to wrap supports around youth such as multi-systemic therapy, high fidelity wraparound, family and youth peer support services, and substance use services for caregivers and adolescents.
   - Developing an application process which outlines the expectation of a more standard delivery of services and data collection/evaluation procedures across school divisions.
   - Expanding on the current multi-tiered systems of support framework to provide an outline of services to school divisions that integrates behavioral health into each tier.
   - Expanding Technical assistance:
     - to school divisions and community partners. Similar to TA provided under the pilot, topics will be geared toward requirements for successful implementation. What will be new to this is TA that focuses on “how to” requirements for successful implementation, and
     - on program implementation ramp-up. During pilot ramp-up the agency assisted schools in getting familiar with DBHDS’ fiscal processes, contracting, etc.

DBHDS will take this experience and continue to create onboarding materials which support future implementation across many school divisions.

- Expanding DBHDS and DOE data and evaluation capabilities for more robust collection, analysis, and strategic planning.

Conclusion

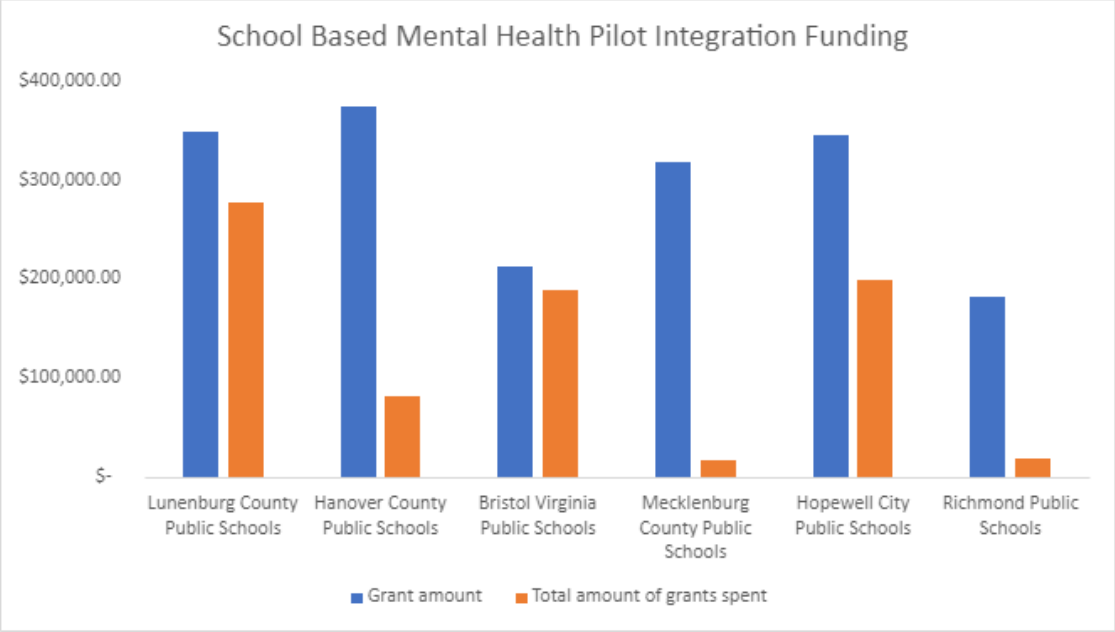
The school based mental health pilot integration provided grant funding for six school divisions to provide mental health services in collaboration with community partners. While the current pilot successfully launched several school-based services, the Commonwealth's School-based Mental Health funds are offered through multiple programs without common outcome measures to adequately assess or compare effectiveness of services. DBHDS and DOE were able to collaborate and coordinate efforts to provide TA services that supports schools, and the children and families they serve. Despite the challenges encountered such as timing for implementation and workforce challenges, schools were able to provide some levels of services to students. With the anticipation of new funding, DBHDS and DOE will build on program successes and take lessons learned from pilot implementation to develop a more robust program structure which lends itself to a larger pilot with clear outcome measures to assess what serves the Commonwealth's students and families with best-in-class models of care.

Appendices

Appendix A – Participating School Divisions

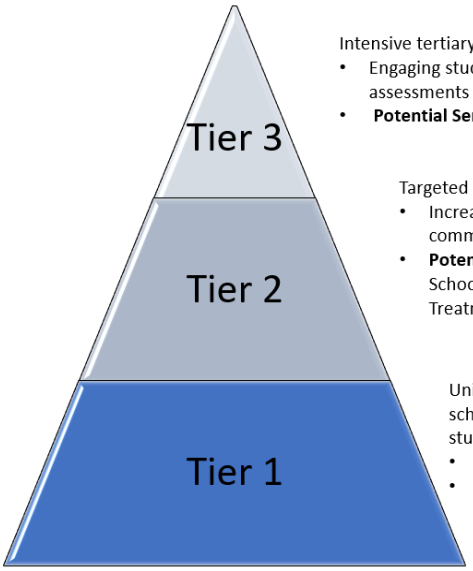
MOU Signature Date	School Division	Community Partner	Funding Amount
11/2/22	Lunenburg County Public Schools	Fulcrum Counselors, LLC	$349,822.02
11/10/22	Hanover County Public Schools	Hanover County Community Services Board	$374,850.00
11/17/22	Bristol Virginia Public Schools	Highlands Community Services Board	$213,119.55
12/19/22	Mecklenburg County Public Schools	Southside Behavioral Health	$319,822.02
1/6/23	Hopewell City Public Schools	Child Savers	$346,500.00
2/28/23	Richmond Public Schools	Richmond Behavioral Health Authority	$182,080.00
Total funding to school divisions			$1,786,193.59

Appendix B – Participating School Divisions Expenditures vs. Budget



Appendix D

Services Provided Under Multi-Tiered Systems of Supports



Intensive tertiary intervention (1-5%)

- Engaging students, educators, and families in functional behavioral assessments and intervention planning
- **Potential Services:** Treatment referral to community-based providers

Targeted secondary intervention (10-15%)

- Increasing access to academic support and school/family communication
- **Potential Services:** Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Youth Screening, Brief Intervention, and Referral to Treatment (YSBIRT), Behavioral wellness coaches

Universal primary Intervention supports everyone across all school settings (includes teachers, school personnel and students)

- Assessing and improving school climate and staff well being
- **Potential Services:** Botvin Life Skills Training, Adverse Childhood Experiences (ACEs) Training, SAFE TALK (suicide prevention), Mental Health First Aid, substance use prevention/awareness trainings

Source: National Center for School Mental Health (NCSMH, 2020). School Mental Health Quality Guide: Mental Health Promotion Services and Supports (Tier1).

National Center for School Mental Health (NCSMH, 2020). School Mental Health Quality Guide: Early Intervention and Treatment Services and Supports.

Appendix E: Description of School-Based Mental Health Services

Thrive Line: a virtual resource hub by created by Bristol Virginia Public Schools which provides access and supports to local resources for crisis support, suicide prevention and connections to local mental health services. [2]

Motivational Interviewing: an evidence-based technique for helping clients resolve ambivalence about behaviors that prevent change. The core goals of Motivational Interviewing are to express empathy and elicit clients' reasons for and commitment to changing unhealthy behaviors.[3]

Solutions Focused Brief Therapy: a short-term, goal-focused, evidence-based approach which incorporates positive psychology principles and practices, and which helps clients change by constructing solutions rather than focusing on problems. In the most basic sense, SFBT is a hope friendly, positive emotion eliciting, future-oriented vehicle for formulating, motivating, achieving, and sustaining desired behavioral change.[4]

Cognitive Behavioral Therapy: an evidence-based therapy that is problem oriented. It focuses on identifying and changing current distressing thoughts and behavioral patterns. It is used to treat conditions such as depression, anxiety, obsessive-compulsive disorders and addictions.[5]

Character Strong: provides research-based Pre-K through 12th grade social & emotional learning curricula and professional learning services that positively impact lives. It includes components of 1) character development which involves developing thoughtful, healthy, and kind people; and 2) social- emotional learning competencies which include self-awareness, self-management, social awareness, relationship skills, and responsible decision making.[6]

TEEN TRUTH: an educational service focused on empowering student voice, enhancing school culture and building student resilience. The program was developed from the success of an award-winning student shot film series, TEEN TRUTH and is delivered through leadership summits, school assemblies, mentoring, and professional development opportunities.[7]

Hidden in Plain Sight: virtual experience is intended for parents and other adults who care for youth, including school professionals, coaches, nurses, physicians and scout leaders. This virtual exhibit provides participants an opportunity to explore a mock teen's bedroom to explain various trends of teen substance use, signs, symptoms and lingo in an effort to raise awareness about substance use disorders.[8]

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[2] Thrive line: Bristol Virginia Public Schools- Thrive Line
[3] Motivational Interviewing: Using Motivational Interviewing in Substance Use Disorder Treatment
[4] Solutions Focused Brief Therapy: What is Solution-Focused Therapy?
[5] Cognitive Behavioral Therapy: Cognitive Behavioral Therapy
[6] Character Strong: Character Strong
[7] Teen Truth: TEEN TRUTH
[8] Hidden in Plain Sight: What we do-Hidden in Plain Sight

Safe TALK Suicide Prevention: a half-day training which teaches individuals ages 15 and older steps to identify people with suicidal thoughts and connect them to resources for help and support. [9]

Calming rooms/spaces: a supportive therapeutic environment which assists children in self-calming efforts by offering them a designated space to relax and self-regulate. It is a designated place designed to calm the senses where the student can experience calming visual, auditory, and tactile stimuli. They are designed and furnished to provide an area of low stimulus and provide mindfulness and destressing activities. It can offer students working with each other to relieve stress or also offers an absence of peer interpersonal interactions for the purpose of tension reduction.[10]

No Label Mentoring Program: provides face-to-face engagement with elementary school young African American Boys) through the following: weekly mentoring meetings with students meet to assess their academic and behavioral progress and to set individual short- and long-term goals, develop an action plan, and learn planning strategies; building relationships with students through alignment with home life which achieved through regular communication and periodic mentor-student meetings with parents and guardians (as needed); and provide weekly self-reflections opportunities for mentees, which give students the chance to build awareness around their ability to set and follow through on appropriate academic and social goals.[11]

Family and Group Psychotherapy: a form of talk therapy that focuses on the improvement of relationships among family members. It can also help treat specific behavioral health conditions such as substance use disorder. Family therapy can include any combination of family members.[12]

[9] Safe TALK: SAMSHA safe TALK
[10] Calming rooms/spaces: Mind Peace for Children's Mental Health
[11] No label mentoring program: overview provided by Lunenburg County Public Schools.
[12] Family and group Psychotherapy: Cleveland Clinic- Family Therapy